



BEHAVIORAL  
**HEALTH & RECOVERY**  
SERVICES

# Drug **Medi-Cal** Organized Delivery System **Implementation Plan**

Kern Behavioral **Health & Recovery** Services  
**Substance Use Disorder** System of Care  
**DHCS Approved** September 26, 2017



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## **Introduction to Kern County**

Kern County is centrally located in the California San Joaquin Valley. Kern County covers over 8,100 square miles, and as of July 2016, the California Department of Finance lists the population as 886,507, making Kern the 3<sup>rd</sup> largest county in California by geography, and the 11<sup>th</sup> largest by population. A significant proportion of Kern County's population is concentrated in Bakersfield, which is the county seat. Approximately 379,110 individuals reside in the metropolitan Bakersfield area. Kern is also comprised of many smaller cities and townships – Ransburg at a population of 69 being the smallest. Other densely populated areas include Ridgecrest at 27, 616, Lake Isabella at 3,466, Wasco at 25,945, and Delano at 53,041. The average annual income in Kern County is \$28,887 per capita, and the number of Medi-Cal enrollees in Kern County was reported as 312,326 individuals as of July 2016.

Located in the central part of the county, Bakersfield is home to many of the services available to county residents, including mental health and substance use disorder treatment. Although Bakersfield is the most densely populated community, Kern Behavioral Health and Recovery Services contracts with several providers in outlying areas of the county in order to make treatment accessible to those in remote communities. For individuals living in the surrounding communities, accessing services in the Bakersfield area can be challenging due to distance, limited availability of public transportation, and at times road and weather conditions.

Kern Behavioral Health and Recovery Services strives to deliver culturally and linguistically appropriate services to county residents in order to minimize barriers to mental health and substance use disorder treatment. According to the 2010 Census the population of Kern County is 51.5% Hispanic or Latino Origin, 36% Caucasian (not Hispanic), 4.9% African American, 4.4% Asian, 3.5% two or more races, 0.4% American Indian and Alaska Native, and 0.1% Native Hawaiian and Pacific Islander.

## PART I Plan Questions

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

- County Behavioral Health Agency
- County Substance Use Disorder Agency
- Providers of drug/alcohol treatment services in the community
- Representatives of drug/alcohol treatment associations in the community
- Physical Health Care Providers
- Medi-Cal Managed Care Plans
- Federally Qualified Health Centers (FQHCs)
- Beneficiaries/Beneficiary Advocate Groups
- County Executive Office
- County Public Health
- County Social Services
- Foster Care Agencies
- Law Enforcement
- Court
  
- Probation Department
- Education
- Recovery support service providers (including recovery residences)
- Health Information technology stakeholders
- Other (specify):

2. How was community input collected?

- Community meetings
- County advisory groups
- Focus groups
- Other method(s) (explain briefly): Electronic surveys (Survey Monkey)

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

- Monthly
- Bi-monthly
- Quarterly
- Other:
- Review Note:** One box must be checked.

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

- SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
- There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
- There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
- There were no regular meetings previously, but they will occur during implementation.
- There were no regular meetings previously, and none are anticipated.

5. What services will be available to DMC-ODS beneficiaries under this county plan?

**REQUIRED**

- Withdrawal Management (minimum one level)
- Residential Services (minimum one level)
- Intensive Outpatient
- Outpatient
- Opioid (Narcotic) Treatment Programs
- Recovery Services
- Case Management
- Physician Consultation

**How will these required services be provided?**

- All county operated
- Some county and some contracted
- All contracted.

**OPTIONAL**

- Additional Medication Assisted Treatment
- Partial Hospitalization
- Recovery Residences
- Other (specify):

6. Has the county established a toll free 24/7 number with prevalent languages for prospective beneficiaries to call to access DMC-ODS services?

- Yes (required)
- No Plan to establish by:

**Review Note:** If the county is establishing a number, please note the date it will be established and operational.

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.
- Yes (required)
- No
8. The county will comply with all quarterly reporting requirements as contained in the STCs.
- Yes (required)
- No
9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review organization (EQRO) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:
- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
  - Existence of a 24/7 telephone access line with prevalent non-English language(s)
  - Access to DMC-ODS services with translation services in the prevalent non-English language(s)
  - Number, percentage of denied and time period of authorization requests approved or denied
- Yes (required)
- No

## PART II Plan Description (Narrative)

### 1) COLLABORATIVE PROCESS

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*Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.*

**Review Note:** *Stakeholder engagement is required in development of the implementation plan.*

The Substance Use Disorder (SUD) Administration, a division of Kern Behavioral Health and Recovery Services (Kern BHRS), implemented a comprehensive year-long stakeholder process to plan DMC-ODS services. Various agencies and individuals from throughout the county took part in the stakeholder process. This broad spectrum of stakeholders continues to provide valuable input on the development of the plan. The following section outlines the forums utilized to maximize stakeholder participation. In addition, Tables 1 and 2 provide information on stakeholder groups and topics.

#### **Community Stakeholder Meetings**

Over the course of Waiver Implementation Plan development, Kern BHRS staff participated in a number of community meetings. These meetings provided a venue to share information on the DMC-ODS Waiver and elicit feedback from community members.

#### **Consumer Stakeholder Meetings**

Multiple consumer stakeholder meetings were held to discuss the Waiver. Participants were provided with an overview and discussions covered topics such as eligibility, treatment services, coordination with managed care plans, fiscal implications, and oversight and monitoring. Consumers were also informed about the stakeholder feedback process and future planning.

#### **Provider Workgroup**

The Provider Workgroup consists of staff from contracted substance use disorder treatment providers, representing a variety of treatment modalities. This workgroup has provided a forum for review of the Standard Terms and Condition (STCs) and discussion regarding how these will be reflected in Kern County's Implementation Plan. This ongoing workgroup continues to meet monthly or bi-monthly to discuss implementation.

#### **Internal Waiver Advisory Committee**

This committee is comprised of Kern BHRS Administration including the Director, Deputy Directors, Quality Improvement Administrator, Information Technology Administrator, Business Manager, Substance Use Disorder Administrator, and other Substance Use Disorder Division staff. This is the primary internal department workgroup tasked with the development of Kern County's DMC-ODS Waiver Implementation Plan. One of the functions of this group has also



been to identify key stakeholders to participate in the planning process, and to review and analyze feedback provided by those stakeholders.

**Table 1. Stakeholder Groups Engaged in the Implementation Process**

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<ul style="list-style-type: none"> <li>• Consumer Groups</li> <li>• County Contracted Treatment Providers</li> <li>• Child Welfare</li> <li>• Sheriff’s Department</li> <li>• Bakersfield Police Department</li> <li>• Kern BHRS Department Staff</li> <li>• AA/NA Representatives</li> <li>• Substance Abuse Certification Program</li> <li>• Superintendent of Schools</li> <li>• Sober Living Home Owners</li> </ul>	<ul style="list-style-type: none"> <li>• Kern County Behavioral Health Board</li> <li>• Probation Department</li> <li>• SUD Treatment Professionals</li> <li>• Chief Nursing Officers</li> <li>• Kern BHRS Information Technology Staff</li> <li>• Kern BHRS SUD Counseling Staff</li> <li>• Foster Care Agencies</li> <li>• Managed Care Plans</li> <li>• Public Health Department</li> <li>• Other community members</li> </ul>
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**Table 2. Topics Discussed in Stakeholder Meetings**

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<ul style="list-style-type: none"> <li>• Overview of 1115 Drug Medi-Cal Waiver</li> <li>• Additional Services</li> <li>• Expansion of Access to Services</li> <li>• Creating a Beneficiary Line</li> <li>• Provider Contract Changes</li> <li>• Development of a New Screening Tool</li> <li>• Case Management Service Strategy</li> <li>• Recovery Support Service Strategy</li> </ul>	<ul style="list-style-type: none"> <li>• ASAM Levels of Care</li> <li>• Kern BHRS SUD Case Management</li> <li>• Kern BHRS SUD Recovery Services</li> <li>• Kern BHRS SUD Draft Plan</li> <li>• Detoxification Services</li> <li>• Changes to Electronic Charts</li> <li>• Changes to Electronic Assessment</li> </ul>
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Kern Behavioral Health and Recovery Services’ collaborative process will continue throughout DMC-ODS Waiver plan development and implementation. Ongoing involvement and communication will occur in a variety of settings including but not limited to regularly scheduled meetings with treatment providers, consumer stakeholders, physical health care providers, criminal justice and social service agencies, and other community based organizations.

**2) CLIENT FLOW**

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*Describe how beneficiaries move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care. Also*

*describe if there will be timelines established for the movement between one level of care to another.*

**Review Note:** *A flow chart may be included.*

Kern County’s Implementation plan was created with an emphasis on convenient and expedited treatment access for all beneficiaries. With this goal in mind, the department has developed a model with a “no wrong door” approach. The model removes barriers to treatment by incorporating a toll-free access line and maintaining walk-in screening availability at several key locations throughout the community.

### **Referrals**

Treatment referrals for beneficiaries in metropolitan Bakersfield will be processed through a centralized screening and access program, referred to as the Gateway Team. Screenings may be conducted in person or by phone through the Beneficiary Access Line. This includes referrals for Outpatient, Intensive Outpatient, Residential and Medication Assisted Treatment. Individuals can be referred or self-refer by calling the toll-free Beneficiary Access Line, or by accessing any of the in-person Gateway screening locations. Screening locations are strategically located in medical, mental health and criminal justice settings. Public and private agencies will utilize the same system for referring individuals to treatment. Individuals living in areas outside of metropolitan Bakersfield may be referred or self-refer to treatment by visiting a treatment clinic location within their geographic area.

