EXHIBIT A - SCOPE OF SERVICES (OPIOID TREATMENT PROGRAM)

Contractor Information	
Contractor Name	
Contract Period	
Contractor NPI	
Contractor Taxonomy	
Contractor Tax ID (or EIN)	
Contractor Legal Entity Number	
Contractor Executive Director	
Contractor Medical Director	
Owner Name:	
Percent of Ownership:	
Ownership Code:	(use 274 expansion codes)

Program Profile: Complete a Program Profile for Each Contracted Site	
Program Name	
Service Location(s)	
ASAM/DHCS Level(s) of Care	
Evidence Based Practices (EBPs)	**Select EBPs Utilized for Contracted Services** ☐ Motivational Interviewing ☐ Cognitive Behavioral Therapy ☐ Relapse Prevention ☐ Trauma-Informed Treatment ☐ Psycho-Education ☐ Contingency Management
Population Served (Check all that apply)	☐12 – 17 years ☐ 18+ years ☐ Other:
Program NPI	
Program Taxonomy	
DHCS Provider ID (6-Digit)	
DMC Certification Number	
Hours of Operation	
Language Line Available	☐ Yes ☐ No

Assistive Aid:	
Assistive Transportation:	(Distance between site and the closest public transport) ☐ Less than 0.25 miles ☐ Between 0.25 and 0.5 miles, ☐ Between 0.5 and 1 miles ☐ More than 1 mile
Telehealth Capacity:	☐ Telehealth Only ☐ In-Person Only ☐ Hybrid (Telehealth and In-Person)
Capacity of Medi-Cal:	(Maximum number of Medi-Cal beneficiaries this location can serve)
Teaching Facility:	☐ Yes ☐ No
Facility Type:	(use 274 expansion codes)
Institutional Facility Type:	(use 274 expansion codes)

EXHIBIT A - SCOPE OF SERVICES (OPIOID TREATMENT PROGRAM)

Services Provided	**Opioid Treatment Program/Narcotic Treatment Program (OTP/NTP) –** *[For DMC-ODS, Service Codes 120/HCPCS H0020 (NTP – All Services). Includes NTP Buprenorphine-Mono; NTP- Buprenorphine-Naloxone Tablets; NTP-Buprenorphine-Naloxone Film; NTP- Buprenorphine Injectable; NTP- Naltrexone injectable; NTP - Disulfiram and NTP- Naloxone].* Services shall be provided in accordance with OTP/NTP services and regulatory requirements in accordance with Title 9, Chapter 4. Services shall be provided in accordance with an individualized beneficiary plan determined by a licensed prescriber. OTP/NTP programs shall offer and prescribe medications to patients covered under the DMC-ODS formulary including methadone, buprenorphine transmucosal and long-acting injectable), naltrexone (oral and long-acting injectable), naloxone, and disulfiram. Services provided as part of an OTP/NTP shall include the following service components: Assessment; care coordination; counseling; family therapy; medical psychotherapy; medication services; MAT for OUD; MAT for AUD and non-opioid SUDs; patient education; recovery services and SUD crisis intervention services. The NTP shall offer the beneficiary a minimum of fifty minutes of counseling services per calendar month. Counseling services provided in the NTP modality can be provided in person, by telehealth, or by telephone. However, the medical evaluation for methadone treatment (which consists of a medical history, laboratory tests, and a physical exam) shall be is conducted in person. Pursuant to W&I Code section 14124.22, an NTP provider who is also enrolled as a Medi-Cal provider may provide medically necessary treatment of concurrent health conditions to Medi-Cal beneficiaries who are not enrolled in managed care plans as long as those services are within the scope of the provider's practice. NTP providers shall refer all Medi-Cal beneficiaries that are enrolled in managed care plans to their respective managed care plan to receive medically necessary medical treatment of their concurrent health conditions. **Out-of-County Dosing**: Contractor shall provide any medically necessary NTP services covered by the California Medi-Cal State Plan to beneficiaries that reside in a county that does not participate in DMC-ODS. Contractor shall submit the claims for those services to the county in which the beneficiary resides (according to MEDS). **Clinician Consultation:** *[Refer to Exhibit B for HCPCS/CPT Codes].* Clinician Consultation consists of DMC-ODS LPHAs consulting with LPHAs, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care. Clinician Consultation is not a direct service provided to DMC-ODS beneficiaries. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS beneficiaries. DMC-ODS Counties may contract with one or more physicians, clinicians, or pharmacists specializing in addiction in order to provide consultation services.

