Contra Costa County Behavioral Health Division
Alcohol and Other Drugs Services

Request for Interest Work Plan Instructions

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver
Substance Use Disorder Continuum of Care
Treatment and Other DMC-ODS Required Services
ASAM Levels 3.1 Residential Services & 3.2 Withdrawal Management
February 2017

Entity Identification (Cover)

- Name of Entity: Please type in the name of the entity performing services under this RFI.
- Mailing Address: List the mailing address of the entity's administrative offices.
- Contact Person: The individual who will be the contact person with the County for matters relating to this RFI.
    - Please list the Telephone number, Fax number and e-mail address for the contact person.
- Federal Tax Id Number: List the entity's Federal tax ID number.
- ASAM Level of Care: Indicate the ASAM level of care for the services described in this work plan. Within any level of care, a separate budget and work plan must be submitted for services provided to women and/or for youth.

In the grid below the Entity Identification information, please enter the following information regarding the services to be provided.

- Service Site: List the addresses (street and city) of each facility in which services for the proposed level of care will be provided.
- Facility NPI: Enter the HIPAA National Provider Identifier for each facility where services will be provided.
- Region Served: List the community or geographic area your agency will serve (i.e. Richmond, Concord, Antioch, West County, etc.).
- Caseload Characteristics: Describe the people you intend to serve at each facility in terms of their distinguishing characteristics, i.e., age, gender, ethnicity, LGBTQ, etc.
- Hours of Service Availability: List the days of the week and the times that the services will be provided at each facility.

Work Plan Section A – Administrative and Support Staff Budget
Work Plan Section B – Direct Service Staff Budget

Column 1 (Position Title)
The Administrative and Support Staff category includes those persons whose responsibilities are directed towards program management or operations. It would include executive directors, accounting staff, billing clerks, etc. Direct Service Staff are those positions or portions of positions which are devoted to direct contact with the recipients of your services, e.g., counselors, case managers, etc.

- For Column 1 in Budget Sections A & B, please list the title only of each staff person as appropriate.
    - It is possible that the same individual could have dual responsibility and be listed in both categories. In this situation, the same Position Title must be used in each Section. The title used will depend on the person's primary responsibilities within the organization and not just those duties reflected in this work plan.

- Column 2 (FTE): List the decimal proportion of a 40-hour work hour which each staff person spends on DMC services. The formula is: (hours worked per week) / 40 = 1 FTE. For example, 20 hours per week translates to .50 FTE, 10 hours per week to .25, 8 hours to .20.

- Column 3 (Hourly Rate): Enter the hourly pay rate exclusive of benefits for each individual listed in Column 1.

- Column 4 (Treatment): List the amount of salary and benefit expenditures allocated to treatment services and covered by DMC reimbursement.

- Column 5 (Room & Board): List the amount of salary and benefit expenditures, if any, that are dedicated to room and board costs.

- Column 6 (Total): The cells in this column contain formulas and automatically calculate the totals of the Treatment and Room & Board amounts in each row.

In each section (A&B) list the aggregate amount expended for taxes and benefits for the positions listed.

Work Plan Section C: Staff Productivity Model

There are three rows for a quantitative listing of your organization's policy regarding direct service staff involvement in direct client services. These are:

- Paid Leave (Holiday, Vacation, Sick, Personal, etc.)
- Direct Service Hours
- Program Support Hours (Prep. Time, Travel, Staff Meeting, Training, Community Meetings, etc.)

On the basis of the 2,080 hours for which a position is budgeted within the overall organization, please list in the appropriate cell the number of hours that staff on average, are expected to devote to each category.

Work plan Section D – Operating Expenses Budget

- Column 1 (Code): List the code that will correspond with the Expense Category to be added to the sheet.

- Column 2 (Expense Category): Descriptive titles for the most frequently encountered line items are printed on the form. There are additional blank lines to list expense categories not included on the form.

- Column 3 (Treatment): List the amount of expenditures allocated to treatment services and covered by DMC reimbursement.

- Column 4 (Room & Board): List the amount of expenditures, if any, that are dedicated to room and board costs.

- Column 5 (Total): The cells in this column contain formulas and automatically calculate the totals of the Treatment and Room & Board amounts in each row.

Please Note: The residential services budget and work plan forms consist of 2 separate spreadsheets. The spreadsheet titled Residential Facility Rent Allocation (Attachment C) must be completed for each residential facility incorporated by a given level of care budget and work plan. Instructions for this form are contained on the first page or that spreadsheet.

Work plan Section E – Budget Summary

This section summarizes the Salaries & Benefits Category Subtotals (Rows 1 & 2) and overall Salaries & Benefits Total (Row 3). These totals are populated in the table by formulas. However, if the organization will be charging an indirect rate, please enter that amount in Row 6.

