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

NEVADA COUNTY BEHAVIORAL HEALTH

Drug Medi-Cal Organized Delivery System Implementation Plan

Submitted July 14, 2017
Revised: September 12, 2017

Revised October 22, 2017

California Department of Health Care Services

Drug Medi-Cal Organized Delivery System Waiver County Implementation Plan

The county implementation plan will be used by the Department of Health Care Services (DHCS) and the Center for Medicaid and Medicare Services (CMS) to assess the county's readiness to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. The implementation plan will also demonstrate how the county will have the capacity, access, and network adequacy required for DMC-ODS implementation. The questions contained in this plan draw upon the Special Terms and Conditions and the appropriate CFR 438 requirements. DHCS and CMS will review and render an approval or denial of the county's participation in the Waiver based upon the initial and follow-up information provided by the counties.

Table of Contents

PART I- PLAN QUESTIONS

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

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

   IZI County Behavioral Health Agency
   IZI County Substance Use Disorder Agency
   IZI Providers of drug/alcohol treatment services in the community
   IZI Representatives of drug/alcohol treatment associations in the community (Drug Free Coalition of Nevada County)
   IZI Physical Health Care Providers (Dr. Lasich)
   IZI Medi-Cal Managed Care Plans (Health Coalition)
   IZI Federally Qualified Health Centers (FQHCs) (Western Sierra Medical Center; Chapa De Indian Health; Sierra Family Medical Clinic)
   IZI Sierra Nevada Memorial Hospital (Substance use Treatment Committee: ODS, SU, MAT)
   IZI Clients/Client Advocate Groups - (NA/AA)
   IZI County Executive Office
   IZI County Public Health
   IZI County Social Services - Child Welfare Services
   D Foster Care Agencies
   IZI Law Enforcement
   IZI Court
   IZI Probation Department
   IZI Education - County Office of Education
   IZI Recovery support service providers (including recovery residences) CoRR; Common Goals; Progress House
   IZI Health Information technology stakeholders
   IZI Other (specify): Mental Health and Substance Use Advisory Board; Health Board; SPIRIT; Freed; Turning Point; Hospitality House; Sierra Roots - Outreach to the Homeless; Uplift

2. How was community input collected?

IZI Community meetings
IZI County advisory groups
IZI Focus groups
IZI Sierra Nevada Memorial Hospital (Substance use Treatment Committee: ODS, SU, MAT)
IZI Monthly Contractors Meeting
IZI Adult Drug Court
IZI Youth Employment Services (YES) Court
IZI 211
IZI Community Collaborative of Tahoe Truckee Meeting
D Other method(s) Survey was collected from jail inmates to obtain input

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.

IZI Monthly: Behavioral Health Board Meetings; Quality Improvement Committee
IZI Bi-monthly DMC-ODS Advisory Group; SUD Community Collaboration
D Quarterly
D Other:---------

Review Note: One box must be checked.

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

IZI SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
D There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
D There were not regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
D There were no regular meetings previously, but they will occur during implementation.
D There were no regular meetings previously, and none are anticipated.

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

REQUIRED

IZI Withdrawal Management Level 3.2
IZI Residential Services (minimum one level) Level 3.5 (CoRR; Bost House)
IZI Intensive Outpatient
IZI Outpatient
IZI Opioid (Narcotic) Treatment Programs (Contract)
IZI Recovery Services - (Transitional Housing; CoRR; Common Goals)
IZI Case Management
IZI Physician Consultation

How will these required services be provided?

D All county operated
IZI Some county and some contracted
D All contracted.

OPTIONAL

IZI Additional Medication Assisted Treatment (Chapa De; Western Sierra)
D Partial Hospitalization
IZI Recovery Residences (CoRR; Common Goals)
D Other (specify)

6. Has the county established a toll free number for prospective clients to call to access DMC-ODS services?

IZI Yes (required)
D No. Plan toestablish by:_____

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

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

IZI Yes (required)
D No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.
   IZI Yes (required)
   D 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

IZI Yes (required)
D No

PART II - PLAN DESCRIPTION

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

General Review Notes:

- *Number responses to each item to correspond with the outline.*
- *Keep an electronic copy of your implementation plan description. After DHCS and CMS review the plan description, the county may need to make revisions.*
- *Counties must submit a revised plan to DHCS whenever the county requests to add a new level of service.*

Narrative Description

1. **Collaborative Process.** Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community 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 development of the implementation plan.

'1:? Locations of stakeholder meetings : Grass Valley, Nevada City, Truckee

Nevada County Behavioral Health (NCBH) has a long history of collaborative planning and community involvement in planning, program design, and evaluation of programs. NCBH conducted a number of different stakeholder groups to obtain input into the planning process and development of this DMC-ODS Implementation Plan. This included meetings with stakeholders

from both the 'Western Slope' of the county (Grass Valley and Nevada City) and the Tahoe Truckee area.

There were two initial DMC-ODS Kick-Off meetings with the community. One was held in Grass Valley on November 19, 2015. The second meeting was in the Tahoe Truckee community on January 29, 2016. These meetings provided an introduction to the new regulations and the planning process for developing the Implementation Plan. Stakeholders included representatives from substance use treatment providers, including Community Recovery Resources (CoRR), Progress House, and Common Goals; local health care providers and the Community Corrections Partnership monthly meeting; AA Stakeholder Meeting; Sierra Nevada Memorial Hospital's Substance Use Treatment Committee, and other routinely scheduled groups. We also held interviews with key stakeholders and obtained input from the Mental Health and Substance Use Advisory Board, SPIRIT, Freed, Turning Point, Hospitality House, and Sierra Roots, an outreach program to the homeless.

Input obtained from these stakeholder groups provided input on patterns of services, system capacity, and outcomes. This feedback provided the foundation for identifying goals, priorities, and strategies outlined in the Implementation Plan. From this initial meeting, the DMC-ODS Advisory Group was identified and included all interested stakeholders, including Nevada County Department of Social Services, CoRR, Common Goals, Public Health, Turning Point, Hospitality House, Sierra Mental Wellness, SPIRIT, Probation, Wayne Brown Correctional Facility (County Jail), Carl F. Bryan II Juvenile Hall, and faith-based programs. The DMC-ODS Advisory Group also provided valuable input into strategies for integrating quality improvement activities for substance use services into existing mental health quality improvement activities. This included developing strategies for access, referral, assessment, and authorization of services. Key activities and decisions for developing the Implementation Plan were reviewed and analyzed by the DMC-ODS Advisory Group, on an ongoing basis.

Major themes from these groups that impacted the development of the plan are summarized below:

- Implementation of the Addiction Severity Index (ASI) Assessment
- Implementation of the American Society of Addiction Medicine (ASAM) Levels of Care
- Development of a timely access, referral, and assessment process
- Integration of Quality Improvement services to provide timely access, authorization of services, and ongoing quality of care to ensure access, quality, and cost-effective treatment.

- Expansion of Residential Treatment programs for persons with co-occurring disorders
- Expansion ofadult education
- Expansion of the continuum of care including timely access, intensive outpatient services, residential, and sober living home capacity
- Expansion of shelter services for homeless
- Development of adult employment activities

- Developing and expanding services for Transition Age Youth

- Expansion of programs in the schools
- Expansion of foster homes in Nevada County
- Expansion of Telepsychiatry for both mental health and substance use treatment
- Development of Medication Assisted Treatment (MAT)

- Coordination and development of Emergency Department and primary care services
- Coordination with Sheriff and Law Enforcement
- Coordination and collaboration between partner organizations
- Coordination with re-entry programs
- Coordination with foster homes and foster youth
- Development of employee and provider training
- Assess the SUD treatment and recovery services to a culturally diverse population

Ongoing input from stakeholders will be obtained on an ongoing basis. Discussion of the success and challenges of the implementation will be shared monthly at Behavioral Health Board meetings and monthly at Quality Improvement Committee (QIC) meetings. Ongoing input from the DMC-ODS Advisory Group and interested stakeholders will be obtained on an ongoing basis and through a variety of methods, including:

- Providing updates and obtaining feedback from clients, providers, staff, and stakeholders
- Providing updates, data, and outcomes at bi-monthly stakeholder meetings
- Obtaining feedback and discussions of areas for improvement between partner agencies, including substance use treatment providers, law enforcement, primary care, emergency departments, Access Line provider, and managed care partners
- Providing updates to the Mental Health and Substance Use Treatment Advisory Board and obtaining their feedback on services
- Sharing system performance measures and client outcomes with stakeholders, clients, and family members
- Obtaining feedback on components of the DMC-ODS services from providers, stakeholders, clients, and family members
- Producing ongoing evaluation activities to help engage and obtain feedback on DMC-ODS planning, implementation, and system outcomes.

The feedback and information obtained during these planning sessions served as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM). This ongoing process will continually review and assess the SUD Treatment and recovery services that are delivered to our culturally diverse population.

The transformation of Nevada County's system of behavioral health and substance use care will continue to expand through regional partnerships and communication. The DMC/ODS Advisory Group assists in providing input on the development of the SUD system of care. This group meets bi-monthly and is responsible for evaluating components of the DMC-ODS including client referral and placement process, coordination and delivery of services, accessibility of SUD treatment services, provision of services in primary/threshold language of the beneficiary, and

the increased availability of co-occurring services. The committee makes recommendations to the NCBH QIC Committee for review and approval.

NCBH/SUD provider meetings will occur on a monthly basis and review and recommend outcomes related to the Drug Medi-Cal Organized Delivery System (DMC- ODS). This will include, but not be limited to assessment, linkage, and client support; service placement/interventions; and issues related to accessibility, service authorizations, and transitions across levels of care. DMC-ODS service implementation will be discussed at monthly NCBH QIC Committee meetings and Management Team.

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

NCBH will ensure that the required substance use disorder treatment services under the new service delivery system are available and accessible to individuals and families throughout the county. These services will be provided by responding to immediate needs and assessing treatment needs through a thorough assessment and utilization of ASAM placement criteria. It is our goal to identify the appropriate level of care and link the individuals to services in a timely manner.

NCBH will be the primary DMC-ODS entry and screening point for individuals requesting services. Individuals can contact the 24/7 toll-free access line or access care by walking into our Behavioral Health clinic in Grass Valley. In addition, all individuals can continue to access care by walking into any of the outpatient substance use treatment provider clinics. All beneficiaries who chose to enter treatment will be assessed for both mental health and substance use issues, when appropriate, utilizing an integrated assessment form. The outcome of the integrated assessment will identify the appropriate level of care for mental health and substance use disorder treatment services.

Initial Screening, Intake Assessment, and ASAM Level of Care Placement

Beneficiaries who call the NCBH Access line to request DMC-ODS services will initially be screened over the phone to assess immediacy of services. Beneficiaries requesting services will be assessed for substance use and mental health risk factors as well as Medi-Cal eligibility during the initial screening process. Individuals will also be informed of the services that they are entitled to under the DMC-ODS. A standard screening tool developed by UCLA will be used. If there is an indication of a need for SUD treatment, the individual will be scheduled for

an assessment with staff within 3-5 business days and/or link the individual to an immediate level of services. Urgent appointments will be offered within one (1) business day.

NCBH Intake Assessment

For beneficiaries who call the NCBH Access line to request DMC-ODS services, they will initially be screened over the phone to assess if there is sufficient information to determine the ASAM level of services. The NCBH Access line, which is staffed by a Licensed Practitioner of the Healing Arts (LPHA), will determine whether there is sufficient information to make a referral to the appropriate ASAM level of care or whether a face-to-face assessment is needed to obtain additional information. The ASAM level of care placement tool (developed by UCLA) will be used as the initial screening tool. LPHA includes: Physician, Nurse Practitioner, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LPC), Licensed Clinical Social worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), and licensed-eligible practitioners working under the supervision of a licensed clinician.

The daytime LPHA at NCBH will review the results of the screening tool. If the screening tool indicates a need for outpatient services, the individual will be offered a descriptive list of outpatient substance use treatment providers in the area. Upon selecting the provider, the LPHA will immediately call the provider to schedule an appointment. The appointment will be scheduled within 10 business days of the request for services. If the beneficiary's selected provider is not available within the ten business day window, other names of other providers will be offered. The LPHA will send the selected outpatient provider an email with information regarding the individual, including the completed ASAM Screening tool, and time of first scheduled appointment to confirm the referral.

The outpatient provider will meet with the individual and complete the ASI assessment to provide additional information for determining the diagnosis, medical necessity, and appropriate ASAM level of care. The assessment will be conducted by a Licensed Practitioner of the Healing Arts (LPHA), or certified /registered Drug and Alcohol Counselor. Services are available in English and Spanish. In instances where the assessment is completed by a certified/registered Drug and Alcohol Counselor, there will be a face-to-face interaction between the Medical Director or LPHA and the Counselor. This face-to-face interaction will validate or verify the diagnosis and determination of medical necessity, and may utilize telehealth as the face-to-face interaction.

If higher levels of care are identified on the ASAM Screening tool (such as withdrawal management, residential, or inpatient services), the NCBH LPHA will complete the full ASI assessment, determine the appropriate level of care, and link the individual to the identified level of care. The completed ASAM Screening tool will also be forwarded to the treatment provider, along with the referral and level of care authorization.

The ASI assessment, diagnosis, and medical necessity are clearly documented in the client's electronic health record (EHR) and/or medical record. For adults, the diagnosis will include at least one DSM Substance-Related and Addictive Disorder (excluding Tobacco-Related and/or non-Substance-related disorders). For individuals under the age of 21, the diagnosis may also include an assessed risk for developing a SUD. Assessments will be conducted by an LPHA or a certified /registered Drug and Alcohol Counselor.

SUD Provider Intake Process:
Beneficiaries who contact a DMC-ODS service provider directly, the individual will be screened using the ASAM Screening tool (UCLA), and provided a full assessment, as indicated. The provider will verify Medi-Cal eligibility. In instances when the beneficiary requests services from the treatment provider without a scheduled appointment, a qualified staff will conduct the initial assessment, if available. If no qualified staff are available, the beneficiary will be given an appointment to return for a face-to-face appointment, at the earliest time available, for the beneficiary to complete a full assessment. The next available appointment will be offered, no longer than 10 business days from the request for services.

Following the full assessment, the provider will determine the appropriate level of care. If the provider does not offer the identified level of care, the provider will immediately refer the beneficiary to another DMC-ODS provider that offers the indicated ASAM level of care, or link the beneficiary to the NCBH Access Line, for linkage to the appropriate care. The provider and the NCBH Access line staff will document the referral and the outcome of the linkage to the appropriate level of care.

DMC-ODS providers will strive to admit eligible beneficiaries to begin treatment services within ten (10) business days, from completion of the assessment. In instances where the provider is unable to begin service delivery within the required 10 day time period due to non-budget related capacity issues, interim services will be offered. In addition, the provider will offer to make referrals to other providers, when available, to ensure timely access to services.

<u>After-hours Screening and Assessment</u>
For all after-hours requests for substance use treatment services, the Access line staff will use the UCLA Screening Tool. When the Screening Tool indicates outpatient level of services, the beneficiary will be asked to call the NCBH Access Line in the morning. In addition, the Access Line staff will forward the completed Screening Tool to NCBH to provide information on the needs of the beneficiary, and ensure follow-up in the morning. NCBH staff will contact the beneficiary and discuss treatment options and identify the provider of choice.

Medical necessity will be determined for all clients entering the DMC-ODS. The beneficiary must be diagnosed with a DSM 5/ICD 10 Substance Related Disorder by a licensed LPHA, licensed physician, or Medical Director. DMC Title 22 requires that all providers include documentation of medical necessity in the beneficiary's file. Once the assessment process is complete, the diagnosis, placement recommendations, and information about treatment services will be authorized and discussed with the client.

Behavioral Health crisis staff are on-site at the Emergency Department (ED), 24/7. These individuals provide screening, brief assessment, and triage the mental health and substance use disorder needs of the individuals. When there is an indication of an individual in the community needs inpatient services, the beneficiary will be encouraged to come into the Emergency Department for additional screening, medical clearance, evaluation for MAT, and immediate treatment. The BH crisis staff are trained to screen individuals for mental health and/or substance use disorders. The ED staff are hired by the hospital to provide emergency services. They meet the hospital's qualifications for delivering emergency medicine.

If the assessment determines that the individual does not meet medical necessity and that

the individual is not entitled to any DMC-ODS substance use disorder treatment services, then a written Notice of Action (NOA) will be issued in accordance with 42 CFR 438.404.

Re-Assessments

During substance use treatment, the beneficiary will be re-assessed/authorized for medical necessity every 6 months (except for NTP services which require annual re-authorization). Individual treatment plans will be completed within 7 days of admission to services and will be reviewed at 60 and 90 day intervals. Specific situations that may necessitate re-assessment and potential placement in a different level of care may include: completion of treatment and agreed upon goals, inability or incapacity of client to demonstrate progress toward achievement of treatment goals, change in service needs based upon clinical necessity, and requests for a different level of care by the beneficiary.

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 goal despite amendments to the treatment plan
- Lack of beneficiary capacity to resolve his/her problems
- Identification of intensified, or new, problems that cannot adequately be addressed at the current level of care
- At the request of the beneficiary

Transition to Other Levels of Care and the Role of the Case Manager

If ASAM results determined during the substance use assessment conflict with the results determined during the initial screening interview, the treatment provider will be responsible for ensuring that the client receives the appropriate level of care. If the program does not offer the treatment indicated from the outcome of the assessment, the service provider will refer the client to a certified DMC-ODS provider within the community who can offer the appropriate level of care. When it is determined that a client is in need of an increase or decrease in level of care, the service provider will authorize a referral to the appropriate level of treatment. Placement transitions to other levels of care will occur within 5-10 business days from the date of re-assessment. If a client is transitioning to residential treatment, an assessment/authorization will be completed by NCBH within one (1) business day of the request from the referring SUD treatment provider.

NCBH and SUD treatment provider case managers will be responsible for assisting the client with initial placement, transitions to different levels of care, and discharge planning. Case managers will also provide support in scheduling intake appointments and linking clients to ancillary support services.

Case managers from both the discharging and admitting provider agencies will be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake or reassessment appointment, ensuring a minimal delay between discharge and admission at the next level of care, and documenting all information.

If the discharging provider is unable to determine an appropriate referral, the NCBH SUD Case Manager will assist in identifying an appropriate referral plan and assisting with the linkage, at the time of discharge and will develop a Referral Plan.

This process ensures successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions. The Case Manager is responsible for ensuring the successful transition between levels of care. Individuals that historically failed/had difficulty transitioning from one level of care to another, will be followed for a period of time by the Case Manager to ensure successful outcomes.

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).

NCBH has a 24/7 toll-free phone number that is answered by a BH Access Line Intake Worker. The 24/7 Line number is listed on all informing materials as well as posted in each clinic. The Triage Worker is trained to respond to all calls, assess the need, and determine the appropriate service. Triage Workers are bi-lingual, bi-cultural, and available to speak Spanish (our threshold language) to immediately meet the language needs of the caller. If the Triage Worker does not speak the caller's language, all Triage Workers are trained to immediately call the language line and access a person who speaks the needed language.

Triage Workers are also trained on the TTY line, when an individual is hearing impaired and communicates via TTY service. Information on how to access the 24/7 line is posted in the clinic and throughout the county. In addition, the 24/7 Line phone number is on all client informing materials, in the phone book, and on our website. Each call is recorded in a log and documents the following information:

- Date of call
- Time of call
- Caller's name, date of birth, gender, and primary language
- Type of call
- Reason for call
- Disposition
- Incomplete and abandoned calls
- Referrals made to outside agencies
- Name of Triage Worker

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

- Number of calls, including date, time
- Number of calls requesting/requiring oral interpreter services for enrollees or potential enrollees
- Number of calls that are determined to be emergency, urgent, and routine mental health

and substance use disorder services

- Average time to answer a call and percentage of calls answered or serviced within 20 seconds (random sample test call)
- Call abandonment and incomplete calls
- First available (first available appointment offered to the individual) and first scheduled (appointment time that the individual selects) appointment times for face-to-face assessments
- Number of individuals screened and referred to DMC-ODS service
- Number of individuals screened and scheduled for a face-to-face assessment

4. **Treatment Services** *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.*

The NCBH is responsible for planning, coordinating, and managing a comprehensive continuum of alcohol, drug, tobacco, and other substance use prevention, intervention, treatment, and recovery support services. These services will be responsive to the needs of individuals and community. NCBH primarily contracts with community-based providers to offer the full continuum of substance use services. Through the application to DMC-ODS, NCBH will have sufficient county staff to conduct comprehensive assessments for persons needing residential services, in order to authorize the higher levels of residential services.

NCBH will continue to contract with community providers for the majority of substance use treatment services including MAT, opioid/narcotic treatment programs, and Withdrawal Management services. NCBH will routinely monitor all service providers to ensure the provision of high quality and clinically appropriate services, and ensure that all treatment and documentation are in compliance with Federal, State, and local regulations and policies. Table 1 shows the list of required and optional DMC-ODS services that Nevada County intends to provide, as well as the Medi-Cal Fee-for-Services (FFS) Managed Care services which will be managed by NCBH.

Table 1: Overview of Treatment Services and Projected Implementation Timeline							
DMC-ODS Services	**ASAM Level**	**Implementation Timeline**					
		At Implementation	End ofYl	End ofY2	End ofY3	End ofY4	End ofY5
Reauired Services							
Early Intervention [FPS/Managed Care]	0.5	X					
Outpatient Services	1	X					
Intensive Outpatient Services	2.1	X					
Residential	3.1	X					
Residential	3.3				X		
Residential	3.5	y'					
Residential [Coordination - FPS/Managed Care]	3.7-4.0				X		
Withdrawal Management [At least one level]	3.2-WM	X2					
Opioid (Narcotic) Treatment Program	OPT-1	**X**					
Recoverv Services	*NIA*	y3					
Case Management	*NIA*	y4					
Physician Consultation	*NIA*	X					
Optional Services							
Additional Medication Assisted Treatment	OTP-1	X					
Recoverv Residence	*NIA*	X					

*Currently, there are limited SUD Residential Services available in Nevada County. As we opt into the DMC-ODS program, we are in the process of renovating a 19-bed Residential Treatment Facility. This Residential Treatment Facility is located in Grass Valley and will help expand the number of residential resources in the county. We anticipate these additional beds will reduce the need to place beneficiaries at residential treatment programs in out of county programs. However, in instances when there are no beds available in the county, individuals needing residential SUD services will be referred to a facility that offers the appropriate level of ASAM certification.

Every effort will be made to locate a program close to Nevada County. Whenever possible, a residential provider with bilingual, bicultural staff will be selected for Nevada County residents who are Spanish speakers. This will support the delivery of culturally sensitive services that are available in the client's preferred language.

Required and Optional Services to be Provided

We are developing a protocol for obtaining prior authorization for services, so we will be able to manage resources and ensure a cost-effective delivery system. Urgent services will not require

1 Ibid
2 Ibid
3 D/MC Providers will add Recovery Services to their protocol following DMC-ODS Implementation Plan approval
4 D/MC Providers will add Case Management to their protocol following DMC-ODS Implementation Plan approval

pre-authorization. The array of DMC-ODS services are outlined below, with a description of the service, and ASAM level of care.

Early Intervention Services (ASAM Level 0.5) include screening, brief intervention and referral to treatment (SBIRT) and are provided by non-DMC providers to beneficiaries at risk of developing a substance use disorder. Referrals to treatment by the managed care plan will be governed by the Memorandum of Understanding held between NCBH and California Health and Wellness; and Anthem Blue Cross, two managed care health plans for Nevada Medi-Cal beneficiaries.

The local organizations that provide SBIRT include Sierra Nevada Memorial Hospital and two Federally Qualified Health Centers (FQHC), Western Sierra Medical Clinic (WSMC), and Chapa-De Indian Health Program. These organizations provide Screening, Brief Intervention, and Referral to Treatment **(SBIR**T) for all new patients and when a provider identifies potential substance use symptoms. Staff are trained to recognize substance-related disorders, and provide education and motivational counseling. For Transition Age Youth, staff are knowledgeable about developmental issues and mental health concerns for youth. Individuals at risk of developing a SUD or those with an existing SUD are identified and offered brief intervention by health care staff and/or referred to treatment at NCBH.

Outpatient Services (ASAM Level 1.0) are provided to beneficiaries for a maximum of eight (8) hours a week for adults and maximum of six (6) hours a week for adolescents, when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) to be medically necessary and in accordance with an individualized treatment plan. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community.

Through certified and licensed contracts with local substance use disorder providers, the NCBH offers outpatient SUD services including assessment, individual counseling, group counseling, family groups, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Outpatient Services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

The SUD services meet medical necessity criteria and are available for up to nine (9) hours per week for adults and up to six (6) hours per week for youth. Staff are knowledgeable about co-occurring psychiatric issues and refer to mental health services for a clinical assessment, if needed. Staff are also able to recognize the need for withdrawal management services.

Nevada County currently has two SUD Outpatient Programs that are D/MC certified. The SUD Outpatient programs reflect an array of approaches and populations, including programs for adolescents and adults, gender-specific services, and services available in English and Spanish.

Intensive Outpatient Services (ASAM Level 2.1) are provided to beneficiaries (a minimum of9 hours with a maximum of 19 hours a week for adults, and a minimum of 6 hours with a maximum of 19 hours a week for adolescents) when a Medical Director or Licensed Practitioner

of the Healing Arts (LPHA) determines the services to be medically necessary and in accordance with an individualized client plan. Lengths of treatment can be extended when determined to be medically necessary. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community.

Intensive Outpatient Services consist primarily of counseling and education about addiction-related problems, with specific components including intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Intensive Outpatient Services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care. NCBH contracts with providers who offer Intensive Outpatient SUD Services (IOP), structured services to individuals who meet medical necessity criteria for this level of service. Services are available a minimum of 9 hours and a maximum of 19 hours per week. Services for youth are available between 6 and 19 hours per week.

Nevada County has two providers that offer Intensive Outpatient Services. Both providers are Drug Medi-Cal certified. Additional contracts with newly certified providers in Nevada County may be developed, as resources become available in the county. The Intensive Outpatient program offers an array of services to meet the population needs in this small county. These include programs for adolescents and adults, gender-specific services, and services led in both Spanish and English.

Partial Hospitalization (ASAM Level 2.5) services are optional services provided to beneficiaries (20 or more hours per week) when determined by a Medical Director or LPHA to be medically necessary and in accordance with an individualized client plan. Services consist of clinically intensive programming, which is primarily counseling and education about addiction-related problems. The components of Partial Hospitalization include intake, individual counseling, group counseling, family therapy, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Partial Hospitalization services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

NCBH does not currently plan to contract for a Partial Hospitalization Program.

Residential Treatment (ASAM Level 3) is a non-institutional 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries when determined by a Medical Director or LPHA as medically necessary and in accordance with an individualized treatment plan. Residential services are provided to non-perinatal and perinatal beneficiaries in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with the ASAM treatment criteria. Residential services can be provided in facilities with varying bed capacity. The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis (for adults only). Only two non-continuous 90-day regimens will be authorized in a

one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity.

The components of Residential treatment include intake, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation services, and discharge services. For clients in Residential Treatment, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

Low-Intensity Residential Services (ASAM Level 3.1): Low-intensity residential services are provided by DHCS licensed residential facilities for adults that include 24-hour structured care with at least 5 hours of clinical service/week. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. Medication Assisted Treatment services will be offered to residents who have been diagnosed with an alcohol or opioid addiction.

NCBH contracts with CoRR to offer both 3.1 and 3.5 level residential services. CoRR is a DHCS-licensed provider with 40 beds. This facility has a provisional ASAM Level of Care Designation to offer 3.1 and/or 3.5 from DHCS.

Population-Specific High-Intensity Residential Services (ASAM Level 3.3): High intensity residential services for men and women are provided by DHCS licensed providers with Provisional ASAM Level 3.3 designations that include 24-hour care for individuals with cognitive or other impairments who are unable to fully engage in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. This level of care is not available for youth.

NCBH anticipates contracting with an out-of-county provider for 3.3 residential services, as needed.

High-Intensity Residential Services (ASAM Level 3.5): High Intensity non-population specific residential services for men and women are provided by DHCS licensed providers with Provisional ASAM Level 3.3 designations that include 24-hour care for individuals who are capable of tolerating and engaging in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. Medication Assisted Treatment services will be a treatment option for residents who have been diagnosed with an alcohol or opioid addiction. This level of care is not available for youth.

As noted above, DHCS already has provided Provisional ASAM Level of Care Designations to CoRR to offer 3.5 certified program (Clinically Managed Population-Specific High-Intensity Residential Services) at their licensed Residential facility in Nevada County. Drug/Medi-Cal

certification applications for an additional licensed Residential facility is expected to be obtained in 2017. NCBH will ensure that ASAM Level 3.3 Residential services are available by or before the end of implementation Year 3 with a regional provider. One local provider currently offers 3.5 level residential services.

NCBH is currently renovating a facility that will be certified as a Residential Treatment 3.5 level treatment, with up to 19 beds. In addition, NCBH has one DHCS-licensed provider with 40 beds with a provisional ASAM Level of Care Designation 3.5 from DHCS.

Nevada County does not currently have any Residential treatment facilities for adolescents. We will refer adolescents to out-of-county facilities and will enter into a contract agreement for Residential treatment services. NCBH will develop contracts and 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 who are Nevada County residents.

Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) and Medically Managed Intensive Inpatient Services (ASAM Level 4.0): ASAM 3.7 and 4.0 Intensive Inpatient Services are not available in Nevada County. We will refer adults and adolescents to out-of-county facilities and will enter into a contract agreement for Residential treatment services. NCBH will develop contracts and ensure 42 CFR compliant releases are in place in order to coordinate care with inpatient and out-of-county facilities accepting DMC beneficiaries who are Nevada County residents.

Residential treatment services includes assessment, treatment planning, individual and group counseling, education, family groups, collateral services, crisis intervention services, treatment planning, transportation to medically necessary treatment, and discharge planning. All residential providers are required to provide treatment to persons who are receiving Medication-Assisted Treatment services (MAT).

NCBH will work with other counties to coordinate efforts and resources directed at expanding and accessing limited Residential treatment services, as applicable.