### **Screening and Placement**

Individuals will be screened by Kern Behavioral Health and Recovery Services Gateway Team staff utilizing a brief screening tool approved by the department. This abbreviated ASAM criteria interview will determine appropriate level of care placement based on ASAM dimensions, withdrawal potential, beneficiary preference for treatment setting, and his or her geographical location. Treatment providers will be informed of referrals through a notification process utilizing a shared Electronic Health Record and via telephone. If the first available appointment falls outside of mandates for priority populations, the beneficiary will be provided with Interim Services until the time of initial provider appointment.

### **Assessment**

An in-depth ASAM criteria assessment will be conducted by treatment provider agencies including Outpatient and Narcotic Treatment Programs (NTPs). Assessments will be completed by a Licensed Practitioner of the Healing Arts (LPHA) within outpatient, intensive outpatient and residential providers (not NTPs). This interview will determine medical necessity and will be the basis for the individualized treatment plan. If the treatment provider determines that the initial placement is not appropriate, the Gateway Team will be contacted to request an alternate level of care based on medical necessity and ASAM criteria. Beneficiaries engaged in non-narcotic outpatient and residential treatment will be reassessed as needed or at a minimum of every 6 months in order to assess progress and determine whether the individual is appropriate to transition to an alternative level of treatment.

### **Staff Qualifications**

The abbreviated ASAM criteria interview utilized through the Beneficiary Access Line will be conducted by trained administrative staff, Licensed Practitioners of the Healing Arts (LPHA), and/or registered and certified alcohol and drug counselors. The in-depth ASAM criteria assessment in outpatient and residential programs will be conducted by Licensed Practitioners of the Healing Arts (LPHA) as stipulated in the Standard Terms and Conditions (STCs). Kern Behavioral Health and Recovery Services is aware that this change in staffing level will affect contracted providers' costs. Proposing new interim rates for new requirements and services will help support providers in meeting DMC ODS Waiver goals. Kern BHRS will evaluate the result of utilizing LPHAs in assessment determinations during the first year of implementation and consider requiring the same level of staffing for NTP providers.

Professional staff must be licensed, registered, certified or recognized under California Scope of Practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: a Physician, Nurse Practitioner, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapists (LMFT), and licensed-eligible practitioners working under the supervision of licensed clinicians.

### **Authorization for Residential Services**

Authorization for Residential Services will be submitted electronically to the Gateway Team by treatment providers. The Gateway Team will provide an authorization decision within 24 hours of the request. Notice of approval or denial will be provided electronically to providers. When approved, the Gateway Team will provide the beneficiary with an appointment with the residential treatment provider.

### **Transitions and Timelines**

Transitions between levels of care will be requested by treatment providers to ensure that the beneficiary participates in services in the most appropriate and least restrictive level of care. When a beneficiary is discharged from a Residential level of care and is transitioning to an outpatient setting, the treatment provider will submit a request via the Electronic Health Record to the Gateway Team. The request will be reviewed and if approved, Gateway Team will provide an appointment with the new treatment provider. This appointment will occur within 14 days of request. When a beneficiary in outpatient treatment requires a higher level of care (Intensive Outpatient or Residential), the treatment provider will submit a request via the Electronic Health Record to the Gateway Team. The request will be reviewed and if approved, Gateway Team will provide an appointment with the new treatment provider. This appointment will occur within 14 days of request.

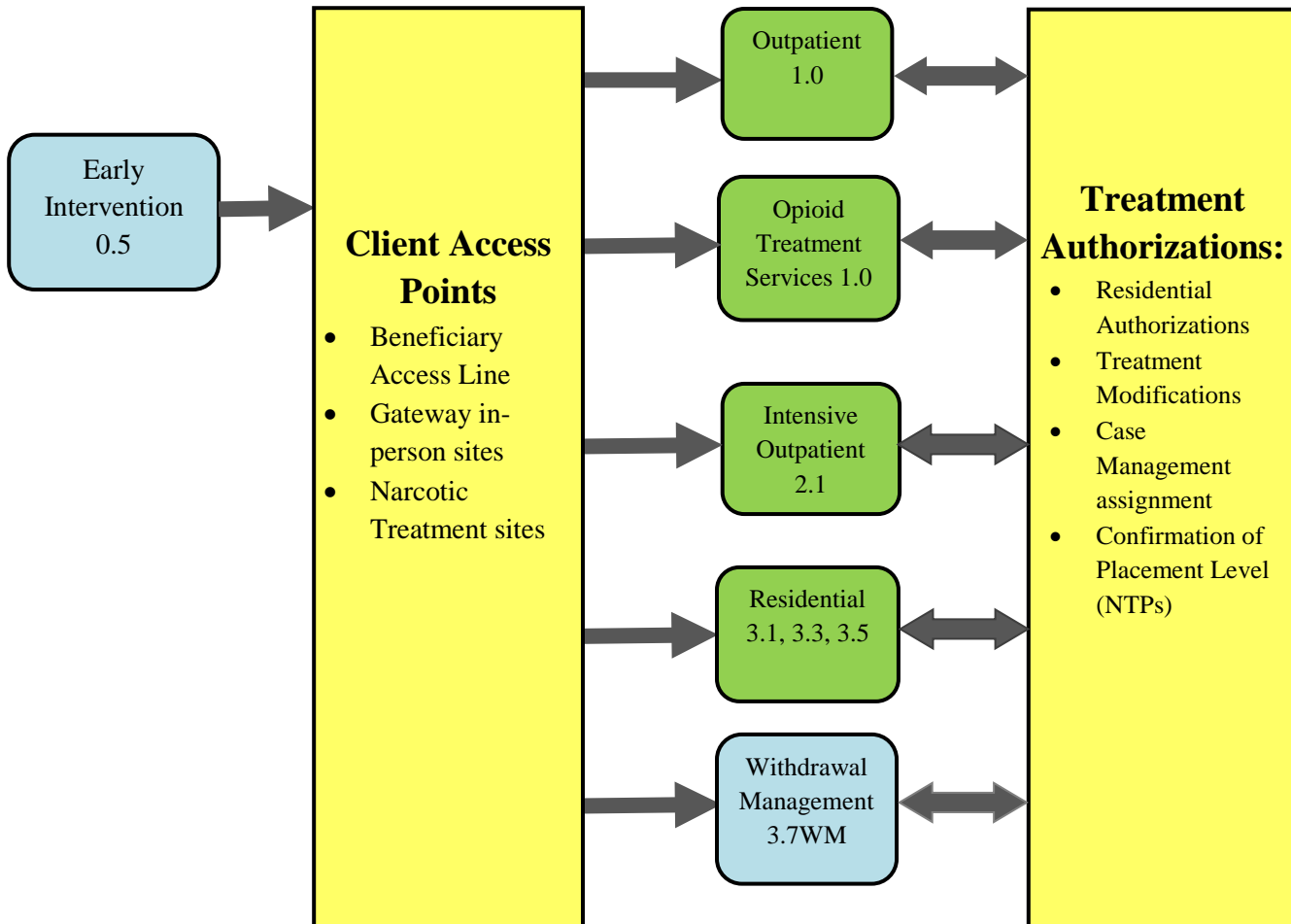
When a transition in level of care is determined to be necessary, the treatment provider will contact the beneficiary's case manager in order to ensure there is a "warm hand-off" to the new provider. The case manager will then contact the beneficiary to provide support and continue engagement in treatment during this period. This process will be essential to assist high-utilizers

and those that are not motivated for treatment to make successful transitions to new levels of care.

### **Role of Case Management Services**

Beneficiaries will be linked to case management staff at the point of initial screening with the Beneficiary Access Line or in person screening through the Gateway Team. For outlying areas, this linkage will occur at the time of initial assessment at the treatment provider site. From the point of screening case management staff will engage with individuals to facilitate linkage to treatment providers. Case Management services will be described in further detail in Section 4, Case Management Services. During the course of treatment, case management staff will provide resources, advocate for the individual, and assist with linkage to physical and mental health care as appropriate. When an individual is preparing for transition between treatment levels or ending their course of treatment, case management staff will collaborate with the beneficiary's treatment provider regarding transition readiness and treatment progress, and provide resources to assist with the transition.

# Kern BHRS Substance Use Disorder Continuum of Care



**Table 3. Kern Behavioral Health and Recovery Services SUD Client Flow**

This table represents the available levels of treatment in the Substance Use Disorder continuum of care. Individuals may access treatment services through the Beneficiary Access Line, Gateway in-person sites, Narcotic Treatment Programs, and Provider sites in outlying areas of the county. The Beneficiary Access line and Gateway in-person sites will conduct a screening and refer individuals to the appropriate level of care including Outpatient, Opioid Treatment Services, Intensive Outpatient, Residential, and/or Withdrawal Management. The Gateway Team is the centralized entity for Residential Authorizations, Treatment Modification Requests, Case Management assignments, and confirmation of placement level for NTPs. Yellow fields represent county operated systems, green fields represent levels of treatment services that are DMC-ODS benefits, and blue fields represent managed care fee-for-service benefits. ASAM Levels 0.5 and 3.7WM are shown as part of the full continuum of services in the DMC-ODS Waiver. Kern Behavioral Health and Recovery Services will coordinate access to these services through MOUs with managed care plans.

### 3) BENEFICIARY LINE

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*For the beneficiary toll free access number, what data will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number? The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY).*

#### **Beneficiary Access Line**

Kern Behavioral Health and Recovery Services has recently established a toll-free number that will serve as the 24/7 SUD Beneficiary Access Line to facilitate screening and referral to appropriate SUD treatment services. This number will be activated prior to the start of DMC-ODS services in order to provide appropriate training to staff that will receive calls and administer brief screenings to determine level of placement. The SUD Beneficiary Access Line will be marketed in brochures and posters which will be located at Kern BHRS clinics, treatment provider sites, community partner agencies, and other key locations in the community. Advertising of the new SUD Beneficiary Access Line will also occur during Kern Behavioral Health and Recovery Services' outreach and education activities, and will be published on Kern BHRS' social media channels. The SUD Beneficiary Access Line number will be posted on the department's public Mental Health website, and printed on all staff business cards. Several data points will be collected for the Beneficiary Access Line. These are outlined in the Table 4.