Work Plan Section F – Staffing

Please utilize the table below to complete the Staffing spreadsheet:

Column	Instructions
Job Title	List the job title of each position allocated to the services to be provided under this RFI. Every position budgeted in Sections A and B must be included. If volunteers are included, please enter the word, "VOLUNTEER".
Name	List the name of each person in the position listed in the first column. If the position is vacant, please enter the word, "VACANT" in place of the name. With the exception of FTE and Position Qualifications, the remaining cells may be left blank.
FTE	In this column, indicate the proportion of a 40-hour work week devoted to DMC services (i.e., the number of hours worked per week divided by 40 - for example, 20 hours per week = .5 FTE; 8 hours per week = .2 FTE).
Gender	Male, Female, or Other
Ethnicity	Race, Ethnicity or national origin
Language	List all languages other than English in which the staff listed is

Proficiency *	proficient.
Position Qualifications	Briefly list the licensure, educational, or experiential prerequisites for each position. This column requests information relative to the position, and not the person currently filling it.
Tenure	Indicate the number of months the person has been employed in that position within your organization.
Most recent TB Test Date *	List the date the staff member's most recent TB test result. The result must be negative.
Date of First Aid Training *	List the date of the most-recently completed First Aid training.
Date of Last CPR Training *	List the date of the most recently completed CPR training.
Type of License, Certificate or Registration *	List type of credential the staff member has obtained that is pertinent to the position. If no credential of any kind is required, state N/A in the column.
Effective Date	List the effective date that the credential listed in the previous column.
Expiration Date	List the expiration date of the credential listed for the staff member.

* Documentation may be requested by AODS.
Attach an organization chart showing lines of supervision.

If appropriate, attach organization policies for the use of volunteers in the program. These policies at a minimum should address qualifications, recruitment, selection, code of ethics, training, scheduling and supervision.

Work Plan Section G: Outpatient Services Projection (ASAM Levels 1.0 & 2.1)

This section lists the quantitative description of the services to be provided. The instructions explain the form by section.

- Level of Care Static Capacity (Slots): Please indicate the maximum number of clients that could be receiving services at your facility at any given time. This will be determined by the number of beds in the facility or the combined caseload size of staff delivering services. Perinatal programs are requested to indicate capacity for women and children separately.

- Total Unduplicated New Participants: This is an estimate of the number of persons receiving services in your program for the first time in the FY 17-18 contract year. The number does not include participants or caseload carried over from the prior fiscal year nor persons who leave services and return within the Fiscal year. Persons formerly clients in previous years may be included in the estimate.

- Type of Service: Services listed in this section are those defined in the DMC-ODS Waiver Special Terms and Conditions. Please note that, the row titled "Individual Counseling" includes not only individual counseling per se but also other services provided in a one-on-one session – Intake, Collateral Services, Crisis Intervention Services, Treatment Planning and Discharge Planning. Case Management and Recovery Support are to be listed separately.

- FTEs: The figures to be entered in this column are total Direct Service Staff FTEs allocated to each Type of Service. The total of this column must equal the FTE column total in Section B.

- Direct Service Staff Hours: This figure is the amount of staff hours spent directly interacting with program participants in the performance of DMC billable services. This figure does not include the time spent in writing case notes, in case conference, clinical supervision or other support activities. The number entered here must be consistent with the Section C Staff Productivity Model

- Number of Bed Days: A bed day is defined as a 24-hour period of client participation in residential services.

- Payment Rate per Bed Day: Enter the cost per unit based upon factoring in all costs associated with the treatment of a beneficiary each day within the facility.

The following additional columns are utilized for the Case Management and Recovery Services sections only:

- Number of Sessions: For Outpatient Services, this deliverable refers to specific occurrences of the service types to be provided. This is the number of times the direct service activity will be conducted by staff in FY 17-18. This is distinct from client visits. A visit is something the client does. A session is something staff does.

- Session Duration (Minutes): Enter the duration of each type of service.

- Number of Client Visits: This is an estimate of the number of times clients will participate in the services listed.

- Payment Rate per 15 Minute Unit based on the costs associated with the complete budget is required for each service type.

Service Definitions

The following definitions of services provided in ASAM 3.1 Residential Treatment and 3.2 Withdrawal Management levels of care are excerpted from the DMC-ODS Special Terms and Conditions. Case Management and Recovery Services can be provided in either level of care.

Residential Treatment (ASAM Level 3.1) is a non-institutional, 24-hour, non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a substance use disorder diagnosis when determined by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA) as medically necessary and in accordance with an individualized treatment plan. Residential services are provided to non-perinatal and perinatal beneficiaries. These services are intended to be individualized to treat the functional deficits identified in the ASAM Criteria.

In the residential treatment environment, an individual's functional cognitive deficits may require treatment that is primarily slower paced, more concrete and repetitive in nature. The daily regimen and structured patterns of activities are intended to restore cognitive functioning and build behavioral patterns within a community. Each beneficiary shall live on the premises and shall be supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care.

Residential services are provided in a DHCS, or for adolescents Department of Social Services, licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with ASAM treatment criteria. Residential services can be provided in facilities of any size.

Residential services for adults may be authorized for up to 90 days in one continuous period. Reimbursement will be limited to two, non-continuous regimens for adults in any one-year period (365 days). Based upon medical necessity, one extension of up to 30 days beyond the maximum length of stay of 90 days may be authorized for one continuous length of stay in a one-year period (365 days). Perinatal clients may receive a longer length of stay based on medical necessity. Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period (60 days after the pregnancy ends.)