Withdrawal Management (ASAM Levels I-WM and 3.2-WM) are habilitative and rehabilitative services when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with state and federal regulations. The components of Withdrawal Management 3.2 services are intake, observation, 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. NCBH requires prior authorization for Withdrawal Management services.

One residential treatment provider in Nevada County is certified as a 3.5 Residential Treatment provider. This provider will be able to deliver Withdrawal Management 3.2 as a social model of withdrawal management. The new residential facility, Bost House, will also offer 3.2 Residential Treatment.

NCBH expects to offer ASAM Level 1-WM at a facility currently licensed to provide NTP by the end of Implementation Year 2. Other levels of Withdrawal Management will be developed, including 3.1, 3.7, and 4.0 by the end of the Pilot Year 5.

Opioid (Narcotic) Narcotic Treatment Program (ASAM OTP Level l) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber and approved and authorized according to the State of California requirements. The 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. Case management will be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Currently, there are no NTP providers in Nevada County. Therefore, NCBH will contract with one (1) Drug/Medi-Cal certified, licensed NTP provider in a Sutter/Yuba county, by the time we opt into the DMC-ODS. It is expected that the provider will offer methadone, disulfiram, buprenorphine, and naloxone.

Additional Medication Assisted Treatment (ASAM OTP Levell) includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. NCBH, through its contracted NTP provider, plans to seek reimbursement for onsite administration and dispensing of at a minimum, buprenorphine, and naloxone.

MAT will expand the use of medications for beneficiaries with chronic alcohol related disorders and opiate use. Medications will include: naltrexone, topiramate (Topamax), gabapentin (Neurontin), acamprosate (Campral), and disulfiram (Antabuse)

- Opiate overdose prevention: naloxone (Narcan)
- Opiate use treatment: buprenorphine-naloxone (Suboxone) and naltrexone (oral and extended release) (Note: Methadone will continue to be available through the licensed narcotic treatment program)
- Vivitrol
- For tobacco cessation/nicotine replacement therapy

We plan to collaborate with the local residential treatment providers to develop the capacity to deliver incidental medical services, when feasible. Nevada County also has two Federally Qualified Health Centers (FQHC), Western Sierra Medical Clinic (WSMC), and Chapa-De Indian Health Program. WSMC obtained a federal grant in 2016 to provide Medically Assisted Treatment. NCBH has worked closely with WSMC and Chapa-De to deliver integrated health care services and we plan to develop a referral process for helping to link beneficiaries with these services.

Case management will be provided to coordinate care with the FQHC and outpatient providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Recovery Services (ASAM Dimension 6 -Recovery Environment): As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, beneficiaries will be linked to applicable medically necessary recovery services. Beneficiaries may access recovery services 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, via the internet, or elsewhere in the community by certified substance abuse counselors, licensed clinicians, and peer support specialists, as well as through contracted providers. Services may include: outpatient individual or group counseling to support the stabilization of the client or reassess the need for further care; recovery monitoring/recovering coaching; peer-to-peer services and relapse prevention, WRAP development, education, and job skills; family support; support groups and linkages to various ancillary services.

NCBH offers recovery services and supports and relapse prevention. Recovery services are available once a beneficiary has completed the primary course of treatment and during the transition process. Beneficiaries accessing recovery services are supported to manage their own health and mental health care, use effective self-management support strategies, and use community resources to provide ongoing support.

At implementation, recovery services will be provided by case managers/Peer Mentors at NCBH and/or provider agencies. Recovery services will be available through the County-operated Drug/Medi-Cal certified program and/or eligible contracted Drug/Medi-Cal certified programs.

Case Management/Care Coordination Services will be utilized to assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder care, integration with primary care and mental health, and interaction with the criminal justice system, if needed.

Case management services will be available to serve persons with complex needs, such as persons with multiple health conditions, involvement with criminal justice and/or social services systems, and/or older adults with co-occurring chronic physical health conditions and substance use issues. These case management services support beneficiaries as they move through the ODS continuum of care from initial engagement and early intervention, through treatment, to recovery supports. Case management services are provided for clients who may be pre-contemplative and challenging to engage, and/or those needing assistance connecting to treatment services, and/or those clients stepping down to lower levels of care and support.

Case management services may include: comprehensive assessment and periodic reassessment of the individual's need for continuation of case management services; transition to a higher or lower level of care; development and periodic revision of the client plan; communication, coordination, referral and related activities; monitoring service delivery to ensure beneficiary access to services; monitoring the beneficiary's progress; patient advocacy; linkages to physical and mental health care; and transportation. Case management shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and the Health Insurance Portability and Accountability Act (HIPAA).

Case management services are provided at the NCBH outpatient clinic, contract providers, county locations, hospitals, health centers and other community-based sites appropriate for providing these services to the beneficiary. Services may also be home-based, if deemed clinically appropriate. Case management services may be provided face-to-face or by telephone with the beneficiary by an LPHA, certified counselor, or NCBH Recovery Coach/Case Managers. Client to case manager ratios will vary depending on the complexity of client needs. For example, it is expected that intensive services will have case manager/ client ratios of approximately 1-25 and 1-75 for less intensive services.

Case management will be provided to coordinate care with the FQHCs and outpatient providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Physician Consultation services include NCBH physicians' consulting with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists. 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-drug interactions, or level of care considerations. NCBH intends to contract with at least one physician, to provide consultation services, which can only be billed by and reimbursed to DMC providers. NCBH may use existing staff, or contract with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists to provide consultation services.

Transitional/Recovery Residences are safe, clean, sober, residential environments/transitional housing that promote individual recovery through positive peer group interactions among house members and staff. Transitional/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. Nevada County contracts with two (2) community-based providers for Transitional/Recovery Residences for eligible AB 109 criminal justice involved populations, Adult Drug Court participants, and other community members with this level of need.

Change and Expansion of Services

As outlined above in Table 1, NCBH plans to expand both required and optional services throughout the five-year demonstration period. Although all of the required services will be in place upon Implementation Plan approval (pending DHCS Provider Enrollment Division DMC certification application approval), NCBH will monitor utilization, penetration rates and access

to services in an ongoing manner to identify any areas of service expansion, and ensure network adequacy.

Barriers to Implementation/Delivery of Services

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

Another challenge might be recruitment and retention of qualified bilingual (English and Spanish) staff. Potential strategies to address this barrier include offering recruitment incentives, such as higher salaries for bilingual staff and opportunities for providing supervision for intern hours.

NCBH anticipates that there are a number of barriers to delivering DMC-ODS services in this small, rural county. 1) Transportation assisting clients to keep appointments. 2) Reduced availability of court mandates and/or incentives to help motivate clients to remain in treatment. 3) There are a number of start-up costs related to training staff and expanding facilities to accommodate expanded services. 4) DHCS's delay in finalizing regulations and certification standards created a delay in implementation.

Shifting to a managed care system of care, expanded quality improvement activities, authorization and evaluation of cost effectiveness of services, will take careful planning, stakeholder input, development of policies and procedures, and ongoing evaluation activities.

Another challenge is the recruitment and retention of qualified bilingual (English and Spanish) staff. Potential strategies to address this barrier include offering recruitment incentives, such as higher salaries for bilingual staff, opportunities for providing supervision for intern hours, and offering partial reimbursement of related tuition expenses.

Given the costs associated with opening new facilities, coupled with the local challenges related to obtaining zoning approvals for substance use treatment services, the most feasible solution to addressing these barriers will most likely involve seeking contracts with out-of-county providers.

There are also barriers to offering a number of the services within the DMC-ODS continuum of care. These include start-up costs associated with starting new facilities; facility building/remodeling challenges, including zoning; hiring and retaining qualified staff, particularly those able to meet threshold languages needs; timely certification of new programs by DHCS; and beneficiary transportation barriers to access out-of-county services.

Another challenge might be establishing a sustainable service model in the Eastern part of Nevada County, which represents more than half of the land mass of Nevada County, yet is home to only 10% of the population of whom a relatively small number are Medi-Cal beneficiaries. Potential strategies to address this barrier include offering transportation assistance or establishing a satellite location.

We plan to expand services in Truckee. Currently, there is one provider that serves a small number of people in an SUD outpatient clinic in Truckee. In addition, WSMC is planning on placing an FQHC MAT clinic in Kings Beach. They will offer Suboxone, Vivitrol, Gabapentine, and Naloxone. We are also having discussions with Aegis to potentially offer a small Methadone clinic in the Tahoe area. It is difficult to retain staff in this remote area. There is a high cost of living and low salaries. As a result, there is a high turnover in staff.

There are not enough adolescent programs (under 18 years of age) that accept DMC payment in the state.

In spite of these barriers, we are excited to have excellent MAT services available in such a small county. Partnerships with the local substance use treatment providers, as well as the local FQHC, help support Nevada County clients to access needed services within their own community. Also, having the FQHC integrated with one of the substance use treatment providers offers excellent services to these individuals, to help them achieve their recovery goals.

The required amount of monitoring required by DHCS is difficult to meet and achieve for small counties, with a very limited number of staff. The time required to respond to the multiple audits and reviews takes valuable time away from delivering quality treatment services.

Coordination with Opt-Out Counties

NCBH has established strong relationships with surrounding counties' substance use service divisions through state level associations and northern region. We periodically meet to discuss service models and best practices which has helped to develop a foundation of coordination to ensure access for beneficiaries and identify cross-county services to help prevent disruption of services. NCBH will coordinate with neighboring counties, whether opt-in or opt out, to ensure beneficiaries can access services easily and quickly. We will also work together as a region to develop and deliver a comprehensive network of services to meet the needs of clients (e.g. youth residential treatment).

We will also refer clients to the larger, surrounding counties who offer specialized SUD services, for example MAT, opioid treatment, and NTP, when medically necessary. CoRR offers a social withdrawal management program in Auburn, in an adjacent county (Placer).

Disruption in services is not expected to be an issue as out-of-county beneficiaries can still access State Plan Drug/Medi-Cal benefits. Should there be instances when out-of-county beneficiaries receive non-State Plan benefits, Nevada County has a longstanding history of working collaboratively with neighboring counties, and is committed to coordinating care, establishing contracts, and/or engaging in other strategies to ensure there is no disruption in services.