	These consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems **Care Coordination:** *Non-DMC-ODS Service Code: 68; DMC-ODS: Refer to Exhibit B for HCPCS/CPT Codes].* Care coordination shall be provided to a client in conjunction with all levels of treatment. It may also be delivered and claimed as a standalone service. DMC-ODS Counties, through executed memoranda of understanding, shall implement care coordination services with other SUD, physical, and/or mental health services in order to ensure a client-centered and whole-person approach to wellness. Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the beneficiary with linkages to services and supports designed to restore the beneficiary to their best possible functional level. Care coordination can be provided in clinical or nonclinical settings (including the community) and can be provided face-to-face, by telehealth, or by telephone. Care coordination includes one or more of the following components: • Coordinating with medical and mental health care providers to monitor and support comorbid health conditions. • Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers. • Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups. Contractor shall have procedures for: 1) obtaining releases/consents to exchange information with applicable mental health/primary care providers; 2) linking beneficiaries to and coordinating with applicable mental health and primary care providers; and 3) providing beneficiaries the contact information of their assigned Care Coordinator. **Contingency Management:** *[HCPCS Code: H0050 with HF Modifier].* Contingency Management (CM) is an evidence-based treatment that provides incentives to treat people with stimulant use disorder and support their path to recovery. It recognizes and reinforces individual, positive behavioral change, as evidenced by drug tests negative for stimulants. Medi-Cal beneficiaries will participate in a structured 24-week outpatient CM program, followed by six or more months of additional recovery support services. DHCS' CM program is intended to complement SUD treatment services and other EBPs for StimUD already offered by DMC-ODS providers. Consistent with other DMC-ODS programs, DHCS intends CM to be implemented in a culturally responsive and accessible way for program participants. CM Coordinator activities include: • Providing instruction to the client regarding the CM process and protocol • Distribution of urine drug tests (UDTs) to client • Providing instruction to the client for UDT procedures

	• Monitoring the UDT process and reading the test results (including verification of any tampering) • Providing the test results to the client • Entering the test results into the web-based or mobile incentive management software program • Verifying receipt or providing incentive (such as printing of incentive gift card) • Making referrals as necessary to clinical staff based on testing results SUD providers offering outpatient, intensive outpatient, NTPs and/or partial hospitalization services that are licensed and certified to provide Medi-Cal and DMCODS services will be eligible to offer CM. SUD providers will be required to offer accompanying SUD treatment services and EBPs for StimUD in addition to CM. Eligible programs will need to outline the array of EBPs and services they will deliver in conjunction with CM, which may include, but are not limited to: • Individual, group or family counseling using modalities such as the following: CBT; CRA; Motivational interviewing; Trauma-informed therapy; Matrix Model; Treatment and Recovery for Users of Stimulants (TRUST) protocol; Additional evidence-based modalities • MAT • Patient education • Care coordination • Peer supports • Withdrawal management • Recovery services
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's Electronic Health Record within seven (7) days of the intake. Performance Standard: • Routine Appointment: First face-to-face appointment shall occur within three (3) business days of initial contact. • Urgent Appointment: First face-to-face visit within 48 hours of the request for urgent conditions. • At least 75% of beneficiaries completing the Treatment Perceptions Survey reported being satisfied (3.5 out of 5.0) with the location of services • There are no inequities in timely access to care when stratified by race/ethnicity and gender identity • Timely access data will be entered in Marin's Electronic Health Record within seven (7) days of first contact for 100% of beneficiaries.
	Treatment Initiation and Engagement • At least 85% of beneficiaries have a second treatment visit within 14 days of assessment [initiation] • Of those initiating treatment, at least 75% will have two treatment visits within the next 30 days [engagement] • There are no inequities in treatment initiation and engagement when stratified by race/ethnicity and gender identity