Residential services for adolescents may be authorized for up 30 days in one continuous period. Reimbursement will be limited to two non-continuous 30-day regimens in any one-year period (365 days). One extension of up to 30 days beyond the maximum length of stay may be authorized for one continuous length of stay in a one-year period (365 days).

The components of Residential Treatment Services are (see Residential Services for definitions):

- Intake
- Individual and/or Group Counseling
- Patient Education
- Family Therapy
- Medication Services
- Collateral Services
- Crisis Intervention Service
- Treatment Planning

- Transportation Services: Provision of or arrangement for transportation to and from medically necessary treatment.
- Discharge Services

Withdrawal Management (ASAM Level 3.2) services are provided in a continuum of Withdrawal Management (WM) services as per the five levels of WM in the ASAM Criteria when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with an individualized client plan. Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. Medically necessary habilitative and rehabilitative services are provided in accordance with an individualized treatment plan prescribed by a licensed physician or licensed prescriber, and approved and authorized according to the state of California requirements.

The components of withdrawal management services are:

- Intake: The process of admitting a beneficiary into a substance use disorder treatment program. Intake includes the evaluation or analysis of substance use disorders; the diagnosis of substance use disorders; and the assessment of treatment needs to provide medically necessary services. Intake may include a physical examination and laboratory testing necessary for substance use disorder treatment.

- Observation: The process of monitoring the beneficiary's course of withdrawal. To be conducted as frequently as deemed appropriate for the beneficiary and the level of care the beneficiary is receiving. This may include but is not limited to observation of the beneficiary's health status.

- Medication Services: The prescription or administration related to substance use disorder treatment services, or the assessment of the side effects or results of that medication, conducted by staff lawfully authorized to provide such services within their scope of practice or license.

- Discharge Services: The process to prepare the beneficiary for referral into another level of care, post treatment return or reentry into the community, and/or the linkage of the individual to essential community treatment, housing and human services.

Case Management: Counties will coordinate case management services. Case management services can be provided at DMC provider sites, county locations, and regional centers or as outlined by the county in the implementation plan. The county will be responsible for direct coordination of all of the case management activities. In Contra Costa County, the provider will be required to participate in weekly clinical case conferences to ensure client movement across levels of care and bidirectional coordination with mental health, primary health care and the managed care plan. Services may be provided by a Licensed Practitioner of the Healing Arts or certified counselor.

- Counties will be responsible for coordinating case management services for the SUD client. Counties will also coordinate a system of case management services with physical and/or mental health in order to ensure appropriate level of care.

- Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration

around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, managed care plan, mental health and primary health care if needed.

- Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.

- Case management services include:
    - Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services;
    - Transition to a higher or lower level SUD of 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;
    - Patient advocacy, linkages to physical and mental health care, transportation and retention in primary care services; and,
    - 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 California law.

Recovery Services: Recovery services are important to the beneficiary's recovery and wellness. 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 recovery services. The treatment community becomes a therapeutic agent through which patients are empowered and prepared to manage their health and health care. Therefore, treatment must emphasize the patient's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to patients. Services are provided as medically necessary.

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, or by telehealth with the beneficiary and may be provided anywhere in the community. In Contra Costa County, the provider will be required to participate in weekly Clinical Recovery Oriented case conferences to ensure that clients who have completed treatment benefit from a range of system wide available activities across the county. The county is seeking innovative ideas that are available as and when needed by clients. Strategies should be gender, culturally and linguistically centered, including LGTBQ, homeless, co-occurring, youth, women with children and older adults, etc.

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;
- Ancillary Services: Linkages to housing assistance, transportation, case management, individual services coordination.

ADDITIONAL INSTRUCTIONS

If, relative to the total budget, Administrative and Support Staff costs are above 15%, please attach a justification for these expenses.

If Indirect Costs are charged, please attach a copy of your agency's cost allocation plan and a clear description of how charges specific to this budget were calculated. Indirect costs must be apportioned by a methodology that conforms to the standards set by OMB Uniform Guidance.

Please round all costs to the nearest dollar. The county may revise your budget numbers slightly to correct for rounding errors. Any adjustments made to budget figures or service levels will not exceed in the aggregate the cost of one unit of service.

If you re-create these forms on your own spreadsheets, please do not change the line item numbering on the Services & Supplies section of the budget.

Budget & Work Plan Checklist

Section/Requirement	OK	Follow-Up Action Required
Entity Identification (Cover) • Service Site • Region Served • Caseload Characteristics • Hours of Service Availability		
Section A Personnel - Administrative and Support Staff		
Section B Personnel - Direct Staff Services		
Section C Productivity		
Section D Operating Expenses		
Section E Budget Summary		
Section F Staffing		
Section G for Level 1.0 and/or 2.1		
Weekly Schedule of Activities (Level 2.1 Only)		
Org Chart		
Volunteer & Personnel policies		
Daily Schedule for Residential and IOP levels of care		

Comments: