

**Exhibit A Supplement – Substance Use Treatment DMC-ODS Providers**

**Overview of FY 2022-23 Service Capacity**

ASAM Level of Care	Total Projected Units of Service (Units =15-minutes or Bed Day)	Unit Rate* (Units =15-minutes or Bed Day)	Total – Contract Maximum**
Total: Marin Drug/Medi-Cal			
Total: Marin Low Income Uninsured			
Total			

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Total: Marin Low Income Uninsured			
Total			

*\*\*Should the demand for **Marin Medi-Cal beneficiaries** exceed contracted capacity, contact your contract manager to discuss a contract amendment. For Residential, DMC only covers treatment (no Room & Board)*

*Source of funds for the contract may include Federal Drug/Medi-Cal, 2011 Realignment (Behavioral Health Subaccount), State General Funds, Probation funds, County General Funds and other*

**Evidence-Based Practices**

Indicate which of the following evidence-based practices (EBPs) will be used to deliver contracted services and describe how you will assess implementing with fidelity (e.g. include a description of tools/methods used, frequency of assessing fidelity, etc.) to the EBPs. Note that DMC-ODS providers are required to implement at least two (2) of the below EBPs.

Evidence-Based Practice	Implementation Plan to Ensure Fidelity
<input type="checkbox"/> Motivational Interviewing	
<input type="checkbox"/> Cognitive Behavioral Therapy	
<input type="checkbox"/> Relapse Prevention	
<input type="checkbox"/> Trauma-Informed Treatment	
<input type="checkbox"/> Psycho-Education	
<input type="checkbox"/> Contingency Management	

**Provision and/or Linkage to Medication Assisted Treatment**

1. What procedures does your organization use to: 1) identify whether a client is appropriate for a MAT assessment; and 2) link them to MAT? If your agency does not provide MAT, list the provider(s) you intend to refer clients to for a MAT assessment/treatment.

**Medi-Cal Eligibility Verification**

1. Describe your process—including position(s) responsible and method (e.g. POS device, Medi-Cal website, telephone, etc.)—used to check and verify Medi-Cal eligibility on a monthly basis.
  
2. If a client is uninsured, describe your process—including the position(s) responsible and timeframes—for linking the client to Medi-Cal, Covered California or other resources for obtaining health insurance.

**Linkage to Care Coordination, Mental Health and Physical Health**

	Mental Health	Physical Health
Explain your agencies procedure for providing beneficiaries the contact information for their assigned Care Coordinator (ex: form with contact info and business hours, included on tx plan, provide business card and document in progress note, etc.)		
List the screening tools used		
Is there a question at intake asking the client if they have a mental health/primary care provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you request releases/consents to exchange information with identified mental health/primary care providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the process used for coordinating care, including the position(s) responsible.		
Describe the process, including the position(s) responsible, used for assisting the client access a mental health/primary care provider, as appropriate.		

**Telehealth** [To be completed by Providers utilizing telehealth]

1. Describe how your telehealth services will be structured and how confidentiality will be maintained.