

COUNTY OF MARIN



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES**

**CONTRACTOR RENEWAL MANUAL
FY 2024.25**

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Introduction

Dear Substance Use Services Contracted Providers,

Enclosed please find the Marin County Division of Behavioral Health and Recovery Services' (BHRS) FY 2024-25 Contractor Manual, which has been developed to serve as a guide to orient you to the Division's various contract renewal requirements. As this Manual only includes the instructions and forms for the FY 2024-25 contract renewal process, please be sure to visit the [Contractor Resources](#) section of our website for fillable templates, links to relevant regulations, standards and policies, and a variety of additional resources related to billing, documentation and reporting. Many of the applicable regulations, resources and guidance can also be found in the [Clinical Practice and Administrative Guidelines](#) document. Please also provide these links and relevant information from the Manual to key managers and staff within your organization.

All FY 2024-25 contract renewal materials—including Exhibits, insurance and required forms—are due to BHRS Contract Manager. It is the expectation that the Exhibits will be correct and final, so please ensure that you work with your designated County staff person in advance of the due date to discuss and review Exhibits.

For those of you providing Residential, Outpatient, OTP, Care Coordination and/or Recovery Services, and Sober Living Environment services, we are again this year developing Master contract agreements, so have prepared the Scopes of Work for these services.

We appreciate the hard work, collaboration, and passion that you and your staff continue to offer the residents of Marin.

Sincerely,

Catherine Condon

Catherine Condon, MPH
BHRS Division Director

Contract Renewal Submission Checklist

Contract Renewal Required Forms

Contract Exhibits

- Exhibit A - Master Agreement Scope of Services *(For SLE and DMC-ODS Residential, Withdrawal Management, Outpatient, OTP/NTP, Care Coordination and Recovery Services Providers)*. All other services shall follow the Exhibit A – Logic Model instructions.
- Exhibit A - Logic Model *(For Prevention and other non-ODS Providers)*
- Exhibit B - Revenue and Expense Summary *(Not required for DMC-ODS or Primary Prevention Providers)*
- Exhibit B - Budget Detail
- Exhibit B - Overall Agency Budget
- Exhibit C - Evidence of General and/or Professional Liability, Workers Compensation and Auto Insurance (and separate page with an Endorsement naming the County of Marin as an additional insured)

Forms

All Providers:

- Signature Authorization Form
- Assurances Regarding the No Unlawful Use of Drugs or Alcohol
- Certification of Smoking Prohibitions
- Certification of Non-Acceptance of Tobacco Funds
- Contract Authorization (Sample Provided)
- Levine Act Disclosure **(New)**

Treatment Providers:

- Assurance of Qualified Health Information System (EHR Attestation)
- Annual Agency Attestation

Prevention Providers:

- Certification of Compliance with the Strategic Prevention Framework

Documents

All Providers:

- Board Member List

DMC-ODS Providers:

- Sliding Scale Fee Schedule
- Published Charges
- Copies of five (5) CEUs in Addiction Medicine for LPHAs from FY 2023-24 *(If not provided during the Site Visit/Self-Audit process)*
- Medical Director: Code of Conduct and Roles & Responsibilities *(If not provided during the Site Visit/Self-Audit process)*

Policies/Protocols

Please submit a copy of each policy that has not been submitted to the SUD Administrative Team during Self Audit/Site Visit process. If there have been no changes since submitting during the Site Visit/Self-Audit process, then you do not need to submit as part of Contract Renewal. Please contact your contract manager for the list of missing P&Ps.

All Providers

- Accessibility of Services Requirements
- Charitable Choice Requirements
- Compliance with OMB Circular A-133
- Continuing Education for Employees
- Cultural Competency
- Nondiscrimination

All Treatment Providers:

- Utilization Review Procedure
- Medical Necessity
- Recovery Support Services
- Coordination with Mental Health and Primary Care
- HIV/Early Intervention Services
- Electronic Health Records Usage
- Interim Services
- Provision of TB Services
- Program Admission, Re-Admission and Exclusion Criteria
- Priority Populations
- Re-Assessment and Transitions between levels of care
- Notice of Adverse Beneficiary Determinations
- Interpreter and Translation Services & Forms
- CalOMS Treatment/SmartCare
- Provider Credentialing
- License/Certification Tracking – Verification of NPPEs, etc., Excluded Provider Checks (Monthly), Background Check/Live Scan, Privacy and Security (Training, Oath of Confidentiality, etc.)
- Credentialing Attestations (required every three years)
- Medication Assisted Treatment (MAT)
- Medication Practices
- Client Relapse
- Financial Assessment Procedure and Form
- EBP Fidelity
- No Unlawful Use Messaging Regarding Drugs
- Medical Policies & Standards – with evidence of Medical Director developing/implementing