**Table 4. Beneficiary Access Line Data Points**

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- Total number of calls
- Time of call
- Beneficiary demographics
- Interpreter Services
- Call abandonment
- Call origination
- Call duration
- Disposition of the Call
- Wait time

The Beneficiary Access Line will have capability to rotate incoming calls to several available staff in order to reduce wait times, limit busy signals, and ensure caller satisfaction. The Access line will provide staff the ability to record a call-back phone number. The access line will be operated by staff trained on ASAM criteria dimensions and level of placement decisions. The SUD Beneficiary Access Line will have the capacity to serve individuals whose preferred language is not English through the use of bilingual staff and the department's interpreter line. This toll-free line will be ADA compliant by offering Telecommunications Relay Services (TRS). The department has established the following policies to provide telephone access and services in the prevalent non-English languages:

- Policy 1.5.1 ***Bilingual/Sign/TTY Relay Interpreter Services***. This policy states that Kern BHRS is mandated and committed to providing access to information and services about mental health and substance use disorder treatment. For beneficiaries who are Limited English Proficient (LEP) or who experience other communication barriers, including

auditory and expressive disabilities, a system of interpreter resources and assistive technology is available.

- Policy 1.5.2 ***Bilingual Plan for Kern Behavioral Health and Recovery Services***. This policy ensures that a sufficient number of bilingual staff is employed in public contact positions for each subunit. The purpose of this policy is to ensure equal levels of access and services for all individuals at every point of contact, by ensuring that exclusions, delays, or denials are not due to the lack of bilingual service staff.
- Policy 1.5.3 ***Accessing Language Interpreters***. This policy provides equal service to all beneficiaries in the most effective and efficient manner possible. This policy assures that Limited English Proficiency (LEP) does not result in limiting access, limit a person's ability to understand what services are available to them or limit their ability to receive notice of services by providing language interpreters at no cost to beneficiaries.

#### **4) TREATMENT SERVICES**

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*Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county.*

***Review Note:*** *Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of beneficiary providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for billing purposes for the Short Doyle 2 system.*

Kern Behavioral Health and Recovery Services will provide the following required services: Early Intervention Services, Outpatient Services, Intensive Outpatient Services, Residential Services, Withdrawal Management Services, Opioid Treatment Programs, Case Management, Recovery Services, and Physician Consultation. Kern Behavioral Health and Recovery Services will establish optional services including Additional Medication Assisted Treatment and Recovery Residences. The following section provides the ASAM criteria level description for each required level of treatment in addition to services to be provided under the DMC-ODS Waiver.

##### **ASAM Level of Care 0.5 (Early Intervention Services)**

- **Description:** This organized service is provided in a variety of settings to beneficiaries at risk of developing a substance use disorder. In Emergency departments and primary care clinics, they are delivered in the form of Screening, Brief Intervention, and Referral to Treatment (SBIRT). In SBIRT, screening quickly assesses the severity of substance use and identifies the appropriate level of treatment. Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Referral to treatment provides those identified as needing more extensive treatment with access to specialty care. In an impaired driving program, they may be delivered as educational groups

for certain populations. This level of service is not a DMC-ODS covered benefit, but it is included in the continuum of care as some beneficiaries may not meet diagnostic criteria for a substance use disorder.

- **Services:** These services may include multi-hour interventions occurring over a few days or a few weeks (as in DUI programs). SBIRT services may include one to five short motivational sessions designed to encourage and promote healthy behaviors and increase insight and awareness. SBIRT will also identify those beneficiaries that need referral to treatment services, and they can be referred to the Beneficiary Access Line, or formally referred by medical staff as stipulated on the MOU with the managed care plans.

Kern Behavioral Health and Recovery Services will utilize marketing and outreach opportunities to inform entities and providers that have 0.5 services in the community. These efforts will allow providers to be informed about referrals to the continuum of care.

### **ASAM Level of Care 1.0 (Outpatient)**

- **Description:** Outpatient Treatment Services include narcotic and non-narcotic outpatient services that are designed for beneficiaries who have a mild to moderate alcohol or drug problem, are at low-risk for acute intoxication, and reside in generally safe environments. Beneficiaries in outpatient services tend to be aware of their addiction and may or may not be motivated to participate in treatment. Outpatient services can be provided in any appropriate setting in the community, in person, by telephone or telehealth.
- **Services:** Outpatient Services include an assessment, and an initial treatment plan which will be reviewed every 90 days, or as needed to address triggering events. Outpatient services consist of less than nine hours of services per week for adults and less than six hours per week for adolescents, which can include group and individual counseling for recovery or motivational enhancement. Outpatient services include intake, treatment planning, individual and group counseling, family therapy, patient education, collateral services, crisis intervention services and discharge services as stipulated in the Terms and Conditions. These services are provided utilizing evidence-based practices as described in Section 13. Case management services will be available to provide beneficiaries with resources and referrals to access appropriate services. Re-assessment will be conducted every 6 months or as needed to determine if treatment should be modified or discontinued, and a referral to recovery services is appropriate.

Kern Behavioral Health and Recovery Services currently has a number of outpatient providers throughout the county that are able to provide this level of service. Level 1.0 providers include a combination of county-operated and contracted clinics for adults and adolescents. Capacity is expected to be sufficient when DMC-ODS services begin.

### **ASAM Level of Care 2.1 (Intensive Outpatient)**

- **Description:** Intensive outpatient services are provided to beneficiaries who are unable to discontinue substance use without intensive support, but are not in need of residential services. Beneficiaries may be transferred to intensive outpatient services after they have completed residential or medically managed treatment, or if unable to establish abstinence in outpatient treatment. These services can be provided in any appropriate setting in the community, in person, by telephone or telehealth. This modality includes programming



services for beneficiaries that have been determined to need a highly structured environment and currently have multidimensional instability. Beneficiaries may be in need of clinically managed withdrawal management, a structured environment and possibly Sober Living Environment (SLE) services.

- **Services:** 2.1 Intensive Outpatient Services include an assessment, and an initial treatment plan which will be reviewed every 90 days, or as needed to address triggering events. Intensive outpatient services consist of a minimum of 9 and a maximum of 19 hours of service per week for adults, and 6 or more hours of services per week for adolescents which can include counseling for recovery or motivational enhancement. Intensive outpatient services include intake, treatment planning, individual and group counseling, family therapy, patient education, collateral services, crisis intervention services and discharge services as stipulated in the Terms and Conditions. These services will be provided utilizing evidence-based practices as described in Section 13. Case management services will be available to provide beneficiaries with resources and referrals to access appropriate services. Re-assessment will be conducted every 6 months or as needed to determine if treatment should be modified or discontinued, and a referral to recovery services is appropriate.

Kern Behavioral Health and Recovery Services is in the process of establishing a county-operated adolescent Intensive Outpatient Program at one of our Drug Medi-Cal certified locations, pending DMC IOT certification. A county-operated ASAM 1.0 outpatient program is currently taking referrals for young people in need of ASAM 2.1 Intensive Outpatient services. This program is providing additional group, individual and family services in order to meet the presented need. If DMC IOT Certification is not obtained prior to starting DMC-ODS Waiver services, 2.1 services will be provided with alternative funds. The department looks forward to expanding adolescent Intensive Outpatient capacity with current treatment providers and other children's service providers by the end of Year 1 of Implementation.

### **ASAM Level of Care 3.1 (Clinically Managed Low-Intensity Residential Services)**

- **Description:** Residential services are non-institutional, 24-hour non-medical, short term programs that provide rehabilitation services to beneficiaries who are unable to establish or maintain sobriety and/or make progress in treatment at an outpatient level. These beneficiaries may have more acute and severe problems with behavior patterns, interpersonal and independent living skills, increased relapse potential, and may be in dangerous environments. This level of care will provide 24 hour living support and structure with available trained personnel, and offers weekly clinical services focused on improving the individual's readiness to change and coping skills reducing relapse and improving recovery and living environment.
- **Services:** 3.1 Clinically Managed Low-Intensity Residential services will provide beneficiaries with a minimum of 5 hours of services per week, in the setting where the beneficiary resides for a limited period of time. Services available include an assessment, treatment planning, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention, transportation services and discharge services as stipulated in the Terms and Conditions. These services will be provided utilizing evidence-based practices as described in Section 13. Case management will be available to beneficiaries that are transitioning into outpatient and intensive outpatient services after completing a course of treatment. Authorization for residential services will be

approved by the Gateway team, and appointments for continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

Kern Behavioral Health and Recovery Services has one contracted provider that offers this level of service to men, women, and pregnant women. The department looks forward to increasing capacity for this level of service, as there are a limited number of beds available. Kern Behavioral Health and Recovery Services is actively recruiting residential providers in the community by educating them about the DMC-ODS Waiver. Kern Behavioral Health and Recovery Services has provided technical assistance to various potential providers, and one of them has submitted its DMC initial application and ASAM level designation. Sober Living Environment providers in Kern County have historically not provided treatment onsite, and this will be presented to them as an opportunity to expand their programs to add treatment services for the community. Requests for Proposals will be created in order to search for additional providers in preparation for delivery of DMC-ODS Waiver services.