	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's Electronic Health Record. 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. • There are no inequities in transitions between levels of care when stratified by race/ethnicity and gender identity
	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). • At least 85% of beneficiaries will contact information for a designated contact responsible for coordinating the beneficiary's care
	Culturally Responsive Services Contractors are responsible to provide culturally responsive services. Contractors must ensure: • 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. • Each program reviews monthly performance data (automated reports sent from Marin's Electronic Health Record monthly) and identifies and implements at least one performance improvement initiative annually to address to any inequities noted either in the monthly dashboard or Treatment Perceptions Survey data.

	Performance Standard: • 100% of beneficiaries that speak a threshold language are provided services in their preferred language. • At least 80% of beneficiaries completing the Treatment Perceptions Survey reported being satisfied (3.5+ out of 5.0) with cultural sensitivity of services. • 100% of contractors will implement at least one performance improvement initiative annually related to reducing inequities by race/ethnicity or gender identity. • 100% of contractors are in compliance with the CLAS standards.
	Delivery of Individualized and Quality Care Beneficiary Satisfaction: DMC-ODS Providers (serving adults 18+) shall participate in the annual statewide Treatment Perceptions Survey (administration period to be determined by DHCS). Upon review of Provider-specific results, Contractor shall select a minimum of one quality improvement initiative to implement annually. ASAM Level of Care: 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's Electronic Health Record with seven (7) days of the assessment. Performance Standards: • At least 80% of beneficiaries will report an overall satisfaction score of at least 3.5 or higher on the Treatment Perceptions Survey • Overall satisfaction scores are balanced when stratified by race/ethnicity and gender identity • At least 80% of beneficiaries completing the Treatment Perceptions Survey reported that they were involved in choosing their own treatment goals (overall score of 3.5+ out of 5.0) • 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 • At least 70% of beneficiaries admitted to treatment do so at the ASAM level of care recommended by their ASAM assessment • At least 80% of beneficiaries are re-assessed within 90 days of the initial assessment
Client 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 (at least two treatment sessions within 30 days after initiating treatment) • 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 • Beneficiary satisfaction These metrics will be analyzed by program and at a minimum, stratified by race/ethnicity and gender identity

Training	Applicable staff are required to participate in the following training:
	• DMC-ODS Training (within 30 days of hire and at least annually)
	• Compliance, Information Privacy and Security – Including 42CFR Part 2 and HIPAA/Law & Ethics (Within 30 days of hire and at least annually)
	• ASAM E-modules 1 and 2 (Prior to Conducting Assessments)
	• Cultural Humility (At least four hours annually)
	  ○ One Cultural Humility training (annually)
	  ○ Once LGBTQ+ training (annually)
	  ○ One Working with Interpreters training (Bi-annually)
	• Oath of Confidentiality (Review and sign at hire and annually thereafter)
	• At least five hours of continuing education in addiction medicine annually for LPHA staff, including Medical Director
	• Marin's Electronic Health Record and CalOMS Treatment (Prior to Use of Marin Electronic Health Record and thereafter as needed)
	• CalMHSA CalAIM Trainings – Including documentation requirements, CPT code training, EHR and other applicable trainings (within 30 days of hire)
	• Naloxone Training – Ensure at least one staff member, at all times, on the premises who knows the location of naloxone or other FDA-approved opioid antagonist medication, and who has been trained in its administration.
	
	Contractors shall maintain training logs for all staff, including maintaining pertinent evidence of training completion in personnel files. Contractors shall also submit evidence of training during the November and May Training and Staff Certification Log submission periods, or at additional times upon request.