All Sober Living Environment (SLE) Providers

- House Rulebook
 - Rules, Regulations, Expectations, Governance Procedures of the House
 - Standards of Operation
 - House Rules
- Policies and Procedures Addressing the
 - Admission and Discharge
 - Confidentiality
 - Sexual Harassment and Verbal use
 - Weapons, Alcohol, Illegal Drugs and Illegal Activity
 - Prescribed Medication Policy
 - Drug and Alcohol Testing Protocol
 - Management and Staff Responsibilities
 - Documentation/Record Keeping/Financial Agreements
 - Incident Reporting
 - Accessibility of Service Requirements
 - Cultural Competency
 - Nondiscrimination

Instructions: Exhibit A and B Submission

Instructions for Submission of Exhibit A

Develop your work plan according to the guidelines set forth below.

EXHIBIT A – SCOPE OF SERVICES FOR TREATMENT AND DRUG/MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) PROVIDERS

The Marin County Division of Behavioral Health and Recovery Services has developed a standardized Exhibit A - Scope of Services template for SLEs, Residential, Withdrawal Management, General Outpatient, Intensive Outpatient, OTP/NTP, Care Coordination and Recovery Services. For a copy of the Exhibit A – Scope of Services, visit: <https://www.marinbhrs.org/providers/substance-use-providers/contract-exhibits-and-templates>.

Contractors are **only required to complete** the Contractor/Facility Section of the Exhibit A.

EXHIBIT A - SCOPE OF SERVICES FOR NON-DMC-ODS PROVIDERS

PLEASE TITLE ALL PAGES OF WORKPLAN “EXHIBIT A”

A. PROGRAM DESCRIPTION

Describe the types of services and activities provided by your agency. In your description, be sure to include the specific program design, as well as any methods and strategies that you feel are specific to the services of your agency.

B. LOGIC MODEL

Please use the following format for expressing your agency’s/program’s work plan. **HCPCS/CPT Codes should be numerically identified either beside the objective and/or activity.** It is important that the service aligns with the correct service code as that is what will be used in the Cost Report to the State. A listing of service codes and Unit Definitions are included in the Resources section of the Contractor Manual.

In accordance with the Division’s Standards and Practices, agencies shall strive to be tobacco-free and shall offer cessation services and support on site or by referral. Agencies will include steps they are taking toward becoming tobacco-free in their annual work scopes.

1. **Objective(s).** *Objectives are the specific, time limited, measurable, action oriented steps dedicated to achieving the outcome.*
2. **Activity(s).** *Activities are the specific processes, events and/or actions that are intentionally used to bring about the intended results.*
3. **Expected Outcome(s).** *Outcomes are the specific changes in a communities’ or program participants’ behavior, knowledge, skills, or level of functioning.*
4. **Data Collection/Continuous Quality Improvement:** *Include what **data collection instruments/tools** (e.g. SMARTCARE, Agency MIS, surveys) will be used to measure objectives and outcomes, as well as information on how the data will be used for **CQI**. For treatment providers – Include information about your agency’s utilization review procedures in this section.*

For intervention providers, objectives **must reflect the unit of services** necessary to correlate with the State/County Contract process.

EXHIBIT A – SCOPE OF SERVICES FOR PRIMARY PREVENTION PROVIDERS

Goals and Objectives should come directly from the 2020-2025 Continuum of Services Strategic Plan. The Strategic Planning documents can be found at <https://www.marinhhs.org/strategic-planning-2020-2025>.

FY 2024-25 Objectives, Outcomes and Activities should be created by contract providers and refer to specific, measurable and time-limited activities and their concrete and measurable outcomes that will take place between July 1, 2024, and June 30, 2025. These sections of the Exhibit A are referenced with the word “PROVIDER” in the requisite columns.