### **ASAM Level of Care 3.3 (Clinically Managed Population-Specific High-Intensity Residential)**

- **Description:** Residential services are non-institutional, 24-hour non-medical, short term programs that provide rehabilitation services to beneficiaries who are unable to establish or maintain sobriety and/or make progress in treatment at an outpatient level. This level of care typically offers 24-hour support with trained counselors to stabilize multidimensional imminent danger along with less intense milieu and group treatment for those with cognitive or other impairments. The three components of imminent danger according to the ASAM Criteria are, a) the strong probability that certain behaviors, such as continued alcohol or drug use, or relapse, will occur, b) the likelihood that such behaviors will present a significant risk of serious adverse consequences to the individual and c) the likelihood that such adverse events will occur in the very near future, within hours and days, not weeks and months. The cognitive impairment may be temporary or permanent, and may be due to a substance related disorder, in combination with a brain syndrome or injury, developmental delay, or age-related cognitive decline.
- **Services:** 3.3 Clinically Managed Population-Specific High-Intensity Residential services are provided to beneficiaries in settings where they reside for a limited period of time. Services include an assessment, treatment planning, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention, transportation services and discharge services. Beneficiaries will receive daily services, but these will be delivered at a slower pace and in a more repetitive fashion in order to address cognitive impairments that individuals may be experiencing. Individuals in this level may be transitioned to a lower level of care if their cognitive impairment is temporary and is resolved, and are therefore able to tolerate the intensity and pace of services delivered in levels 1.0, 2.1, or 3.5. Authorization for residential services will be approved by the Gateway team, and appointments for needed continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

Kern County looks forward to working with current service providers and community organizations to expand this level of treatment to this specialized population by or before Year 3 of Implementation.

### **ASAM Level of Care 3.5 (Clinically Managed High-Intensity Residential Services)**

- **Description:** Residential services are non-institutional, 24-hour non-medical, short term programs that provide rehabilitation services to beneficiaries who are unable to establish or maintain sobriety, make progress, or be safely treated at an outpatient level. This level of treatment provides 24-hour care with trained counselors to stabilize multidimensional imminent danger (see ASAM Level of Care 3.3 for definition of imminent danger) and prepare for outpatient treatment. Beneficiaries in need of this level of care may have multiple limitations, including criminal activity, psychological problems, impaired functioning, and disaffiliation from mainstream values. They are, however, able to tolerate and use a full milieu of services and engage with the therapeutic community.
- **Services:** 3.5 Clinically Managed High-Intensity Residential services include an initial assessment and possible clinically-managed withdrawal management prior to the start of residential treatment. Services include assessment, treatment planning, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention, transportation services and discharge services as stipulated in the Terms and Conditions. These services will be provided utilizing evidence-based practices as described in Section 13. Services are delivered daily, and may include planned clinical programming, individualized counseling and monitoring, planned community activities, and services including the beneficiary's family. Case management and discharge planning services will be available, and beneficiaries will receive resources and referrals to access appropriate services. Authorization for residential services will be approved by the Gateway Team, and appointments for needed continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

Kern Behavioral Health and Recovery Services looks forward to increasing capacity for this level of service, as there are a limited number of beds available. The department is actively recruiting residential providers in the surrounding communities by educating them about the DMC-ODS Waiver. Kern Behavioral Health and Recovery Services has provided technical assistance to two potential providers, and one of them has submitted its DMC initial application and ASAM level designation. Requests for Proposals will be created in order to search for additional providers in preparation for delivery of DMC-ODS Waiver services.

### **ASAM Level of Care 3.2-WM (Clinically Managed Residential Withdrawal Management)**

- **Description:** Withdrawal management includes services provided on a continuum, which are determined to be medically necessary by a Medical Director or LPHA. Clinically managed services emphasize peer and social support rather than medical and nursing care, and are provided by non-medical staff trained to implement physician-approved protocols. These services are provided at a Licensed Residential Facility with Detox Certification, and are designed to address moderate withdrawal in need of 24-hour support to complete and increase the likelihood that individuals will continue treatment and recovery.
- **Services:** 3.2-WM Clinically Managed Residential Withdrawal Management Services include an intake/assessment, observation to monitor the beneficiary's course of withdrawal, clinical support for understanding of addiction and withdrawal management process, and discharge services into a lower level of care within the residential setting. Beneficiaries that experience medical complications during this level of service are directed to access emergency medical services as outlined in established clinical protocols.

This level of service is currently available at the only contracted provider that has residential beds. Kern Behavioral Health and Recovery Services will work with new providers to increase withdrawal management capacity in the county.

### **ASAM Level of Care 3.7-WM (Medically Monitored Residential Withdrawal Management)**

- **Description:** These services are provided in accordance with an individualized treatment plan prescribed by a Licensed Physician or Licensed Prescriber and approved and authorized according to state requirements. These services are provided in a Hospital, Chemical Dependency Recovery Hospital, or free standing Psychiatric Hospital. Beneficiaries in need of this level of care will exhibit withdrawal signs and symptoms in need of 24-hour inpatient care. A physician will be available 24 hours a day by telephone and appropriately licensed and credentialed staff will monitor the beneficiary and administer medications in accordance with physician's orders. Clinical services may include appropriate individual and group therapies, as well as withdrawal support.
- **Services:** 3.7-WM Medically Monitored Residential Withdrawal Management services include an assessment by a physician, observation, medication services by licensed staff, withdrawal support, and discharge services. This level of service is not a DMC-ODS covered benefit, but it is included in the continuum of care as medical interventions are needed to safely withdraw from several drugs of abuse.

Kern County looks forward to working with the two managed care plans in order to establish a referral process to allow Kern Behavioral Health and Recovery Services to provide access to this treatment level, as well as 3.7 (Medically monitored intensive inpatient services) and 4.0 (Medically managed intensive inpatient services) for beneficiaries. Protocols will be put in place so that providers of 3.7-WM, Residential levels 3.7 and 4.0 are able to bill for this service through the medical Fee for Service (FFS) Medi-Cal benefit or will be provided other available funding sources as appropriate.

Kern Behavioral Health and Recovery Services will provide outreach and education to local hospitals in order to inform them of the new and expanded SUD treatment services that will be available to beneficiaries. A bi-directional referral process will be established with the managed care plans in order to provide medically-monitored (3.7) and medically-managed (4.0) treatment to beneficiaries as necessary. This will allow for beneficiaries in SUD treatment to have access to needed medical care related to a substance use disorder, and for hospital patients with substance use disorders to be discharged with an appropriate referral to begin residential or outpatient treatment services.

### **ASAM Level of Care 1.0 Opioid Treatment Services**

- **Description:** This level of treatment encompasses medications used to treat opioid use disorders and the psychosocial services that are offered concurrently. Medications utilized in these services include opioid agonists such as methadone and buprenorphine, and antagonist medications like naltrexone. These services are provided at Narcotic Treatment Provider (NTP) licensed facilities, where licensed prescribing physicians determine medical necessity. Additional Medication Assisted Treatment (MAT) services are provided at outpatient treatment settings or physician's offices.

- **Services:** Opioid Treatment Services will include an initial physical examination and determination of medical necessity, a clinical assessment, and treatment plan to be reviewed every 90 days, or as needed to address triggering events. Services include administration, or the ordering, prescribing, and monitoring of medication for substance use disorders; individual counseling, available group services, patient education, collateral services, crisis intervention, and medical psychotherapy and discharge services. Opioid Treatment Programs and other MAT licensed service providers will coordinate with the Gateway Team regarding beneficiaries that are in need of case management and/or additional outpatient treatment services based on the abbreviated ASAM criteria interview conducted by Gateway staff.

Kern Behavioral Health and Recovery Services currently contracts with two providers for Narcotic Treatment Program services. The number of clients at clinic sites has been increasing in the past 3 years, and additional slots are being made available in order to accommodate this growing need. One local provider currently offers methadone and buprenorphine to Medi-Cal beneficiaries. At startup of DMC-ODS services, both providers will offer methadone, buprenorphine, naloxone and disulfiram as stipulated in the Terms and Conditions.

**Additional Service Types:**

- **Case Management Services**  
As stipulated in the Standard Terms and Conditions, Case Management services are defined as a service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative or other community services. These services focus on coordination of SUD care, integration in primary care, especially for beneficiaries with chronic substance use disorders and interaction with the criminal justice system. Beneficiaries involved with the criminal justice system are likely to be in need of more intensive support and case management assistance to remain engaged in treatment, while meeting requirements as set forth by criminal justice agencies providing supervision. These services may be provided in a variety of settings and may be delivered in person, by telephone, or via telehealth.

Kern County’s plan will model Case Management largely upon the case management service system currently utilized within the Mental Health System of Care. Substance use disorder Case Management will address concerns specific to substance use disorder treatment. Services will be provided through a combination of county operated and contracted providers. Kern BHRS is developing SUD Case Management teams that will work with contracted NTPs, outpatient and residential treatment providers in the Bakersfield area. Contracted staff in outlying areas will provide Case Management services to beneficiaries enrolled in their programs.

Case Management services will be included in the beneficiaries individualized treatment plan created by service providers. These services will include:

- Communication, coordination, referrals, and linkages to physical care, including navigation of managed care plan, selecting a physician, scheduling appointments, and transportation to improve retention in primary care services

- Communication, coordination, referrals, and linkages to accessing, establishing, and maintaining appropriate mental health care within the community
- Monitor the beneficiary's progress
- Linkage, referral and advocacy with other community service providers
- Assist the beneficiary to communicate with all treatment providers in order to achieve shared development of care plans and incorporate beneficiary preferences
- Assist the beneficiary to access other services including vocational resources, educational services, or other community resources
- Assist the beneficiary in successful transitions in ASAM levels of care

Determination of Case Management service intensity will be made by the Gateway Team in collaboration with Case Management staff, and consultation with involved treatment providers. Outlying area providers will determine Case Management need and provide services accordingly. Case Management staff will provide one or more individual services per month, based upon beneficiary need.

For metropolitan Bakersfield area providers, a county-operated team will provide case management services, and the county will be responsible for monitoring case management activities. Outlying area providers will be responsible for ensuring that case management services are provided according to the same standard as offered by the county-operated team. Outlying area providers will monitor case management activities as part of their clinical service delivery. Kern Behavioral Health and Recovery Services' SUD Quality Improvement team will conduct annual audits that will include monitoring of case management for both county-operated and contracted providers.