Continuity of Care
It is our value to provide timely, accessible, individualized care to each individual, based upon need, medical necessity, and availability of services. Services will be provided in Nevada County, whenever possible, or in adjacent counties, to encourage families to be actively involved in services and recovery activities. Case management services are available to help support individuals throughout treatment and relapse prevention services. Individuals will be linked to recovery services and activities and support them to develop a recovery-based plan, such as a Wellness and Recovery Action Plan (WRAP) to help prevent relapse and engage support persons in their lives. Individuals will be encouraged to 'drop in' and participate in ongoing relapse prevention services at our SPIRIT Peer Empowerment Center, at any time needed.

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?

County Structure to Deliver Substance Use and Mental Health Services
CoRR, one of our Drug Medi-Cal Certified providers, is also certified to deliver specialty mental health services. CoRR has provided a co-occurring program for the past four (4) years. This program has provided treatment to youth and adults with co-occurring mental health and substance use disorders. In addition, CoRR works closely with the Adult Drug Court and the Juvenile Drug Courts programs in our county.

CoRR and Common Goals have a close, collaborative relationship with the county, they communicate well and coordinate services to meet the goals of the client. Services are monitored through our QIC and ongoing analysis of data. The county provides oversight of services to ensure timely access to care and determining if providers are linking clients to community services.

Also, NCBH's youth and adult mental health programs have a close working relationship with these SUD providers to coordinate services to meet the needs of clients. All mental health and substance use providers, including Turning Point, Victor, Uplift, and Sierra Forever Families, participate in the QIC, which reviews all treatment services in our SOC and identified areas for quality improvement activities to support the needs for clients and improve services across the behavioral health system.

In order to coordinate mental health services for beneficiaries with co-occurring disorders, as well as coordinate care for persons with SUD, NCBH will expand the existing mental health 24/7 access line to respond to calls from persons with co-occurring disorders and/or an SUD. During Implementation Year 1, the following strategies will be implemented:

- Integrated BH Access Line: Persons calling the BH Access Line will be screened by the Triage Line staff to determine if the call is a crisis or routine request for services.

Persons who are calling with a crisis, the person will be immediately linked to the crisis worker, for support and management of the crisis.

- MOU with Medi-Cal Managed Care: Implement the screening, referral and care coordination activities outlined in the MOU between NCBH and Anthem Blue Cross and CA Health and Wellness. Language will be added to include treatment of substance use disorders.
- Case Management: For all beneficiaries in the DMC-ODS, case management services will be available to ensure and facilitate, as needed, coordination with mental health services. Case management services will be managed by NCBH and will be provided by a combination of NCBH staff, and contracted DMC-ODS providers.

NCBH's contract language with DMC-ODS providers will include a series of care coordination requirements including, but not limited to:

- Screening and assessment procedures and tools to identify mental health, physical health, and substance use disorders
- Written procedures for linking beneficiaries with mental health services, which can include a referral to NCBH Access for an assessment and authorization for Specialty Mental Health Services.
- Written procedures for coordinating care.

Quality Improvement (QI) requirements will be monitored through monthly ongoing Quality Improvement Committee (QIC) meetings. In addition, annual Self-Audit and Site Visit processes will be a component of ongoing activities. Services are monitored through our QIC and ongoing analysis of data. The county provides oversight of services to ensure timely access to care and determining if providers are linking clients to community services.

NCBH coordinates services between programs for individuals with co-occurring disorders and supports coordinated services to remain in regular communication with one another. All HIPPA and 42 CFR part 23 requirements are met.

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?

NCBH fosters strong relationships between mental health and substance use disorder providers. Contractors all meet monthly to discuss programs, array of services, strengths, and barriers to services. NCBH will continue to monitor access and quality of providers with their implementation ofDMC-ODS. All individuals with co-occurring disorders receive needed treatment services. NCBH and Western Sierra Medical Clinic (WSMC), a Federally Qualified Health Center (FQHC) have collaborated and shared resources for over ten years. It has been the value of both agencies to coordinate care to help improve services to our local community.

The WSMC will help meet the DMC-ODS requirements, including providing physicals as well as helping to address both chronic health conditions and dental needs. In addition, WSMC offers

MAT services at CoRR and the FQHC. This will greatly help support NCBH clients in achieving positive outcomes in a convenient location. CoRR has developed a strong collaboration with WSMC to deliver MAT and Drug Testing on site at the CoRR outpatient clinic.

In addition CoRR has a SUD counselor on-site at WSMC, 5 days per week. They received a HRSA Grant to develop integrated SUD services with primary care. In addition, CoRR has a part-time SUD CADAC certified counselor at SNMH to deliver SUD services 20 hours per week. This counselor helps to identify SUD treatment needs and link individuals to community treatment. In addition, CoRR and WSMC are planning to expand MAT services in the Tahoe Truckee area.

Chapa De Indian Health Clinic has offered MAT services since 2016 in Placer County and is planning to expand these services at their Nevada County clinic in Grass Valley in 2017. In preparation for developing the DMC-ODS program, the NCBH SUD program has built strong relationships with CoRR, Chapa De, and Common Goals.

NCBH, WSMC, Chapa De, and Sierra Family Medical Clinic have collaborated over the past ten years, to coordinate care and help improve services to our local community. Sierra Family Medical Clinic also coordinates services with NCBH to support individuals with SUD.

In order to coordinate physical health services within the Waiver, NCBH and contracted providers will implement the screening, referral and care coordination activities outlined in the MOU between NCBH and Anthem and CA Health and Wellness. In addition, case management services will be provided to beneficiaries, as needed.

In the NCBH adult and children systems of care, the client intake and admission process includes a general health evaluation that is integrated into a psycho-social assessment document. NCBH staff facilitate integrated care coordination by linking clients to appropriate physical health care services; the care coordination process varies depending on individual needs but generally includes linkage with the FQHCs to identify a medical provider, support in accessing a health care clinic, and provided transportation to appointments, as needed.

DMC-ODS residential treatment facilities contracting with NCBH are required to provide a physical examination upon admission or no later than 7 days post-admission; the examinations are provided by the facility medical director and are documented in the client chart. If a client is in need of specialized medical services, program staff assists with linkage to a local medical specialist and provide transportation to and from the physician's office.

Upon admission to outpatient and residential substance use treatment programs, clients receive information about physical health care including contact information and resources to primary care, prevention, and treatment of sexually transmitted diseases, and HIV/AIDS prevention and testing. NCBH will monitor these requirements on an annual basis. NCBH has procedures and practices in place regarding the timeliness and frequency of communication to and from referring and receiving organizations in our larger system of care. This process includes communication that a referral was received; communication that a client has begun treatment; ongoing

communication regarding shared cases; and notification when a client has concluded treatment. These practices will be expanded to include new providers and services, upon implementation of the DMC-ODS Plan.

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 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 challenges currently anticipated are ensuring that all physical and mental health partners and beneficiaries understand the requirements related to 42 CFR, Part 2 and that procedures and forms are updated to effectively enable the communication necessary for effective care coordination, shared plan development and collaborative treatment planning, particularly as Behavioral Health, physical health and substance use providers are using separate electronic health records. While partners are committed to participating in integrated and collaborative services, and substance use treatment providers already have 42 CFR, Part 2 protections in place, the infrastructure is currently not in place for all partners, and may require technical assistance during the initial implementation period.

Comprehensive Screening

WSMC, Chapa De, Sierra Family Medical Center, and local primary care providers are implementing SBIRT in Nevada County. Primary Care providers have been trained in SBIRT, as well as hospital staff and Nevada County Drug-free Collaborative. There have also been SBIRT trainings offered in Truckee, Grass Valley, at the Tahoe Forrest hospital. In Truckee, the primary care provider will screen patients once a year, when scores are high, with an indication of SUD. Providers also are trained on understanding SUD treatment needs and how to link individuals to SUD treatment services in Nevada County.

Collaborative Treatment Planning with Managed Care

There is also a need to talk with the Managed Care Plans in Nevada County to talk with Primary Care providers to conduct SBIRT. Nevada County will develop/enhance their MOU with each Managed Care Plan. All other assessment activities will be completed by NCBH and/or contract SUD providers.

Care Coordination and Effective Communication across Providers

With the implementation of the full continuum of care of the DMC-ODS and the emphasis on levels of care based on ASAM criteria, there will be an expectation and need for care coordination. We anticipate some challenges during the initial implementation and NCBH will

be working closely with providers to identify obstacles and develop improvements. NCBH will also evaluate grievances to determine if beneficiaries are experiencing any negative repercussions due to problems with care coordination. NCBH may seek technical assistance to improve care coordination to address any outstanding issues.

Navigation Support for Clients and Caregivers
The development and expansion of case management and recovery services, will significantly improve our system in assisting clients to recover. Technical assistance in providing recovery support services and integrating them throughout the service delivery system would be helpful. Also, identifying opportunities to maximize Medi-Cal reimbursement for these services would be valuable.

Facilitation and Tracking of Referrals
Referrals and service delivery are tracked and coordinated with the NCBH EHR, Cerner Behavioral Health Solutions (Anasazi), and each contract SUD provider's EHR. To facilitate access to care, services, and outcomes, NCBH will develop a Quality Improvement system to evaluate the length of time to services for new beneficiaries, the amount and type of physical and BH services received, and linkage to needed services. This analysis of referrals and services will be shared across agencies to help continually improve services.

8. **Availability of Services.** Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:
    - The anticipated number of Medi-Cal clients.
    - The expected utilization of services.
    - The numbers and types of providers required to furnish the contracted Medi-Cal services
    - Hours of operation of providers.
    - Language capability for the county threshold languages
    - Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care, and the 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 and transportation options.
    - How will the county address service gaps, including access to MAT services?
    - As an appendix document, please include a list of network providers indicating if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e. adolescent, adult, perinatal).

Anticipated Number of Medi-Cal Clients
Nevada County had approximately 16,324 Medi-Cal beneficiaries in 2015, according to the BHS EQRO Report. The 2008-2010 National Survey of Drug Use and Health, 2013 American Community Survey, estimates up to 14.2% of the Medicaid population meets the diagnostic criteria for a substance use disorder, while the California DHCS Behavioral Health Needs Assessment, Vol. 2 2013, page 30, estimates 10.3% of the population meets criteria for a SUD.