Technical assistance is available from the Prevention Coordinator at (415) 473-6756.

REQUESTING CONTRACT CHANGES TO EXHIBIT A

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 Services

- 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

Contractor shall also report any other key changes per the timelines and processes outlined in applicable Policies and Procedures (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 (facility at capacity).

Instructions for Submission of Exhibit B

Excel Budget sheets have been provided in order that specific details of both your composite and program budgets are included. It is imperative that all contractors provide budget details which establish clear audit trails and are consistent and uniform throughout the delivery system. **Please use the enclosed templates, which already include the correct formulas, in developing your budget documents.**

Please identify each budget page as "Exhibit B".

BUDGET DETAIL EXPENDITURES - FOR ALL PROVIDERS (FORM PROVIDED)

Please make sure to insert the name of the service modality(ies) and service codes being provided under your contract with the Division. Replace the words "Service Modality" in each column with the Name and Service Code number assigned to or chosen by your organization. **It is important that the applicable State service code is listed as that it what will be used in completing and submitting the Cost Report to the State.** Please then fill-in Salary, Services & Supplies and Indirect costs that reflect actual projected expenses within each service code area. Please ensure that all budgeted expenditures are identified under each contracted service modality.

Items listed under Facilities, Services and Supplies are only a sample of what may or may not be included at your agency. Please identify all that are appropriate for your agency.

| | A | B | C | D | E |
|----|---|-------------------------|-------------------------|-------------------------|--------------|
| 1 | EXHIBIT B | | | | |
| 2 | BUDGET DETAIL | | | | |
| 3 | July 1, 2007 - June 30, 2008 | | | | |
| 4 | Contractor: | | | | |
| 5 | | | | | |
| 6 | Contract Services: | | | | |
| 7 | | | | | |
| 8 | | Service Modality | Service Modality | Service Modality | Total |
| 9 | Salaries, Wages & Bene | | | | |
| 10 | | | | | \$0 |
| 11 | | | | | \$0 |
| 12 | | | | | \$0 |
| 13 | | | | | \$0 |
| 14 | | | | | \$0 |
| 15 | | | | | \$0 |
| 16 | | | | | \$0 |
| 17 | | | | | \$0 |
| 18 | | | | | \$0 |
| 19 | | | | | \$0 |
| 20 | | | | | \$0 |
| 21 | | | | | \$0 |
| 22 | Sub-Total | | | | \$0 |
| 23 | Employee Benefits | | | | \$0 |
| 24 | Total of Salaries & Benefits | | | | \$0 |
| 25 | Services & Supplies | | | | |
| 26 | | | | | |
| 27 | Office Supplies | | | | \$0 |
| 28 | Printing/Copying | | | | \$0 |
| 29 | Postage | | | | \$0 |

REVENUE AND EXPENSE SUMMARY (FORM PROVIDED)

For FY 2024-25, DMC-ODS and Primary Prevention providers do not need to complete this workbook.

For other Providers, this page includes, at a minimum, Total Expenses and Total Revenues (inclusive of alcohol/drug and all other funding streams, including client fees, private pay and insurance) that are applied to the various programs funded by the County office. This page also includes the total number of contracted units, the unit description (e.g., Staff hour, visit days, bed day, etc.) and both the Gross and Net Unit rates under each contracted service.

To complete this form, enter the total expenses, revenue and funding source breakdown applied to each service modality for the contract. Note that the total expenses must be equal to the total revenue (BHRS contract funds and other funds). Similarly, the totals of the funding source breakdown must also equal the total expenses and revenue.

REVENUE & EXPENSE SUMMARY
July 1, 2008 - June 30, 2009

Contractor: _____

Contract Services:

| Total Budget | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | <i>Enter Service Modality Here</i> | Total |
|---------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|--------|
| Salaries & Wages | | | | | | | | \$0.00 |
| Services & Supplies | | | | | | | | \$0.00 |
| Indirect Expenses | | | | | | | | \$0.00 |
| Total Expenses | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Participant Fees | | | | | | | | \$0.00 |
| Other Revenue | | | | | | | | \$0.00 |
| Net Contract Amount | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Funding Source Breakdown:

| <i>Enter the Funding Source Here</i> | | | | | | | | |
|--------------------------------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| | | | | | | | | \$0.00 |
| Total Funds Required: | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

Units of Service:

| Unit Description | | | | | | | |
|------------------------------------|--|--|--|--|--|--|--|
| <i>Enter Unit Description Here</i> | | | | | | | |
| <i>Enter Unit Description Here</i> | | | | | | | |
| <i>Enter Unit Description Here</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Contract No. ADP-AD-08-09
Provider No.