- **Recovery Services**

As stipulated in the Standard Terms and Conditions, Recovery Services are defined as services provided after completion of treatment with the goal of emphasizing the patient's central role in managing their health, use of effective self-management support strategies and how to organize internal and community resources to provide ongoing self-management support to beneficiaries.

Under Kern County's Plan, Recovery Services will also serve as a safety net for beneficiaries that have concluded their course of treatment and may be in need of continued support to address the chronicity and progression of addiction even when abstinence and recovery have been achieved and maintained. Beneficiaries will have the opportunity to access the continuum of care quickly if the need arises.

Recovery Services may include a combination of outpatient counseling services, recovery monitoring/coaching, substance abuse assistance/peer to peer services, and relapse prevention. Recovery Services will also include linkage to education and job skill resources, family support, mutual aid/support groups and other support services, transportation services, housing ancillary services.

Determination of need for recovery services and service intensity will consider beneficiary needs and preferences, and will be made by the Gateway Team in collaboration with case

management staff, and consultation with involved treatment providers. Outlying area providers will determine recovery service need and provide services accordingly.

For metropolitan Bakersfield area providers, a county-operated team will provide recovery services, and the county will be responsible for monitoring activities provided in the context of recovery services. Outlying area providers will be responsible for ensuring that recovery services are provided according to the same standard as offered by the county-operated team. Outlying area providers will monitor recovery services as part of their clinical service delivery. Kern Behavioral Health and Recovery Services' SUD Quality Improvement team will conduct annual audits that will include monitoring of recovery services for both county-operated and contracted providers.

- **Physician Consultation Services**

These services are exclusive to physicians certified to provide Drug Medi-Cal (DMC) services to consult with and seek expert advice from physicians or clinical pharmacists to address treatment plan decisions for specific beneficiaries, discuss medication selection and dosage, side effect management, adherence, drug interactions, complications relating to co-occurring physical or psychiatric conditions, or level of care considerations. Kern Behavioral Health and Recovery Services will approach qualified physicians to engage in the contract process for Physician Consultation services. Once secured, these services will be made available to DMC physicians in outpatient, residential and opioid treatment program settings. It is expected that Kern Behavioral Health and Recovery Services will have this service available by the start of DMC-ODS services.

- **Additional Medication Assisted Treatment**

These services include the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Licensed prescribers determine medically necessary services and develop individualized treatment plans for beneficiaries. Kern Behavioral Health and Recovery Services plans to establish additional Medication Assisted Treatment Services to be provided in outpatient DMC certified sites. Beneficiaries to be included in this additional modality of services include those who are currently receiving Mental Health and Substance Use Disorder services. In the first year of implementation, Kern Behavioral Health and Recovery Services will identify appropriate settings and coordinate site certifications. In the third year of implementation, Kern Behavioral Health and Recovery Services expects provision of these services will be in place.

- **Recovery Residences**

Kern County currently has a network of Sober Living Environments (SLEs) that provide safe and sober housing to members of the community. Kern Behavioral Health and Recovery Services has in place a certification process that allows Sober Living Environments to receive funds and referrals from the county. The purpose of the certification program is to ensure a full continuum of substance use disorder treatment and care, promoting a recovery-oriented environment and ensuring public safety. Facilities must apply and meet rigorous standards including zoning, property maintenance, staff certification requirements, record-keeping, establishing a policy and procedure manual, and annual monitoring conducted by the Clinical Services Housing Unit of Kern Behavioral Health and Recovery Services.

Providers certified through Kern Behavioral Health and Recovery Services are well informed regarding the role they play in the continuum of care. Sober Living Environments and their staff are cognizant about not providing clinical services or maintaining treatment records onsite, as they are not licensed or certified to do so.

Sober Living Environments in Kern County are primarily accessed by self-referral and referral by criminal-justice entities. Cost is not a covered benefit of the DMC-ODS. Kern Behavioral Health and Recovery Services will continue to request stakeholder input from SLE providers and collaborate with them to ensure that they are informed of the new continuum of care available to residents in their facilities that are DMC beneficiaries.

### **Barriers and Opportunities Pertaining to Service Level Implementation**

Kern County continues to address areas that may create potential barriers to the implementation of waiver services. Some of the identified areas include the following:

- Addressing data sharing requirements as they relate to coordination of Early Intervention Services provided by physical health and behavioral health providers.
- Restructuring current levels of care to new ASAM levels of care.
- Training of contract providers to ASAM criteria placement and services.
- Coordination and training for Criminal Justice and Child Protective Services regarding changes to treatment length under the waiver.
- Recruiting and maintaining LPHAs and certified alcohol and drug counselors.
- Coordination of services for individuals in opt-out counties.
- Addressing countywide capacity for all ASAM levels of care.
- Implementation of ASAM in the electronic health record.

### **Coordination with Opt-Out Counties**

Kern Behavioral Health and Recovery Services will continue to provide services to out-of-county residents as required in the State Plan. When the beneficiary is from an opt-out county, Kern County will deliver services as stipulated in the current state plan for opt out counties. Kern BHRS will notify the county of residence with written authorization from the beneficiary to share protected confidential information. Kern Behavioral Health and Recovery Services will address immediate SUD treatment needs, while assisting the beneficiary to transition back to access services in their county of residence, or establish their Drug Medi-Cal as a Kern County resident.

At this time, several counties surrounding Kern County have opted in to the DMC-ODS Waiver, so disruption of services for Kern County beneficiaries is not expected to occur often. Kern BHRS will approach opt-out counties to develop an SUD service agreement for non-county residents to address potential disruption of services. The service agreement will outline which services will be provided to Kern County residents while in an opt-out county. When a Kern County beneficiary accesses SUD treatment in surrounding opt-out counties, Kern Behavioral Health and Recovery Services staff will make contact with the Kern County beneficiary to assess if assistance is needed to return to Kern County and receive DMC-ODS services.



## 5) COORDINATION WITH MENTAL HEALTH

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*How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?*

### County Structure

The Kern Behavioral Health and Recovery Services Department is the provider for both Substance Use Disorders and Mental Health for the County of Kern. This network of care includes both county operated and contracted children's and adult treatment providers. All Kern BHRS providers are trained to address co-occurring mental health and substance use disorders. Outlying areas of the county are certified to provide Medi-Cal and Drug Medi-Cal services in co-located clinics.

### Coordination Standards

- **Access:** The Beneficiary Access Line staff will be trained and knowledgeable regarding access points for mental health and children's services and may provide referrals over the phone for these services.
- **Treatment:** Beneficiaries receiving treatment services who are in need of mental health treatment will be linked to Kern Behavioral Health and Recovery Services' Access and Assessment Center for specialty mental health services or other non-specialty mental health community providers. Outpatient and residential contracted providers will collaborate with case management staff to assist beneficiaries with linkage to the Mental Health service system.

Beneficiaries who are currently receiving mental health services through Kern Behavioral Health and Recovery Services or its contracted providers and need substance use services can be linked directly to the Gateway Team through the SUD Beneficiary Access Line, or be directed to any of the Gateway Team's satellite locations. The beneficiary will receive a screening and a referral to the appropriate level of care.

Kern Behavioral Health and Recovery Services maintains a case management system for both mental health and substance use disorders. As such, case management staff will discuss confidentiality requirements in Code of Federal Regulations, Title 42, Part 2 (42 CFR, Part 2), and will ensure that clients are given sufficient information to allow them to give informed consent to authorize communication with mental health case management staff. Through this communication, staff will coordinate with the client to determine the role of each staff connected with the case to avoid duplication of services and ensure that the individual's needs are met. Mental Health and SUD Case management staff will maintain contact through the course of the beneficiary's treatment episode.

- **Primary Care:** The MOU with Medi-Cal Managed Care (Kern Health Systems and Health Net) will outline the screening, referral and care coordination procedures that the department will follow for beneficiaries eligible for services provided through other health plan entities.

### **Monitoring Standards**

Coordination with mental health will be reflected in treatment plans and progress note documentation standards as stipulated in Title 22 regulations. Coordination with mental health care will be monitored during internal audits by SUD Quality Improvement staff on an annual basis. Elements will be added to current monitoring tools specific to this program area.

## **6) COORDINATION WITH PHYSICAL HEALTH**

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*Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?*

As part of the comprehensive ASAM assessment process, Dimension 2—Biomedical Conditions and Complications, LPHAs will obtain information regarding the beneficiaries’ medical histories, current conditions, and whether the beneficiary is receiving medical treatment for those.

### **Coordination Standards**

- **Treatment:** Kern Behavioral Health and Recovery Services will continue to require that all beneficiaries receiving SUD treatment services attend to their physical health needs by requiring documentation of ASAM Dimension 2 concerns in the individual’s treatment plan. This documentation may include, but is not limited to, a goal of obtaining a physical exam, follow medical recommendations, or make behavioral changes related to any current health conditions. A large proportion of individuals in outpatient and residential treatment settings report they have not had a physical exam in an extended period of time due to their drug use, and have not attended to their physical health needs.

Providers will be required to list any ASAM Dimension 2 existing conditions on the individualized treatment plan to allow progress in this area to be evaluated. Authorization will be obtained from beneficiaries with medical concerns (ASAM Dimension 2) to communicate with relevant medical providers to coordinate care and create shared treatment plans to address beneficiary goals regarding physical health. If the beneficiary has had a physical exam within the last 12 months, providers will obtain documentation of this exam. If the beneficiary has not had a physical exam during this timeframe, this will be listed on the individualized treatment plan and staff will review progress in this area.

Case management staff will assist providers in ensuring that beneficiaries have appropriate resources to address physical health needs. Case management staff may assist the beneficiary with navigation of managed care plans, selecting a physician, and/or scheduling an appointment as described in Section 4, Case Management Services. Communication with the SUD treatment provider will be essential in ensuring follow up while the beneficiary continues in treatment.