For the purpose of determining prevalence rates and projecting utilization moving forward, NCBH will use the mean average of both the federal and state estimates, which equates to 12.25%. Applying this prevalence rate to Nevada County's Medi-Cal beneficiary pool, NCBH projects 2,000 Medi-Cal beneficiaries have an SUD and could benefit from some level of SUD treatment.

The expected utilization of services by service type

Table 2: Nevada County Medi-Cal Beneficiaries and Population FY15/16 to FY19/20				
Fiscal Year	**Average Monthly Unduplicated Medi-Cal Enrollees**	**Medi-Cal Beneficiary % Increase**	**Total Nevada County Population**	**Nevada County Population % Increase**
FY 15/16	16,324	-	98,570	-
FY16/17	17,562	7.58%	99,107	0.54%
FY 17/18 (Pro.iected)*	18,894	7.58%	99,643	0.54%
FY 18/19 (Projected)	20,327	7.58%	100,182	0.54%
FY 19/20 (Pro.iected)	21,868	7.58%	100,723	0.54%

*Projected numbers are based off of the % Increase from FY 15/16 to FY 16/17.

Table 3, below, shows the utilization of services for Residential and Outpatient services. CoRR and Pathways, a provider in a neighboring county under contract with Nevada County, offer both Residential and Withdrawal Management services. There were 134 persons who received residential services in FY 2015/16, while 64 received social withdrawal services. Both CoRR and Common Goals offered outpatient services. Across the two agencies, 609 persons received SUD outpatient services.

Table 3: Nevada County SUD Services FY 15/16 to FY 19/20						
Fiscal Year	**CoRR and Pathways Residential Clients**	**CoRR and Pathways Social Withdrawal Clients**	**CoRR and Common Goals Outpatient Admissions**	**Estimated Medi-Cal Beneficiaries with an SUD**	**Average Monthly Unduplicated Medi-Cal Enrollees**	**Total Nevada County Population**
FY 15/16 # People	134	64	609	2,000	16,324	98,570
FY16/17 # People (Projected)	145	69	646	2,151	17,562	99,107
FY 17/18 # People (Projected)	156	75	695	2,315	18,894	99,643
FY 18/19 # People (Projected)	167	80	748	2,491	20,327	100,182
FY 19/20 # People (Pro.iected)	180	86	804	2,679	21,868	100,723

The population of Nevada County was 98,570 in 2015. Nevada County's general population in 2015 (US Census) was 85.5% Caucasian and 9.77% Hispanic. The census data also shows that 8.7% of the population have a primary language other than English at home (Spanish).

Projected Language Needs

The threshold languages for Nevada County is Spanish. Based on an analysis of census data, 5.1% report Spanish as their primary language. It is anticipated that approximately 2% of the Hispanic population are monolingual Spanish speakers. As such, all DMC-ODS providers will be required to offer services in Spanish, either through hiring bilingual staff or having access to oral interpreter services. NCBH also will ensure that at a minimum, Outpatient and Intensive Outpatient services are delivered by county and/or contract providers and available for individuals who are either monolingual Spanish-speaking or bi/multilingual, with a preference for services to be provided in their primary language. NCBH will ensure that all written information is available in English and Spanish, our two threshold languages identified by the state. We will ensure beneficiaries are notified of the availability of free oral interpretation services and how to access those services.

Projected Geographic Distribution of Beneficiaries and Services

Based on an analysis of current Nevada County Medi-Cal beneficiaries, the majority live in the western slope portion of the county, which includes Grass Valley and Nevada City. While the Tahoe area has a smaller percentage of Medi-Cal beneficiaries, NCBH is continuing to develop strategies and services to meet the needs of the Tahoe area. CoRR has recently opened an SUD outpatient office in Truckee. In addition, another treatment provider is evaluating the feasibility of locating an NTP or MAT clinic to provide this level of care to the Tahoe community. The County will consider collaborating with Placer County, a neighboring county, in regionalizing services in this remote area.

Number and Types of Providers to Furnish Services

NCBH is the primary provider in the county and offers services to persons with disabilities. In order to provide the capacity necessary to furnish services, as well as provide client choice and access to services in the beneficiary's primary language, NCBH will offer services through both County-operated and contracted providers, in the county and regionally. Services will be expanded as deemed necessary through ongoing analyses of beneficiary needs and service utilization to ensure ongoing network adequacy.

Hours of Operation

SUD outpatient and intensive outpatient services will be provided at least five days a week, including at least two days that operate during the evening hours. Residential program services will be provided 24 hours a day, seven days a week. Residential service Intake appointments will be available during regular weekday administrative hours (8:00 AM- 5:00 PM). A contract with an NTP provider will be consistent with other NTP providers. For example: M-F, 6:00 AM-2:30 PM, Sat-Sun-Holidays, 7am-10am.

Timeliness of Services

The NCBH Access Line and DMC-ODS service providers are committed to timely access to services. The following timeliness standards will be reflected in the QI Plan and service provider contracts, as applicable:

- First Face-to-Face Visit: Within 10 business days of the request

- Emergent/Urgent Conditions: Within two hours of the request
- Access to Afterhours Care: Afterhours access is available 24/7 and provided by the NCBH Access Line (1-888-801-1437) during business hours and 24/7 Crisis Line after hours and holidays (530-265-5811). Persons with a SUD or mental health crisis will be assessed by BH crisis workers. Persons with a physical health acute need will be treated by community-based physicians and/or physical health care licensed prescribers. Others needing non-urgent BH services will be referred to outpatient services that are available during business hours. Frequency of follow-up appointments are in accordance with individualized treatment plans.

Outpatient Services There were 609 clients who received outpatient substance use services in 2015/2016. The length of stay for outpatient services is not expected to increase during implementation of the DMC-ODS. Intensive Outpatient DMC services are currently available through contract providers in NCBH.

Social Model Withdrawal Management (3.2) is available at CoRR in Grass Valley. Regional providers also have contracts with NCBH to offer Withdrawal Management services. Historical data related to these Withdrawal Management 3.2 services is unavailable. As a result, it is difficult to estimate the actual number of clients who will need/receive this level of service in the future. It is anticipated that utilization rates for withdrawal management will increase in the future, with the availability of the service.

In addition, CoRR and a new facility that is anticipated to open in the Fall 2017 will offer a lower level of Social Withdrawal services (1.0 and 2.0) through at-home support from a medical provider.

Narcotic Treatment Programs are not currently available in NCBH. Currently there are no NTP treatment providers in Nevada County. NCBH will contract with an NTP treatment provider in the region to provide this level of services and evaluate the possibility of creating a satellite medication unit with one of the regional NTP providers. NCBH has actively reached out to Aegis, who has an NTP program in neighboring counties. There have been discussions with Aegis to possibly develop the satellite medication unit in Grass Valley, and/or have a contract in place for these services. No historical data is available for NTP services, as claims were not processed for Nevada County beneficiaries.

In addition, it is anticipated that all local FQHCs will provide Medical Assisted Treatment (MAT) by 2018. It is anticipated that service utilization rates for methadone maintenance will increase with the availability of this service.

Recovery Services are not currently funded within Nevada County's SUD treatment system and there is no historical data to estimate utilization rates. It is estimated that approximately 75% of beneficiaries will access Recovery Services during FY 2017/18.

Case Management Services are provided by NCBH on a limited basis to SUD clients. There is very little historical information to estimate current utilization rates. NCBH provides some case management support to clients during the intake, assessment, and placement process. However, this service is short-term. The case management services that occur during a transition in care will be collaborative, and SUD providers will be responsible for ensuring that the transition

between services is successful. Beneficiaries receiving NCBH system of care services may receive ongoing support from a case manager for several months or years. It is estimated that 70% of beneficiaries will require some level of case management service throughout treatment.

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. These services provide brief consultation with primary care physicians who are treating patients for SUD conditions. NCBH will identify expert resources (addiction medicine physician, or addiction psychiatrist, or clinical pharmacist) in the region to provide consultation, as needed. All requests for physician consultation will be coordinated through NCBH. It is anticipated that the projected number of requests for consultation will be minimal.

Service Gaps and Access to MAT

NCBH regularly monitors utilization of and trends in substance use services to identify service gaps. To address the identified service gaps, NCBH has and will continue to shift and expand services by reallocating resources between services, as applicable, and soliciting new providers or services through contracts and/or Request for Proposal (RFP) processes.

NCBH will continue to contract with community providers for the majority of substance use treatment services and expect individuals receiving MAT services through a local provider will have full access to DMC SUD services. DMC funded residential treatment providers will be able to provide social withdrawal management services. NCBH will routinely monitor all service providers to ensure the provision of high quality and clinically appropriate services, and ensure that all treatment and documentation are in compliance with Federal, State, and local regulations and policies. Table I shows the list of required and optional DMC-ODS services that Nevada County intends to provide, as well as the Medi-Cal Fee-for-Services (FFS) Managed Care services which will be managed by NCBH. Contracts with residential treatment providers will include language to ensure the MAT services are available and people with MAT can be in residential treatment and continue to receive these treatment services.

Currently there are no NTP treatment providers in Nevada County. NCBH will contract with an NTP treatment provider in the region to provide this level of services and evaluate the possibility of creating a satellite medication unit with one of the regional NTP providers.

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.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.
- Take corrective action if there is a failure to comply with timely access requirements

NCBH has a well-established SUD outpatient program. Expansion of SUD services will be an opportunity with implementation of the DMC-ODS program. Maintaining, as well as increasing, the current availability of SUD services is vital to the enhancement of sustainable recovery rates for beneficiaries in Nevada County. Equally important is the treatment system's ability to assure that the specific needs of each client are met in a timely manner. NCBH will work closely with SUD treatment providers in the county and region to expand services to meet client needs. Contracts with these providers will outline responsibilities for compliance with following standard of care requirements and will assure compliance with applicable access to care requirements:

Contracts for DMC-ODS Services:
NCBH will include language in DMC-ODS contracts outlining: timely access to care requirements and performance standards, taking into account the urgency of need for services; requiring hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation in which the provider offers services to non-Medi-Cal beneficiaries; and providing directly or through referral access to services 24 hours a day, 7 days a week, when medically necessary. Contracts currently also require all DMC providers to have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments. All contracts will specify that DMC will be "payment in full" for services.