Then enter the total units of service provided for each service modality.

Unit rates are standardized and should not be rounded. You may add partial units for contracting purposes. However, units must be billed as a whole number unless based on a staff hourly rate.

The gross and unit rates will automatically calculate as these forms contain pre-populated formulas. Please make sure to fill in the service modalities, service codes (e.g. individual counseling,

| | | | | | | | |
|----|------------------------------------|--|--|--|--|--|--|
| 26 | Units of Service: | | | | | | |
| 27 | Unit Description | | | | | | |
| 28 | <i>Enter Unit Description Here</i> | | | | | | |
| 29 | <i>Enter Unit Description Here</i> | | | | | | |
| 30 | <i>Enter Unit Description Here</i> | | | | | | |
| 31 | | | | | | | |
| 32 | | | | | | | |
| 33 | | | | | | | |
| 34 | | | | | | | |

education, group counseling, etc.) and unit descriptions (e.g. bed day, staff hour, etc.) on all of the forms.

OVERALL AGENCY BUDGET – FOR ALL PROVIDERS

Please provide an overall agency budget showing all sources of projected revenue and expenditures within your agency. Demonstrate how the alcohol and drug program revenue(s) fit into the overall agency budget.

INDIRECT COSTS – FOR ALL PROVIDERS (EXCEPT FFS DMC-ODS PROVIDERS)

Provide your agency’s indirect rate and a detailed description of what is included in calculating the indirect rate. Indirect rates cannot exceed 15% of personnel and direct costs. If your agency has a federally-approved indirect rate, use that rate in your Exhibit B documents and attach a copy of the documentation with your contract renewal materials.

PROPOSED CONTRACT BUDGET CHANGES – FOR ALL PROVIDERS

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:

- 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).

Templates: Exhibit A and B

The below Exhibit templates are available at: <https://www.marinbhhs.org/providers/substance-use-providers/contract-exhibits-and-templates>

- Exhibit A: Residential and Residential Withdrawal Management
- Exhibit A: Outpatient Treatment
- Exhibit A: Opioid Treatment Services
- Exhibit A: Care Coordination and Recovery Services
- Exhibit A: Sober Living Environment/Recovery Residences
- Exhibit A: Prevention Logic Model and Program Reporting

- Exhibit B: Terms and Conditions of Payment (FFS and Actual Cost)
- Exhibit B: Budget Detail/Revenue and Expense Summary

Instructions: Submission of Other Contract Renewal Documents

Forms/Templates: Submission of Other Contract Renewal Documents

For your reference we have provided links to the below forms: Descriptions are included on the following pages. **New: Please complete the forms using each of the links below.**

- Contract Authorization – Sample template.
 - Sample Contract Authorization Language
- [Signature Authorization Form](#)
- [Assurances Regarding No Unlawful Use of Drugs or Alcohol](#)
- [Certification of Smoking Prohibitions](#)
- [Certification of Non-Acceptance of Tobacco Funds](#)
- [Annual Agency Attestation](#)
- [Assurance of Qualified Health Information System](#)
- [Certification of Compliance with the Strategic Prevention Framework](#)
- [Levine Act Disclosure Statement](#)

Instructions for Submission of Other Materials Required for Contract Renewal

TO BE COMPLETED BY ALL PROVIDERS:

Board Member List

Provide an updated roster of your Board of Directors and, if appropriate, your Advisory Board, that includes:

- Name
- Address
- Occupation
- Gender and Ethnicity
- Position held on Board
- Affiliations

Contract Authorization Form (Sample Provided)

Submit a certified copy of a resolution of the Board of Directors authorizing that the Executive Director (include name) of your agency, is duly authorized to execute and deliver the Contract Agreement on behalf of the agency, in accordance with the resolution or the bylaws of the agency, and that the Contract Agreement is binding upon the agency in accordance with its terms. This resolution must be passed annually as previously passed resolutions cannot be interpreted as binding for the current year. Sample language is provided in this document under the forms labeled "Contract Authorization".

