EXHIBIT A - SCOPE OF SERVICES

CASE MANAGEMENT AND RECOVERY SERVICES

JULY 1, 2018 – JUNE 30, 2019

Services Provided	**Case Management:** Service to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. Case management can be face-to-face or over the telephone and shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law. The components of case management include: • Comprehensive assessment and periodic reassessment of individual needs to determine the need for the continuation of case management; • Transition to a higher or lower level of SUD care; • Development and periodic revision of a client plan that includes service activities; • Communication, coordination, referral, and related activities; • Monitoring service delivery to ensure beneficiary access to service and the service delivery system; • Monitoring the beneficiary's progress; and • Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services. **Recovery Services:** Medically necessary recovery services may be accessed 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 or by telephone with the beneficiary and may be provided anywhere in the community. The components of Recovery Services are: • Outpatient counseling services in the form of individual or group counseling to stabilize the beneficiary and then reassess if the beneficiary needs further care; • Recovery Monitoring: Recovery coaching, monitoring via telephone and internet; • Substance Abuse Assistance: Peer-to-peer services and relapse prevention; • Education and Job Skills: Linkages to life skills, employment services, job training, and education services; • Family Support: Linkages to childcare, parent education, child development support services, family/marriage education; • Support Groups: Linkages to self-help and support, spiritual and faith-based support; and • Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination. **Assessments** <u>Face-to-Face</u>: Assessments shall be face-to-face and performed by qualified staffing. If the face-to-face assessment is provided by a certified counselor, the "face-to-face" interaction must take place, at minimum, between the certified counselor who has

	completed the assessment for the beneficiary and the Medical Director, licensed physician, or LPHA. This interaction also must be documented appropriately in the medical record to establish the determination of medical necessity for the beneficiary. Re-Assessments: Re-assessments shall occur a minimum of every 90 days, unless there are significant changes warranting more frequent re-assessments. ASAM Level of Care data shall be entered into Marin WITS for each assessment and re-assessment and within seven (7) days of the assessment/re-assessment. ASAM Training: Staff performing assessments are required to complete the two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care".
Performance Standards	**Access to Care** Timely access data—including date of initial contact, date of first offered appointment and date of scheduled assessment—shall be entered into Marin WITS within seven (7) days of the intake. Performance Standard: • First face-to-face appointment shall occur within five (5) and no later than 10 business days of initial contact. • Timely access data will be entered in Marin WITS within seven (7) days of first contact for 100% of beneficiaries.
	Transitions Between Levels of Care Appropriate Case managers/clinicians from both the discharging and admitting provider agencies shall be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake appointment, ensuring a minimal delay between discharge and admission at the next level of care, providing transportation as needed, and documenting all information in Marin WITS. Performance Standard: • Transitions between levels of care shall occur within five (5) and no later than 10 business days from the time of re-assessment indicating the need for a different level of care.
	Care Coordination and Linkage with Ancillary Services The Contractor shall ensure 42 CFR Part 2 compliant releases are in place in order to coordinate care. The Contractor shall screen for and link clients with mental and physical health, as indicated. Performance Standard: • There is documentation of physical health and mental health screening in 100% of beneficiary records • At least 80% of beneficiaries have 42 CFR compliant releases in place to coordinate care with physical health providers • At least 70% of beneficiary records have documentation of coordination with physical health

	• At least 80% of beneficiaries engaged for at least 30 days will have an assigned Primary Care Provider • At least 80% of beneficiaries who screen positive for mental health disorders have 42 CFR compliant releases in place to coordinate care with mental health providers • At least 70% of beneficiary records for individuals who screen positive for mental health disorders have documentation of coordination with mental health (e.g. referral for mental health assessment or consultation with existing providers).
	Medication Assisted Treatment Contractors will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment for substance use disorders. Contractor staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent a 42 CFR, Part 2 compliant release of information for this purpose. Performance Standard: • At least 80% of beneficiary records for individuals receiving Medication Assisted Treatment for substance use disorders will have 42 CFR compliant releases in place to coordinate care • At least 80% of beneficiaries with a primary opioid or alcohol use disorder will be linked to an MAT assessment and/or MAT services
	Culturally Competent Services Contractors are responsible to provide culturally competent services. Contractors must ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to- day operations. Translation and oral interpreter services must be available for beneficiaries, as needed and at no cost to the beneficiary. Performance Standard: • 100% of beneficiaries that speak a threshold language are provided services in their preferred language.
	Delivery of Individualized and Quality Care <u>Evidence-Based Practices (EBPs)</u>: Contractors will implement with fidelity at least two of the following EBPs per service modality: Motivational Interviewing, Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment and Psycho-Education. <u>ASAM Level of Care</u>: All beneficiaries participate in an assessment using ASAM dimensions. The assessed and actual level of care (and justification if the levels differ) shall be recorded in Marin WITS with seven (7) days of the assessment. Performance Standards: • Contractor will implement with fidelity at least two approved EBPs • 100% of beneficiaries participated in an assessment using ASAM dimensions and are provided with a recommendation regarding ASAM level of care