## **Monitoring Standards**

This coordination will be reflected in treatment plans and progress notes documentation standards as stipulated in Title 22 regulations. Coordination with physical health care will be monitored during internal audits by SUD Quality Improvement staff on an annual basis. Elements will be added to current monitoring tools specific to this program area.

The Gateway Team will provide ongoing tracking of referrals received from managed care plans for individuals requiring specialty substance use disorder treatment services. For individuals transitioning out of the system of care, Gateway will monitor referrals back to the managed care plans for continue care of physical health care conditions.

## **7) COORDINATION ASSISTANCE**

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*The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers; do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.*

- *Comprehensive substance use, physical, and mental health screening;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Care coordination and effective communication among providers;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals between systems.*

Kern County does not require coordination assistance at this time.

## **8) AVAILABILITY OF SERVICES**

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*Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:*

- *The anticipated number of Medi-Cal clients.*
- *The expected utilization of services by services type.*
- *The numbers and types of providers required to furnish the contracted Medi-Cal services.*
- *Hours of operation of providers.*
- *Language capability for the county threshold languages.*
- *Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans*

- *The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.*
- *How will the county address service gaps, including access to MAT services?*
- *As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).*

### **Anticipated Medi-Cal Beneficiaries**

Kern County saw a steady increase in Medi-Cal enrollees between July of 2009 and July of 2013 (approximately 51,575 enrollees) after the approval of the Affordable Care Act. Current data for total Medi-Cal beneficiaries in Kern County as of July 2016 is approximately 312,326 enrollees according to the monthly Medi-Cal Managed Care Enrollment Report.

According to the 2008-2010 National Survey of Drug Use and Health, the estimated prevalence of substance use disorders is up to 14.2% of the general population. According to the California Department of Health Care Services (DHCS Behavioral Health Needs Assessment, Vol. 2 2013, page 30), the estimated prevalence of substance use disorders is 10.3% of the general population. Following these estimates, as of July of 2016, the approximate number of beneficiaries in Kern County with a substance use disorder ranges from 32,169 to 44,350. Substance Abuse and Mental Health Service Administration (SAMHSA) data indicates that only around 10.8% of those who meet criteria for a substance use disorder will access treatment. In Fiscal Year 2015-2016 Kern County served 4,227 beneficiaries, which is in line with these national estimates.

This number (4,227) represents the total number of unduplicated individuals in all modalities of treatment (outpatient, intensive outpatient, residential and NTPs) in Kern County for fiscal year 2015/2016 (July 1, 2015 to June 30, 2016). Although individuals in treatment were funded through other funding sources in addition to Drug Medi-Cal, it is expected that the addition of case management services under the ODS waiver will increase the number of individuals obtaining Medi-Cal, and that almost all individuals receiving substance use disorder treatment through Kern County will be Medi-Cal beneficiaries. Kern County electronic health record data shows that 91.3% unduplicated individuals served in fiscal year 2015/2016 had Medi-Cal as their primary pay source.

Based on monthly enrollment data, Kern County has seen an increase in Medi-Cal beneficiaries since 2009, with the largest increase (27.5%) being from 2013 to 2014 with the advent of the Affordable Care Act. At this time, the growth rate has stabilized and Kern County anticipates a growth rate continuing at a rate of approximately 10% annually. This growth rate is represented in Table 5.

**Table 5. Estimated Growth in Medi-Cal Beneficiaries**

	<b>Number of Medi-Cal Beneficiaries</b>	<b>Estimated Number of Beneficiaries with SUD</b>	<b>Estimated Number of Beneficiaries in treatment</b>
<b>July 2016</b>	312,326	32,169-44,350	3,474-4,790
<b>July 2017</b>	343,559	35,387-48,785	3,822-5,268
<b>July 2018</b>	377,914	38,925-53,663	4,204-5,795
<b>July 2019</b>	415,706	42,818-59,030	4,624-6,375

**Expected Utilization of Services by Service Type**

Data extracted from the Kern Behavioral Health and Recovery Services Electronic Health Record was analyzed to calculate the percentage of individuals in each level of service for the past three fiscal years. Current level of care data was organized to match ASAM Criteria levels of care. Total unduplicated counts include individuals who accessed several levels of care in the course of treatment, therefore percentages exceed 100%. Unduplicated counts show a slight decrease in Outpatient treatment in the past three fiscal years (from 44% to 38%), no notable change in Intensive Outpatient (18%), a slight decrease in Residential (from 10.5% to 7.3%), and a slight increase in Adolescent Treatment Services (from 5.6% to 6.6%). NTPs had the largest percentage increase (from 32% to 38%). The total number of individuals served in each treatment modality for the past three fiscal years is represented in Table 6.

**Table 6. Individuals Served by Treatment Modality**

<b>ASAM Level of Care</b>	<b>Fiscal Year 13-14</b>	<b>Fiscal Year 14-15</b>	<b>Fiscal Year 15-16</b>
<b>Outpatient</b>	1,700 (44%)	1,674 (39%)	1,618 (38%)
<b>Intensive Outpatient</b>	688 (18%)	756 (18%)	749 (18%)
<b>Residential</b>	404 (10.5%)	402 (9.5%)	311 (7.3%)
<b>Opioid Treatment Services</b>	1,239 (32%)	1,529 (36%)	1,622 (38%)
<b>Adolescent Treatment</b>	218 (5.6%)	221 (5.2%)	282 (6.6%)
<b>Total unduplicated individuals</b>	3,839	4,195	4,227

Projections for the number of individual to be served in each level of service for the next four fiscal years were calculated using both national and local data. Estimations of total unduplicated individuals in treatment are based on the projected total number of Medi-Cal beneficiaries (Table 5), the prevalence of substance use disorders in the population (14.2%, according to the 2008-10 National Survey of Drug Use and Health), and an estimated 10% Drug Medi-Cal penetration rate in treatment for Kern County. These projections are based on data from fiscal year 2015/2016. The addition of case management services is expected to have an impact on lengths of stay, and coordination with NTP providers is expected to impact all levels of care. Projections for the number of individuals expected to be treated in each level of care are represented in Table 7.

**Table 7. Total Number of Individuals Served by Level of Care**

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<b>ASAM Level of Care</b>	<b>FY 16-17</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>
<b>Estimated Total</b>	4,435	4,878	5,366	5,903
<b>Outpatient</b>	1,685	1,853	2,039	2,243
<b>Intensive Outpatient</b>	798	878	966	1,062
<b>Residential</b>	355	390	429	472
<b>Opioid Treatment Services</b>	1,685	1,853	2,039	2,243
<b>Adolescent Treatment</b>	310	341	375	413

### Treatment Providers

Kern Behavioral Health and Recovery Services currently has an established network of treatment providers to meet the needs of beneficiaries in Kern County. Clinics outside metropolitan Bakersfield serve the geographic region in which they are located. Provider, location, language capabilities, and hours of operation are represented in Table 8.

**Table 8. Providers, location, language capability, hours of operation, and ASAM Level**

<b>Providers</b>	<b>Location</b>	<b>Language Capability</b>	<b>Hours of Operation</b>	<b>ASAM Levels</b>
<b>Aegis Treatment Centers</b>	Bakersfield, Delano	English, Spanish	Mon-Fri 5:30 am.-5:00 p.m.; Sat.-Sun. 6:00 a.m.- 10:00 a.m.	1.0 OTS (NTP)
<b>American Health Services</b>	Bakersfield	English, Spanish	Mon-Fri 5:30 am.-2:30 p.m.; Sat-Sun. 7:00 a.m.-10:00 a.m.	1.0 OTS (NTP)
<b>Bakersfield Recovery Services</b>	Bakersfield	English, Spanish	Mon-Fri 8:00 a.m.-5:00 p.m. Residential-24 hours	1.0, 3.2-WM, 3.1
<b>Clinica Sierra Vista</b>	Bakersfield, Delano	English, Spanish	Mon-Fri 8:00 a.m.-5:00 p.m.	1.0, 2.1
<b>College Community Services</b>	Ridgecrest, Mojave, Lake Isabella, Taft	English, Spanish	Mon-Fri 8:00 a.m.-5:00 p.m.	1.0
<b>Community Services Organization</b>	Bakersfield, Lamont	English, Spanish	Mon-Fri 8:00 a.m.-5:00 p.m.; Monday-Thursday 8:00 a.m.-7:00 p.m.	1.0
<b>Kern County Hispanic Commission</b>	Bakersfield	English, Spanish	Mon-Fri 8:00 a.m.-5:00 p.m.	1.0, 2.1
<b>Kern Behavioral Health and Recovery Services</b>	Bakersfield, Wasco	English, Spanish	Mon-Fri 8:00 a.m.-6:00 p.m.	1.0
<b>Special Treatment Education and Prevention Services Inc.</b>	Bakersfield	English, Spanish	Mon-Fri 8:00 a.m.-6:00 p.m.	1.0, 2.1

Calculation for utilization was determined by analyzing where unique individuals would fall in new ASAM levels of care, number of admissions, and average length of stay (LOS) for FY 15-16. For adult outpatient, readmission rates were 1.83 with an average LOS of 69.84 days. Adult Intensive outpatient had a readmission rate of 2.05, and an LOS of 58.65 days. The adult



residential modality had readmission rates of 1.14 and 1.22, for non-perinatal and perinatal respectively, and LOS of 31 days and 47.77 days, respectively. NTP's readmission rates were 1.3 with an LOS of 140 days. Adolescents had readmission rates of 1.18 with an LOS of 58.55 days, but this is only for outpatient services. The total number of adolescent admissions was distributed along adult estimates (60% outpatient, 28% intensive outpatient and 11% residential) to determine need along various levels of care. These variables were applied to current provider capacity by modality utilizing projections listed on Table 7.