Timely Access to Care
Persons calling the BH Access Line will be screened by the Triage Line staff to determine if the call is a crisis or routine request for services. Persons who are calling with a crisis, the person will be immediately linked to the crisis worker, for support and management of the crisis. In an emergency or crisis situation, the crisis worker will take appropriate measures to address the situation, including requesting assistance from local law enforcement.

In an emergency at an outpatient clinic, NCBH or SUD providers will immediately contact emergency response personnel that involve life-threatening situations. SUD providers will be required to develop and implement emergency protocols for managing urgent situations involving DMC- ODS beneficiaries.

For persons requesting routine service, an appointment is scheduled within 7-10 business days for an intake assessment with NCBH or SUD treatment provider. Timely access to engage and enroll the individual in an intensive outpatient program will be assessed. If an outpatient drug-free and intensive outpatient provider is unable to comply with access standards, the provider will be required to write a plan of correction that demonstrates actions the provider will take to improve timeliness standards.

For beneficiaries who present directly to treatment provider facilities, an initial screening will be completed. When the screening demonstrates that the client needs residential treatment and/or withdrawal management services, the client will be linked to NCBH Access within one (1) business day to complete a substance use disorder assessment. If the provider site is unable to accommodate the beneficiary, an alternate referral to an SUD provider will be made prior to placing the individual on a waitlist. For urgent SUD treatment needs/situations, expedited appointments and/or appropriate referrals will be made, whenever possible.

Hours of Operation
SUD outpatient and intensive outpatient will be provided at least five days a week, including at least two days that operate during the evening hours. Residential program services will be provided 24 hours a day, seven days a week. Residential service intake appointments will be available during regular weekday administrative hours (8:00 AM- 5:00 PM).

Service Availability 2417, when Medically Necessary
DMC beneficiaries who need after-hours emergency medical and/or withdrawal management services will be referred directly to the Sierra Nevada Memorial Hospital (SNMH) Emergency Department. Beneficiaries who need emergency services will be referred directly to the Crisis Team for assessment and possible placement in the hospital.

Monitoring Quality and Compliance of DMC-ODS Services
In addition to the annual monitoring process, which includes issuing a Self-Audit for providers to complete, NCBH will also review applicable policies and procedures, and conduct an onsite review. NCBH will perform ongoing compliance monitoring and quality assurance activities, including, but not limited to: reviewing County-operated and network provider systems for documenting timely access to care; collecting and analyzing timely access to care data via monthly utilization reviews, and review of the NCBH Access Log data; and performing test calls monthly to the NCBH Access Line.

In the event of non-compliance with timely access to care requirements, NCBH will offer technical assistance to adhere to the requirements. NCBH will also issue a written report documenting the non-compliance and require a Corrective Action Plan be submitted to the County.

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.

NCBH recognizes the need for comprehensive training which includes policies and procedures and extensive ongoing practices that will integrate substance use and treatment knowledge into daily activities of NCBH and partner agency staff. NCBH will provide a variety of optional trainings throughout the year through its MHSA Workforce Education and Training (WET) program, all of which will be available to DMC-ODS service providers, as applicable. Some trainings will be provided by county staff; other trainings will be delivered by local, regional, and/or statewide trainers; and some offered by the provider. Some trainings will be mandatory. Contract service providers will be required to have staff attend at least two of the following evidence-based practices per year:

- Motivational Interviewing (required)
- Relapse Prevention (required)
- Trauma-Focused Care (required)
- Seeking Safety (required)
- Cognitive Behavioral Therapy (required)
- Matrix Recovery Model (required)

- EMDR
- Parenting Under Stress

Other trainings may include:

- Introduction to ASAM
- ASI
- Confidentiality under 42 CFR, HIPAA
- Compliance; Title 22; Med-Cal documentation
- MAT
- WRAP Wellness Recovery Action Plan

The NCBH SUD Program Manager and/or QI Manager will be responsible for organizing and developing the training schedule for NCBH staff, which will include training in the curriculum areas mentioned above. A train-the-trainer model will be utilized to develop capacity throughout the county, whenever possible. We will also take advantage of regional trainings for staff, when available.

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

Nevada County NCBH would like to request technical assistance from DHCS on the following:

- ASAM Training: Additional access to in-person ASAM trainings for clinical staff.
- Key components in MOU with Anthem and California Health and Wellness to provide SPIRT training.
- Coordination with Anthem and CA Health and Wellness to provide training and encourage FQHC and local primary care providers to collect SBIRT.
- Fidelity to Evidence Based Practices: Assistance with providing any validated tools for assessing fidelity to the evidence based practices identified in the STCs.
- 42 CFR Release of Information forms and regulations
- Financial/Rate Structuring: specific guidance regarding rate setting, development of system for billing/claiming DMC-ODS services, sample of cost report template(s).
- Certification Process: Assistance in streamlining existing process of DMC applications/certification for DMC-ODS services. This would include the application review process for Residential and Withdrawal Management services.

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 ofNTP services
- Access toafter-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 language.
- *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.

NCBH has a comprehensive QI program that includes quality management and improvement activities. The QI program is responsible for monitoring mental health and substance use disorder service compliance. The NCBH QI Manager is responsible for providing oversight and monitoring for the program. Other supervisors and administrative staff support these efforts. **QI** activities include but are not limited to conducting ongoing quality assurance activities, including data collection, reporting and analysis, contract monitoring, ongoing utilization review, and using information gathered throughout these processes for the purposes of continuous quality improvement. In addition, the QI Manager provides oversight to the beneficiary resolution and compliance activities. These QI activities are outlined below.

Beneficiaries will be assessed for medical necessity and ASAM Criteria Placement through either the NCBH Access Line or directly with ASAM-trained DMC-ODS service providers. The ASI and ASAM criteria assessments will be conducted by LPHAs, or by certified/registered alcohol and drug counselors and reviewed and approved by an LPHA. Staff conducting the ASAM criteria assessments must, at a minimum, complete ASAM training from an approved ASAM training/provider and provide evidence of successful completion of these courses, prior to claiming for assessment services. Logs will be maintained at the provider level of all staff training activities. These logs will be reviewed by the BH SUD Program Manager and/or QI Manager or designee.

The QI Manager ensures that clients meet medical necessity service criteria and are efficiently placed within the appropriate level of care throughout the system. The Utilization Management process will involve reviewing client records and documenting compliance to the following criteria: state and federal regulations governing the provision of substance use disorder treatment services, and state and federal regulations governing staff providing these services, establishing and evaluating medical necessity for all participants, reviewing treatment plans and providing

updates as needed, assessing participant progress and reviewing ASAM placement criteria to determine appropriate level of care. Timely access to care is monitored at least quarterly.

NCBH Crisis Team respond to all calls to the crisis line 24/7. When needed, individuals are seen at the local ED to assess for the need for psychiatric inpatient services. ED staff provide medical clearance to all persons presenting in crisis. All calls are triaged and secure electronic information is sent the next business day follow-up.

For individuals who are in the ED and in a crisis that is related to substance use, the NCBH Crisis Team will meet face-to-face with the person who is in crisis, in the ED of the local hospital, when appropriate, and assess for initial medical necessity. In the ED, all individuals will be medically cleared, as needed.

NCBH staff also performs monthly monitoring of quality and compliance standards, including, but not limited to: accurate and timely submission of required CalOMS data; Anasazi/Cerner reporting; accurate and timely claims submission; and changes in key staffing or other events that may trigger re-certification.

As outlined in all contract agreements with substance use providers, NCBH performs in-depth formal contract monitoring at least annually, which includes issuing a Self-Audit for providers to complete and conducting an onsite review of each program. This monitoring includes a comprehensive review of compliance with SAPT, DMC and other funding source requirements, review of a sample of client charts and personnel files, and review of policies and procedures.

NCBH will collaborate with the QI managers and AOD Program Managers in contracted host counties where regional substance use treatment providers are located. NCBH will review the annual onsite monitoring completed by the county staff where the regional provider is located. NCBH will conduct its own onsite review of a regional provider when the review results provided by the partner county indicate a need for a follow-up review.

With DMC-ODS Waiver implementation, NCBH staff also will be performing a utilization review on a monthly basis prior to payment of services for all new beneficiary admissions to treatment. Staff will review documentation demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, and that the interventions are appropriate for the diagnosis(es) and level of care.

The DMC-ODS Quality Improvement Plan and QIC are integrating with the existing Mental Health Plan Quality Improvement Plan and QIC. The Quality Improvement Plan goals initially will focus on establishing baseline measures and performance standards, and developing the infrastructure necessary to track and report on data related to timeliness, access to and quality of care, client outcomes, beneficiary satisfaction, integration with mental and physical health and other CFR 438 requirements related to network adequacy and beneficiary protections. Activities will include training providers on the required activities, including posting of informing materials, access to Patient Rights, Notices of Action (NOAs), etc. County staff will monitor providers to ensure they meet 438 standards.

The QI Program will develop a collaborative DMC-ODS Quality Improvement process with local and regional SUD treatment providers. The QI Committee meets monthly to review an overall compliance to treatment provision standards. The standards to be reviewed include: timeliness of access and placement services, adherence to CLAS guidelines, medical necessity, use of evidence-based practices, coordination of physical/mental health services, developing corrective action plans, and a progressive plan for managing non-compliance.