	• 100% of beneficiaries are re-assessed within 90 days of the initial assessment
Outcomes	In order to assess whether beneficiaries: 1) Reduce substance abuse or achieve a substance-free life; 2) Maximize multiple aspects of life functioning; 3) Prevent or reduce the frequency and severity of relapse; and 4) Improve overall quality of life, the following indicators that will be evaluated and measured include, but are not limited to: • Engagement in the first 30 days of treatment, as applicable • Reduction in substance use • Reduction in criminal activity or violations of probation/parole and days in custody • Increase in employment or employment (and/or educational) skills • Increases in family reunification • Increase engagement in social supports • Maintenance of stable living environments and reduction in homelessness • Improvement in mental and physical health status
Training	Applicable staff are required to participate in the following training: • Title 22, Drug/Medi-Cal (At least annually) • Information Privacy and Security (At least annually) • ASAM E-modules 1 and 2 (Prior to Conducting Assessments) • Cultural Competency (At least annually) • Oath of Confidentiality (Review and sign at hire and annually thereafter)
Program Licensure, Certification and Standards	Contractor shall be linked to a valid DHCS DMC certified facility. Contractor shall be a certified Alcohol and Drug Counselor (certified from a DHCS approved body) in good standing and must adhere to all requirements in the California Code of Regulations, Title 9, Chapter 8.
Beneficiary Protections and Beneficiary Informing Materials	<u>Beneficiary Informing Materials</u> Contractor shall make available at initial contact, and shall notify beneficiaries of their right to request and obtain at least once a year and thereafter upon request, the following materials: DMC-ODS Beneficiary Booklet and Provider Directory. Contractor shall also post notices explaining grievance, appeal and expedited appeal processes in all program sites, as well as make available forms and self-addressed envelopes to file grievances, appeals and expedited appeals without having to make a verbal or written request to anyone. The County will produce required beneficiary informing materials in English and Spanish. Contractor shall request materials from the County, as needed. Refer to 42 CFR 438.10(g)(2)(xi) for additional information about the grievance and appeal system. <u>Notice of Adverse Benefit Determination (NOABD)</u>

	Contractor shall have written procedures to ensure compliance with the following: • Contractor shall request consent from beneficiaries for the County of Marin to issue a NOABD to the address on record should covered services be reduced, denied, modified, delayed or terminated. Should a beneficiary refuse to consent, then the Contractor is responsible for issuing any applicable NOABD directly to the beneficiary. • Contractor shall immediately notify the County in writing of any actions that may require a NOABD be issued, including, but not limited to: 1) not meeting timely access standards; 2) not meeting medical necessity for any substance use disorder treatment services; and 3) terminating or reducing authorized covered services.
Contract Changes	If significant changes are expected, you must submit a request in writing to the contract manager. You must receive written approval prior to any changes being implemented and/or reimbursed. Significant changes include, but are not limited to: <u>Scope of Work</u> • Proposing to re-distribute units of service between existing service codes by more than 20% • Proposing to add or remove a service modality • Proposing to transfer substantive programmatic work to a subcontractor • Proposing to provide any services by telephone or field-based <u>Budget</u> • Proposing to re-distribute more than 20% between budget categories • Proposing to increase or decrease FTE • Proposing to increase the contract maximum Contractor shall also report any other key changes per the timelines and processes outlined in applicable Policies and Procedures (www.MarinHHS.org/policies-procedures), including, but not limited to: 1) Staff Updates; 2) Facility alterations/renovations; 3) Unusual occurrences or incidents; 4) Reduction in DMC services; and 5) Not accepting beneficiaries (facility at capacity).