Signature Authorization Form ([Link Provided](#))

Complete the attached Signature Authorization Form. Include all names and signatures of persons who are authorized to sign documents, including invoices, for your agency. Monthly invoices that are signed by persons not listed on the Signature Authorization Form cannot be reimbursed.

Assurance of "No Unlawful Use of Drugs or Alcohol" ([Link Provided](#))

The authorized signatory must read, complete and sign the assurance of No Unlawful Use of Drugs or Alcohol form.

Certification of Smoking Prohibitions ([Link Provided](#))

The authorized signatory must read, complete and sign the certification of Smoking Prohibitions form.

Insurance

All insurance policy(ies) must confirm to the limits outlined in the County contract and be valid for the duration of the contract period. Provide a copy of the following insurance documents for your agency:

- General Liability Insurance

- A separate endorsement indicating the “County of Marin” as the “Additional Insured”
- Automobile Liability Insurance
- Workers Compensation
- In addition to the insurance requirements in the Professional Services Contract, substance use disorder recovery or treatment facilities licensed by DHCS shall also maintain professional liability and errors and omissions insurance that includes an endorsement for contractual liability, with minimum coverage amounts of one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate. If applicable, the contract shall include an endorsement for defense and indemnification of any government entity with which the licensee has contracted. [DHCS BHIN 22-023; HSC 11834.10]

Certification of Non-Acceptance of Tobacco Funds ([Link Provided](#))

All providers are required to certify they will not accept funding from nor have an affiliation or contractual relationship with a tobacco company, and of its subsidiaries or parent company during the term of the grant from the Marin County Behavioral Health and Recovery Services Division.

New – Levine Disclosure Statement (Form and [Link Provided](#))

The Levine Act applies to all agencies whose members are directly elected by the voters. Contractors must complete this form if you are a party, participant or agent that has contributed more than \$250 to a member of the Board of Supervisors, or to the Assessor, District Attorney, or Sheriff, within the 12 months prior to a proceeding involving a license, permit or other entitlement for use, as defined in Government Code section 84308, subd. (a). If not, this form is not required to be completed.

TO BE SUBMITTED BY PRIMARY PREVENTION PROVIDERS

Certification of Compliance with Strategic Prevention Framework ([Link Provided](#))

The authorized signatory must read, complete, and sign the certification of compliance with Strategic Prevention Framework.

TO BE SUBMITTED BY TREATMENT PROVIDERS

Assurance of Qualified Health Information System (EHR Attestation- [Link Provided](#))

The attestation ensures agency understand that all client health information that is stored or transmitted electronically must be within a qualified Health Information System (HIS).

Annual Agency Attestation ([Link Provided](#))

Contractors are required to complete and submit an Agency Annual Attestation, which attests that your organization has credentialed all network providers and has a Credentialing and Re-Credentialing Policy and Procedure in place in accordance with the uniform process for

credentialing and re-credentialing of network providers as per BHRS Policy No. 28, contract with BHRS and pursuant to MHSUDS Information Notice No.18-019.

Schedule of Published Charges and Proposed Sliding Scale Fee Schedule

Provide a copy of the agency's Board-approved Published Charges for FY 2024-25 and the sliding scale fee schedule that your agency is proposing to use to determine a client's fees. This must be reviewed and approved by the County Alcohol and Drug Administrator, prior to contract approval.

Note: If there are no updates since the Self-Audit/Site Visit processes, the below do not need to be submitted.

Program Admission, Re-Admission and Exclusion Criteria

Provide a current description of each program(s) admission and re-admission criteria, as well as any exclusion criteria. Re-admission criteria should include, if applicable, any waiting period for participants who were discharged from your program(s).

Policy Regarding Use of Medication(s)

Provide a copy of the agency's current policy regarding the use of medication(s) by participants in your program(s).

Policy Regarding Client Relapse

Provide a copy of the agency's current policy, procedures, and dispositions for clients who relapse during treatment.

Recovery Support Services

Procedures and/or protocols to access and/or provide ancillary and peer support services. Procedures should also include how all clients are linked to Recovery Support Services upon discharge from treatment.