### **Number of providers required by service type**

The current capacity of providers, the projected needs and the difference between current capacity and projected need by service type include the following:

- **Adult outpatient:** Current capacity of 1,031 slots will support a total of 5,155 admissions, and it is calculated that 4,105 will be needed. No additional adult outpatient slots will be necessary to meet projected needs.
- **Adult intensive outpatient:** Current capacity of 251 slots will support a total of 1,506 admissions, and it is calculated that 2,177 admissions will be needed. 112 additional slots will be needed to meet projected needs.
- **Adult residential:** The current 51 available beds will be able to serve 561 admissions, which will meet the projected need of 538 per year.
- **NTP:** Current capacity of 1,575 slots can serve a total 4,095 admissions, and it is calculated that 2,916 will be needed. No additional NTP slots will be necessary to meet projected needs.
- **Adolescent outpatient:** The available 152 slots will support a total of 912 admissions, and it is calculated that 292 admissions will be needed. No additional adolescent outpatient slots will be necessary.
- **Adolescent intensive outpatient:** A new county operated program will have 24 slots available, which will be able to serve 144 admissions per year. The projected need is for 236, so an additional 20 slots will be necessary to meet projected needs.
- **Adolescent residential:** There is a projected need of 51 admissions per year, and a minimum of 5 beds will be necessary to meet this need.

Kern Behavioral Health and Recovery Services is working with current providers to restructure levels of care to meet ASAM criteria requirements, and this will allow for additional availability of Intensive Outpatient slots. The county is encouraging providers to obtain the IOT certification necessary to begin providing this modality of service. Kern BHRS has also been providing outreach and information to potential adult and adolescent residential providers that are interested in providing SUD services to Medi-Cal beneficiaries in Kern. An adult provider and an adolescent provider are already DMC certified and have obtained ASAM designation, and are awaiting contracting opportunities to provide these services. Residential utilization will be closely monitored and expanded, as this will not only expedite admissions, but will also reduce the number of readmissions to the Intensive Outpatient level of care.

**Specified Access Standards and Timeliness Requirements**

Clear standards are required for access, timeliness of services, and after-hours availability as outlined in the Quality Improvement Plan. These standards will be utilized in quality review monitoring. The measurement tools for these service areas consider data extracted from the county’s electronic health record based on dates of service provision. These standards will be embedded in provider contracts, and will be measured by determining the number of days from initial screening to first appointment with the appropriate treatment provider. The standards are reflected in Table 9.

**Table 9. Timeliness Standards**

Type of Service	Access Standard
<b>Service Access</b>	
Length of time from first request for service to first clinical assessment	Within 14 calendar days
Length of time from first request for service to first clinical assessment for priority populations (Perinatal IV drug user, perinatal)	48 hours
Access to after-hours care: percentage of services provided outside of regular working hours (evening, early morning, weekends)	4%
Average length of time for urgent appointment/service	Within 48 hours
Frequency of follow up appointments	According to Individualized Treatment Plan
Length of time from first request for service to initial medication service in Medication Assisted Treatment setting	Within 14 calendar days
<b>Beneficiary Access Line</b>	
Hold Time	To Be Determined
Accuracy of placement level	85%

After hours care is available through the Beneficiary Access Line, where calls will be triaged to determine appropriate response to beneficiary needs. Treatment providers will determine the frequency of follow up treatment services based on the individualized treatment plan according to the ASAM level of care.

**Location of Providers and Medi-Cal Beneficiaries**

In consideration of distance, travel time, transportation, and access for beneficiaries with disabilities, Kern BHRS has established a network of providers in various cities in the county, as listed in Table 8. These locations are accessible by public transportation as well as transportation services specifically identified for persons with disabilities. Kern BHRS also has providers in the outlying areas of the county in order to make treatment available to residents in rural communities. All provider contracts include required compliance with the Americans with Disabilities Act (ADA) to ensure access to people with disabilities.

Kern County has an area of approximately 8,100 square miles, and nearly half of its population is concentrated within the Bakersfield area. Kern Behavioral Health and Recovery Services has 12 treatment facilities located within the central zip codes (93301, 93305, and 93307), where approximately 40% of current Medi-Cal beneficiaries in the metropolitan Bakersfield area reside. Other areas of the county where large numbers of beneficiaries reside include Delano, Wasco, Ridgecrest, and Lake Isabella. Our network of providers currently includes outpatient providers in each of these cities, which also serve the surrounding rural communities.

The following table lists the average and maximum time and distance to providers in various regions of the county.

**Table 10. Average and Maximum Time and Distance to providers in outlying areas of Kern**

Area	City where provider is located	Average Time/Distance from surrounding areas	Maximum Time/Distance from surrounding areas
North	Delano	13 min 7.7 miles	14 min 9 miles
Northeast	Lake Isabella	32 min 19.4 miles	75 min 37 miles
East	Ridgecrest	24 min 21 miles	27 min 23 miles
	Mojave	24 min 23.6 miles	33 min 35.2 miles
South	Lamont	38 min 28.8 miles	65 min 51 miles
Southwest	Taft	17 min 13.3 miles	21 min 16 miles
Northwest	Wasco	19.3 min 15.3 miles	28 min 22 miles

NTP providers have sites in Bakersfield and Delano, so travel time and distance from outlying areas of the county are at times barriers for those that need narcotic replacement therapies. The average time from outlying cities in the county (Ridgecrest, California City, Boron, Rosamond, and Taft) is 75.8 miles or 75 minutes. The maximum time and distance is from Ridgecrest at 111 miles or 110 minutes. The department is beginning discussions with current contracted NTP providers to establish a clinic or medication unit that can serve the Eastern region of the county, and could potentially be located in Ridgecrest, Mojave or Lake Isabella.

**Addressing Service Gaps Including Access to MAT**

Kern Behavioral Health and Recovery Services has two NTP providers serving the central and northern areas of Kern County. Capacity is continuously monitored to assess the growing needs of the population, and to determine how many beneficiaries from other counties access NTP services in Kern. Additional Medication Assisted Treatment services will be offered by the end

of the third year of implementation, which will expand this much needed service to populations that may not have been previously served in NTP settings. Kern Behavioral Health and Recovery Services will expand medication assisted treatment to beneficiaries currently receiving mental health and/or substance use disorder treatment, and is looking forward to engaging physicians and other licensed prescribers in the community in order to offer this valuable service in settings that reduce stigma.

Other important areas of focus for Kern Behavioral Health and Recovery Services will be expanding residential services, and treatment for adolescents. The department has begun outreach with potential residential treatment providers regarding Drug Medi-Cal certification and will be seeking qualified providers for youth and adult residential services. The county is also in discussions with schools and will review contracts to determine where potential adolescent treatment expansions may occur.

**Appendix A:** Appendix A is a table of network providers indicating if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the population served.

## 9) ACCESS TO SERVICES

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*In accordance with 42 CFR 438.206, describe how the County will assure the following:*

- *Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.*
- *Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.*
- *Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.*
- *Establish mechanisms to ensure that network providers comply with the timely access requirements.*
- *Monitor network providers regularly to determine compliance with timely access requirements.*
- *Take corrective action if there is a failure to comply with timely access requirements.*

Treatment access for individuals with substance use disorders will improve greatly under the DMC-ODS Waiver, prioritizing expediency and efficiency. As mentioned in Sections 2 and 3, Kern Behavioral Health and Recovery Services will expand access to include phone access, and continue to make in-person screenings available to beneficiaries when requested. The Quality Improvement Program of Kern BHRS, which will be described in Section 12, will collect and review data relating to treatment access. This data will be reviewed by the department's Quality Improvement Committee (QIC), and the results will be communicated to providers including the need for correction.

### **Standards for Timely Access**

Considerations for urgency of need and priority population requirements will be determined at points of entry including the Beneficiary Access Line and Gateway Team in-person sites. Treatment providers will make initial appointments available to beneficiaries in need of urgent services within 48 hours, and if the beneficiary is part of a priority population (pregnant IV drug user, pregnant or parenting, IV drug user). First service appointments for routine services will be offered within 14 days as outlined in Section 8, Table 9.

### **Hours of Operation and 24/7 Availability of Services**

Substance use disorder treatment providers currently have the same hours of operation for all treatment recipients regardless of funding source as shown in Section 8, Table 8. Services will be made available to beneficiaries 24/7 when medically necessary through the Beneficiary Access Line and residential treatment modalities. The Beneficiary Access Line will offer 24/7 assistance, and will triage calls to assist individuals who may require emergency psychiatric care, as well as offer support for those in need of an appointment to access SUD treatment services. Residential providers have clinical staff on site at all times, giving beneficiaries an opportunity to have assistance if needed.

### **Mechanisms to Ensure Compliance**

Section 12, Quality Assurance, will describe Kern Behavioral Health and Recovery Services' integrated Quality Improvement Program. Part of these quality improvement and monitoring activities will include reviewing standards for timely access to care and services with treatment providers, and embedding these requirements in annual contracts. Mechanisms that will aid in ensuring compliance include monthly provider meetings, day-to-day operations with the Gateway Team when referring beneficiaries, and annual site reviews conducted by the SUD Quality Improvement Team with new monitoring tools to include DMC-ODS services and requirements. These processes will allow the Substance Use Disorder Division Administrator and the department's Quality Improvement Program to be informed of providers that do not meet timeliness standards. Providers will then be offered a reasonable period of time to make corrections in their work flow to allow for improved access to services for beneficiaries, and if necessary, a corrective action plan (CAP) will be developed.

Significant deviations in annual reviews will include a letter of non-compliance, a 6-month probationary status and a 1-month follow up to ensure appropriate actions have been taken. If the provider has had non-significant deviations, the CAP will be reviewed at any time prior to completion of the following annual audit. Kern Behavioral Health and Recovery Services has the ability to terminate a contract at any time due to non-compliance with contractual standards.