The QIC will review at minimum the following data on a quarterly basis:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment;
- Responsiveness of the 24/7 telephone access line in English and Spanish
- Access to DMC-ODS services with translation services in in English and Spanish;
- Number, percentage of denied and time period of authorization requests approved or denied;
- Timeliness of services of the first dose of NTP services;
- Strategies to reduce avoidable hospitalizations; and
- Continuation of Benefits

NCBH will modify existing QI Plan goals and objectives to monitor service accessibility standards of DMC-ODS implementation by:

- Recording appointments system-wide using the call log as a uniform method of evaluating no-show rates and measuring timely access to services;
- Reviewing access for admission availability for treatment programs;
- Implementing screening tools for use at access points that are specific to substance use and training Crisis Workers to expedite the screen and assessment process and improve accuracy;
- Utilizing data collection to measure timeliness of first initial contact to face-to-face appointments and to measure timeliness of services of first dose of NTP services;
- Conducting reviews of the 24/7 access line response rate for individuals seeking substance use treatment and establish an after-hours call service protocol;
- Measuring inpatient re- admission rates so that an increased number of patients diagnosed with co-occurring disorders receive linkage and referral to alcohol and substance use treatment to prevent re-admission to the hospital; reviewing collaborative efforts between NCBH and primary care clinic staff to identify clients at risk for hospitalization;
- The QI activities will monitor accessibility of services and include: Coordination of physical health services with waiver services at the provider level.
- Reviewing trends including grievances and change of clinician forms and identify areas of DMC-ODS implementation that are in need of improvement; and increasing the engagement of equitable distribution of services to Spanish-speaking clients and ensure that AOD providers and NCBH staff are meeting linguistic accessibility standards; and
- Facilitating SUD provider contract compliance reviews; and monitoring existing contracts to ensure that clients receive assistance with the Medi-Cal application process and the continuation of benefits

Problem Resolution Process

NCBH is committed to providing solutions to problems and concerns that beneficiaries may encounter during the course of receiving treatment. Clients will not be subjected to discrimination, intimidation, or any other retaliation for expressing concerns, filing a grievance, or an appeal.

Grievances

- A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by the MCP to make an authorization decision.
- A complaint is the same as a Grievance. When NCBH is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.
- An inquiry is a request for information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other NCBH processes.
- A grievance may be filed at any time when a beneficiary is unhappy or dissatisfied with the mental health plan. Grievances may be filed by writing, calling, or visiting the NCBH QI Coordinator. The beneficiary will receive written confirmation from NCBH that the grievance was received and a decision will be made within 60 calendar days from the date the grievance is filed.

- Notices of Adverse Benefit Determination (DHCS still refers to them as NOA)

Notice of Adverse Benefit Determination (NOAs) are issued by NCBH when NCBH does one of the following actions:

- The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- The reduction, suspension, or termination of a previously authorized service.
- The denial, in whole, or in part, of payment for a service.
- The failure to provide services in a timely manner.
- The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
- For a resident of a rural area with only one managed care plan, the denial of the beneficiary's request to obtain services outside the network.
- The denial of a beneficiary's request to dispute financial liability.

- Appeals
  - An Appeal may be filed in response to an action done by NCBH, as noted above. Appeals must be filed within 90 days from the date the action or decision was taken, usually indicated by the date on the NOA.

  - Standard Appeal Process
    An appeal may be filed in writing or orally (over the phone or in person). Appeals filed orally must be followed with a written appeal; the date of the oral appeal is considered the filing date. NCBH will send written confirmation to the beneficiary indicating that the appeal was received and is

being processed. The NCBH may take up to 45 calendar days to review a standard appeal.

- Expedited Appeal Process
  An expedited appeal may be filed orally without the requirement of providing a written follow up. Expedited appeals are requested when the beneficiary believes that waiting 45 days for a decision will jeopardize life, health, or the ability to attain, maintain, or regain maximum psychosocial functioning. If the mental health plan agrees that a request for an expedited appeal meets the above requirements, the appeal will be resolved within three (3) working days from the date the appeal was received. NCBH will notify the beneficiary and all affected parties orally and in writing of the decision of the appeal request. If the NCBH decides that the expedited appeal does not meet the requirements, the beneficiary will receive immediate verbal notification and written notification within two (2) calendar days from the date the appeal was received.

NCBH QI maintains a Grievance and Appeal Log used to record grievances and appeals and their dispositions. A summary report of this log is submitted to DHCS annually.

- State Fair Hearing Process: Clients and stakeholders have a right to request a State Fair Hearing after completing the NCBH Problem Resolution Process. Clients must exhaust the county Problem Resolution Process before filing for a State Fair Hearing.

  A request form must be completed by the beneficiary and mailed to the California Department of Social Services (CDSS) or the beneficiary may call the toll-free number provided by CDSS. Information about requesting a State Fair Hearing is included on the back of the NOA sent to the beneficiary.

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?

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

NCBH will provide training and technical assistance to staff to ensure consistent use and fidelity to EBPs. Specific protocol and procedure will be developed so that this standard of care can be monitored during quality assurance reviews. Treatment provider use of EBPs will be reviewed by QI LPHA staff during annual reviews.

DMC-ODS providers will be required to implement at least two of the following evidence based practices (EBPs): Motivational Interviewing; Relapse Prevention; Trauma-Focused Treatment; Seeking Safety; Cognitive Behavioral Therapy; and/or Psycho-Education. Nevada County NCBH will ensure that all providers are implementing at least two of the identified EBPs through

the following:

- Incorporating the requirement to implement at least two of the 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 in the contract, as well as information on how they will be implementing the EBP's with fidelity
- Similar to all quality and compliance monitoring, Nevada NCBH will monitor adherence to implementing at least two of the identified EBP's through review and approval of the contract language; mid-year monitoring, which includes a written Provider Self-Audit and onsite monitoring visit; and review of progress/annual reports.

If a provider is found to be in non-compliance, Nevada NCBH 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)?

NCBH is not planning to implement a regional model at this time. NCBH will coordinate with neighboring counties to ensure that DMC/ODS eligible clients receive medically necessary services based on the appropriate level of care, within resources.

15. **Memorandum of Understanding.** Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in 4(i) of the STCs. If upon the submission of an implementation plan, the Managed care plan(s) have not signed MOU(s), the county may explain to the State the efforts undertaken to have MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

Nevada County has two managed care health plans, Anthem and CA Health and Wellness. Nevada County is amending the current MOU between the Nevada County Mental Health Plan and these two managed care plan, to incorporate related provisions from the DMC-ODS STCs. NCBH has developed and submitted to the managed care plan's proposed language for the amended MOU. It is expected that the MOU will be signed by October 15 2017.

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

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

- Care coordination and effective communication among providers including procedures for exchanges of medical information;
- Navigation support for patients and caregivers; and
- Facilitation and tracking of referrals.

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).

Not applicable - At this point, Nevada County does not anticipate utilizing telehealth services. Nevada NCBH will follow-up with DHCS to amend the Implementation Plan should this change.

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?

Nevada County NCBH utilizes community-wide competitive bid processes to allocate funds for substance use services. Drug Medi-Cal contracts are awarded for a one year term. Each fiscal year, contractor negotiations occur to develop each contractor's scopes of work, performance goals, and reimbursement rates. In unusual situations, mid-year contract amendments are utilized to address additional issues.

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

Currently executed contracts will be amended with the updated services and rates once the Implementation Plan has been approved and DHCS and Nevada County have executed the Intergovernmental Agreement.

NCBH has existing contracts with local and regional agencies. These organizations will be offered a contract to provide services as part of the DMC-ODS system. NCBH will continue to support existing community-based agencies in the region that offer DMC-ODS services. As needed, NCBH will initiate an RFP in the future to expand the quantity and scope of DMC-ODS services that are available to residents of Nevada County.

Nevada County will entertain appeals/ protests from interested parties regarding its procurement actions. The County will respond to any bona fide protest provided that the administrative protest is not of a frivolous or vexatious nature. The County will not allow a protest to delay the procurement of necessary goods or services, unless it is apparent that the County participated in a practice that granted an unfair advantage to a participant during the procurement process. This policy will not apply if and after the contract has been submitted and approved by the Board of Supervisors. If a current Substance Use Disorder Treatment Contract is terminated, the county will ensure that beneficiaries will continue to receive treatment services.

19. **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.

NCBH does not plan to offer Additional Medication Assessment Treatment at this time.

20. **Residential Authorization.** Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours. The process for authorizations for Residential treatment can be initiated at either the Residential provider site or NCBH Access.

NCBH is responsible for the authorization and re-authorization of residential service requests. QI and Access staff will have the responsibility and authority to review and/or approve requests for residential placement. Following the completion of the intake screening and an integrated psychosocial/ ASAM level of care assessment, LPHA staff will forward a referral with the assessment packet to a DMC-ODS residential treatment provider.

Authorization Requests Initiated from a Residential Provider

Beneficiaries participating in a face-to-face assessment with NCBH Access who meet the Title 22 and ASAM Criteria definitions of medical necessity for Residential treatment will be referred to the appropriate ASAM level of care. NCBH Access will authorize services and forward a referral with the assessment packet to a DMC-ODS residential treatment provider and send to the provider an authorization approval. The length of residential services ranges from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payor source will be entered and monitored through an electronic data tracking system.

During the hours of 8am-5pm, Monday through Friday, the NCBH QI Manager or designee LPHA will review/approve residential referral requests originating from DMC-ODS providers within one (1) business day of receipt of the initial referral request. Following the review of the intake assessment and ASAM level of care documentation, the request will either be approved or denied.

Requests for Authorization should be submitted at least one (1) business day before the scheduled admission date and must be requested prior to the admission of the client. Requests for Continuing Authorization should be submitted at least seven calendar days before the expiration of the initial authorization.

Referral requests for residential treatment from DMC-ODS treatment providers after 5pm on Friday and before 8am on Monday will be reviewed for authorization by NCBH Access Crisis Team staff by evaluating the referral information packet sent by residential treatment provider staff. Referrals will be reviewed within one (1) business day following the initial receipt of the referral and will include a release of information form signed by the potential resident , a completed substance use disorder screening/assessment, and completed ASAM level of care placement assessment. The Access LPHA will review the referral packet to confirm medical

necessity and level of care placement decision.

Upon receipt of a Treatment Authorization Request (TAR) Form and Assessment summary, NCBH Access Team, will review the request and based on the review, provide one of the following responses to the requesting agency within one (1) business day: Approved; Pending; or Denied. If the beneficiary is authorized for placement, a signed authorization form will be submitted to the provider. If the TAR is incomplete or additional information is needed in order to make an authorization decision, NCBH Access will indicate that the authorization is Pending and will send the request for additional information to the provider, who shall respond within one (1) business day. If a TAR is denied, a written Notice of Action will be sent to the beneficiary notifying them of the authorization decision. For requests that are denied, NCBH Access Crisis Team will collaborate with the client and treatment provider staff to identify and secure alternate level of care placement options.

21. **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 description 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.

This is not applicable as Nevada County meets the mandatory requirements upon implementation.

County Authorization

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

Rebecca Slade
Nevada County Behavioral Health Director Date