Financial Assessment

Provide a copy of the agency's procedures (and the forms utilized) to assess whether a client may be eligible for Medi-Cal or other insurance, and if so, a copy of the procedures your agency takes to link a client with Eligibility.

Utilization Review Protocol and Template(s)

Provide a copy of the agency's protocol—including timeframes and percentage of charts reviewed—and forms for performing chart reviews.

Medical Necessity

Provide a copy of the agency's protocol, criteria and template(s) for documentation for determining medical necessity. The criteria must align with ASAM criteria for determining medical necessity.

MAT Policy - Linking Clients to MAT

Provide a copy of the agency's protocol on how clients are being identified and when appropriate linked to Medicated Assisted Treatment (MAT).

Transitioning Clients Between Levels of Care

Provide a copy of the agency's protocol on re-assessing clients (which should be at least every 30-45 days for Residential treatment and as clinically warranted for Outpatient) and when appropriate, transitioning between different Levels of Care, including staff roles and timeframes.

Oral Interpretation and Translation Services

Provide a description for how the agency is meeting the requirement of providing access to Oral Interpretation and Translation Services free of charge to clients when necessary. Also include a copy of the Agreement with the entity providing oral interpreter services.

Client Coordination for Mental Health and Physical Health

Provide a copy of the agency's current policy/protocol describing how care is coordinated and documented with Mental Health and Physical Health providers, as appropriate.

Notifying County of Marin of NOABDs

Provide a copy of the agency's policy/protocol for notifying the County of Marin of any issue that may require the County to issue a Notice of Adverse Benefit Determination (NOABD).

Copies of Continuing Education Units in Addiction Medicine for LPHAs for FY 2024-25

Submit copies of the minimum of five (5) CEUs annually for all LPHAs providing services as part of the DMC-ODS program.

Medical Director Code of Conduct and Medical Director Roles & Responsibilities

Refer to the Practice Guidelines for specific information on what should be in the documents. The Code of Conduct and Roles & Responsibilities documents shall be signed and dated by the physician and a provider representative.

Copies of Policies and Standards Developed by the Medical Director

Submit any policies and standards developed and implemented by the Medical Director. Include evidence that the Medical Director developed and implemented a medical policy and standard, which can include the policies being signed and dated by the Medical Director and a program representative.

TO BE SUBMITTED BY SOBER LIVING ENVIRONMENT/RECOVERY RESIDENCE PROVIDERS

Note: If there are no updates since the Self-Audit/Site Visit processes, the below do not need to be submitted.

House Rulebook

Policies and Procedures that address the following:

(Please include, unless the documents were already submitted with the Self-Audit Report.)

1. Confidentiality
2. Sexual Harassment & Verbal Abuse
3. Weapons, Alcohol, Illegal Drugs and Illegal Activity
4. Prescribed Medication Policy
5. Drug and Alcohol Testing Protocol
6. Management and Staff Responsibilities
7. Documentation/Record Keeping/Financial Agreements
8. Incident Report Policy

{AGENCY NAME}

BOARD OF DIRECTORS

RESOLUTION-

Contract Authorization

This resolution of the Board of Directors of {Agency} certifies and authorizes the Executive Director, _____ to execute and deliver any and all contract agreements on behalf of {Agency} including any County of Marin contracts. The Board recognizes the contract agreement is binding upon the agency in accordance with its terms for FY 2024-25.

President

Date

SAMPLE

Resources

For additional information and resources, please visit the following:

Policies and Procedures: <https://www.marinbhhs.org/providers/substance-use-providers/regulations-policies-and-practice-guidelines>

- Policies and Procedures

Contractor Resources: <https://www.marinbhhs.org/providers/substance-use-providers>

- Section 1: Contractor Renewal Manual
- Section 2: Contract Renewal Instructions and Forms
- Section 3: Reporting Instructions and Forms
- Section 4: Marin EHR Resources
- Section 5: Claiming
- Section 6: Standards and Practices
- Section 7: Other Resources
- Section 8: Contractor Meetings

Drug/Medi-Cal Waiver: www.marinhhs.org/DMCWaiver

- DMC-ODS Implementation Plan
- DMC-ODS Standard Terms and Conditions
- DMC-ODS Intergovernmental Agreement

Beneficiary Informing Materials: <https://www.marinbhhs.org/clients-caregivers>