Digital Accessibility	Vendor shall ensure that all digital content and deliverables comply with World Wide Web Consortium's (W3C) Web Content Accessibility Guidelines (WCAG), 2.1, level AA or most recent version. Vendor is responsible for addressing accessibility problems in any implementation, configuration, or documentation delivered or performed by Vendor, and in any software, documents, videos, and/or trainings given and published by Vendor and delivered under this contract. Applicable laws include but are not limited to Americans with Disabilities Act, 21st Century Communications and Video Accessibility Act (CVAA) and California Government Code Sections 7405 and 11135.
Program Licensure, Certification and Standards	Contractor shall possess valid DHCS Alcohol and Drug Certification and DHCS DMC certification for the contracted level of care. Practice Guidelines: Contractor shall comply with the BHRS Clinical and Administrative Practice Guidelines, which are located at www.MarinBHRS.org
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:

	Scope of Work • Proposing to add or remove a service modality and/or CPT/HCPCS code • Proposing to transfer substantive programmatic work to a subcontractor • Proposing to add or remove rendering provider types • Demand for **Marin Medi-Cal beneficiaries** exceed contracted capacity Budget • 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.MarinBHRS.org), Contract Exhibit I and Practice Guidelines (www.MarinBHRS.org), 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 or 90% capacity (facility at capacity).
Medi-Cal Administrative Activities	• Funds in the OTP/NTP contract that are eligible for CPE under the MAA program shall be used toward MAA claimable activities. MAA claimable activities are outlined in the MOU between the County and Marin Treatment Center. Examples of funding streams that may be eligible include County General Fund and Mental Health Services Act. • If there is any portion not used to support MAA claimable activities, the contractor is responsible to notify the County Contract Manager within 30 days of the end of the Fiscal Year. • Failure to fully utilize claimed eligible funds for MAA claimable activities will result in a corresponding reduction in CPE available as match to MAA for the contractor. • Funds/contributions will be expended as necessary for federal matching funds pursuant to the requirements of 42 CFR 433.51 for allowable administrative activities and these claimed expenditures have not been nor will not subsequently be used for federal match in the MAA or any other program.

EXHIBIT A - SCOPE OF SERVICES: PROGRAM REPORTING

DOCUMENT TITLE	DUE DATE	WHERE SUBMITTED	SUBMISSION FORMAT
Ongoing/ As Needed			
Not Accepting New Beneficiaries	By 9am each day that the program is not accepting new beneficiaries	BHRS Access and Contract Manager	E-mail
Reached 90% of treatment capacity	Within seven days (and via DATAR by the 10th of the month)	County AOD Administrator and DHCSPerinatal@dhcs.gov	E-mail
EHR (CalOMS) - Client-specific data - DMC Billing - ASAM, Timely Access Data, etc.	Progress notes for routine services within 3 calendar days; Other client-specific data should occur within 7 days of event	Marin Electronic Health Record Technical Assistance: BHRSEHRSupport@MarinCounty.org CalMHSA Help Desk Contract Manager	Electronic Submission
Adult Drug Court Weekly Progress Reports	By 12 noon every Thursday	ADC Coordinator (Jaclynn Davis) jadavis@marincounty.org and ADC Recovery Coach	Encrypted E-mail
Staff Update Form/ Provider Update	Prior to or within 24 hours of the staff change [e.g. new or separating staff, role change]	Existing Users: BHRSEHRSupport@marincounty.org New Users: TBD	E-mail
Monthly Submission			
Monthly Provider Check and attestation	By the 10th of the month	BHRS Office – Administrative Services Associate	E-mail
All Billing Invoices and Supporting Documentation	By the 10th of the month	EHR and BHRS Office (as applicable)	Electronic Submission
Drug and Alcohol Treatment Access Report (DATAR)	By the 10th of the month	State DHCS	Electronic Submission
Resubmission of Denied DMC Claims	By the 20th of the month following notice of denial	Marin Electronic Health Record	Electronic Submission
NOABD Log and Issued NOABDs	By the 10th of the month	BHRS Office – Administrative Services Associate	E-Mail
Annual Submission			
Provider Self Audit	Projected January 2024	BHRS Office – Contract Manager	Electronic Submission
Annual Report	Projected June 30, 2024	BHRS Office – Quality Management. Copy to Contract Manager	E-mail or Hard Copy
Provider Cost Reports	To Be Determined	Marin HHS - Fiscal	TBD