## **10) TRAINING PROVIDED**

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*What training will be offered to providers chosen to participate in the waiver? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?*

**Review Note:** *Include the frequency of training and whether it is required or optional.*

Kern Behavioral Health and Recovery Services provides ongoing trainings on a variety of topics, including those focused on improving treatment quality and employee skill development. The department has in place training standards for all contracted providers and county employees. Training standards include documentation, electronic health record, cultural competency, Title 22, Human Trafficking, Confidentiality, CalOMS and evidence based practices.

Kern Behavioral Health and Recovery Services has coordinated various trainings in preparation for the DMC-ODS Waiver, and plans to continue ongoing trainings to ensure that all county and contracted provider staff is adequately prepared to deliver services under the ODS Waiver. The following section describes several trainings that have been provided in preparation for the Waiver.

### **Trainings Provided**

- **Motivational Interviewing**

This training was offered to county staff and contracted providers. The training familiarized staff with motivational interviewing (MI) skills and provided an overview of the stages of change. Staff attending this training was expected to be familiar with how to use change talk and OARS skills (open-ended questions, affirmations, reflective listening, and summarizing) with individuals in various stages of change. This training was conducted on May 5, 2015 and had 150 attendees.

- **ASAM Criteria Training**

The ASAM training was provided to county staff and contracted providers. The ASAM training was conducted over two days and reviewed risk ratings and placement criteria. This training was conducted on June 2- 3, 2015 and had 40 attendees. Additional online training modules were made available, to augment the in-person training. In May 2016, the department hosted a “Training for Change Agents” ASAM training, with 9 participants. This training focused on systems change and guided participants to become champions for the ASAM Criteria within their agency and teams.

- **ICD-10/ DSM-5 Training**

This training was offered to county staff and contracted providers. The training was designed to inform staff of the changes to the DSM and the implications for diagnostic reviews. The training was completed in two sessions. A June 2015 training focused on DSM Changes and had 150 attendees, and a July 2015 training focused on the diagnostic review form and had also a large number of attendees. The July training was provided to all staff who may utilize the Cerner electronic health record.

- **Seeking Safety**

The Substance Use Disorder Division provided the opportunity for county employees and contracted providers to be trained in the Seeking Safety evidence based model. This model provides tools for trauma informed treatment for individuals with co-occurring mental health and substance use disorders. This training was a one-day overview of the program to familiarize participants with the curriculum. This training was conducted on May 2015 and had 125 attendees.

**Future and Ongoing Trainings**

Kern BHRS will provide future training on ASAM placement criteria, as this will be the centerpiece for screening, assessment, placement, and treatment planning. The department currently provides monthly documentation and electronic health record training to both new staff and as a refresher course for staff already providing substance use treatment services. In addition, Kern Behavioral Health and Recovery Services provides training in cultural competence, evidence based programming, and other specialized topics as appropriate. Kern Behavioral Health and Recovery Services maintains a central system to track attendance at all trainings. Staff who are in need of continued education units are able to gain these through many of the trainings offered. The training schedule and requirements are represented in Table 11.

**Table 11. Training Schedule and Requirements**

<b>Trainings Titles</b>	<b>Frequency</b>	<b>Attendance Requirements</b>
<b>ASAM Criteria</b>	Annually	One time and as needed
<b>Seeking Safety</b>	As needed	One time and as needed
<b>Matrix</b>	As needed	One time and as needed
<b>Motivational Interviewing</b>	As needed	One time and as needed
<b>Cultural Competency</b>	Semi-annually	6 hours annually
<b>Documentation and EHR</b>	Monthly	One time and as needed
<b>Human Trafficking</b>	Annually	Annually
<b>Title 22</b>	Annually	Annually

**11) TECHNICAL ASSISTANCE**

*What technical assistance will the county need from DHCS?*

Kern Behavioral Health and Recovery Services anticipates requiring assistance in the following areas:

- Rate setting

- Billing and documentation requirements for case management and recovery services
- Coordination between County of Residence and County of Responsibility
- 42 CFR, Part 2 requirements in an integrated behavioral health system

## **12) QUALITY ASSURANCE**

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*Describe the County’s Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:*

- *Timeliness of first initial contact to face-to-face appointment*
- *Frequency of follow-up appointments in accordance with individualized treatment plans*
- *Timeliness of services of the first dose of NTP services*
- *Access to after-hours care*
- *Responsiveness of the beneficiary access line*
- *Strategies to reduce avoidable hospitalizations*
- *Coordination of physical and mental health services with waiver services at the provider level*
- *Assessment of the beneficiaries’ experiences, including complaints, grievances and appeals*
- *Telephone access line and services in the prevalent non-English languages.*

**Review Note:** *Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:*

- *How to submit a grievance, appeal, and state fair hearing*
- *The timeframe for resolution of appeals (including expedited appeal)*
- *The content of an appeal resolution*
- *Record Keeping*
- *Continuation of Benefits*
- *Requirements of state fair hearings.*

### **Kern Behavioral Health and Recovery Services Quality Improvement Program**

Kern Behavioral Health and Recovery Services has an integrated Mental Health and Substance Use Disorder county system, and has in place a comprehensive Quality Improvement Program. This program includes quality assurance standards for both mental health and substance use disorder treatment. The Substance Use Disorder Quality Improvement Team monitors, tracks and proposes activities that are intended to promote “meaningful improvement” in our clinical care and beneficiary services. In addition to monitoring documentation, Quality Improvement promotes the implementation of the Recovery Model and plays a significant role in training staff to meet State and Federal standards.



Kern Behavioral Health and Recovery Services has an integrated mental health and substance use disorder Quality Improvement Committee (QIC). The Quality Improvement Committee consists of: Kern BHRS Director, Deputy Directors, Finance Administrator, SUD Administrator, Adult Mental Health Administrator, Children Mental Health Administrator, Crisis Services Administrator, and the Quality Improvement Administrator. The Quality Improvement Committee convenes twice monthly to review quality of service issues and organizational reports. Based on the data available, the committee plans, designs and executes Quality Improvement Work Plan activities. The QIC reviews and revises the QI/QM Work Plan throughout the year when needed and annually conducts a system-wide review to develop strategic goals for the following year.

The System Quality Improvement Committee (SQIC) is a sub-committee of the Kern County Behavioral Health Board, a citizen based advisory group appointed by the Kern County Board of Supervisors. The SQIC Committee is also a subcommittee of the department-wide Quality Improvement Committee. The SQIC is involved in System QI activities to provide oversight to a broad spectrum of quality improvement activities involving aspects of the service delivery process. SQIC meetings include representation of Kern Behavioral Health and Recovery Services quality improvement lead staff.

### **Quality Improvement Work Plan**

The MHP has developed a series of regular “Quality Improvement” reports, focused on key outcome areas to assist the Kern BHRS management staff and contract providers to assess current performance and develop goals for quality improvement. These reports are presented on a regular basis (monthly, quarterly, semi-annually or annually) at the Quality Improvement Committee meeting and updates are also reported to the SQIC Committee.

### **Quality Improvement Monitoring**

The Quality Improvement Plan requires monitoring of the key standards required within the DMC-ODS. Standards have been identified in areas of timeliness of initial contact to face-to-face appointment, frequency of follow-up appointments in accordance with individualized treatment plans, timeliness of services of the first dose of NTP services, access to after-hours care, and responsiveness of the beneficiary access line. These standards are outlined in Section 8, Table 9.

The Substance Use Disorder Division of Kern Behavioral Health and Recovery Services conducts annual site reviews of its contracted providers utilizing monitoring tools developed under the direction of the Administrator. These tools integrate elements of clinical treatment documentation standards as well as Title 22 requirements for ODF providers and Title 9 requirements for NTP providers. Monitoring tools also include areas to measure outcomes, the utilization of evidence-based practices (as described in Section 13), training requirements (in Section 10), and access standards as outlined in Section 9.

### **Strategies to Reduce Hospitalizations**

Kern Behavioral Health and Recovery Services has implemented several strategies to reduce hospitalizations for both mental health and substance use disorder treatment beneficiaries. Kern Behavioral Health and Recovery Services’ Mobile Evaluation Team, which collaborates with law enforcement to respond to crisis situations in the community, and substance use disorder

staff performs outreach to hospitals to screen and link individuals to appropriate service providers. Substance Use Disorder staff participate in various meetings/committees focused on reducing recidivism such as the Length of Stay meeting. In this meeting, representatives from psychiatric facilities, Patients' Rights Advocates, Kern Behavioral Health and Recovery Services teams and other community agencies collaborate to determine appropriate interventions to prevent re-hospitalization.

The department's Care Coordination Unit (CCU) works closely with county operated teams, contracted service providers, and community providers to ensure care management for the mental health system of care. CCU runs recidivism reports on a monthly basis to identify those that return to psychiatric hospitals within 30 days of discharge. The reports are distributed to Kern BHRS teams, and contracted providers to review and coordinate appropriate care to help individuals remain out of the hospital. CCU staff also review each case, and determine a different approach to treatment to help reduce recidivism.

Another strategy to reduce hospitalization is the system-wide use of the Integrated Enhanced Service Plan (IESP). The IESP is a form available in the electronic health record that assists in standardizing treatment services immediately after a hospitalization. The IESP includes a standard 3 services within 30 days of hospitalization, one of which must be a medication service.

### **Coordination of Physical and Mental Health Services**

Kern Behavioral Health and Recovery Services' substance use disorder Quality Improvement Team will conduct annual site reviews, monitoring treatment plans and progress note documentation to ensure that coordination with physical and mental health care providers is occurring at the provider level. Referral standards will be followed as outlined in the MOU between Kern Behavioral Health and Recovery Services and managed care plans.

### **Assessment of Beneficiary Experiences, Including Grievances and Appeals**

Kern BHRS utilizes annual Customer Satisfaction Surveys to evaluate the consumer's experience at all treatment levels. Surveys gather information pertaining to beneficiary's experience as it relates to service wait time, provider cultural competency, safety while in treatment, and provider boundaries.

Kern Behavioral Health and Recovery Services has in place policies and procedures relating to grievances, appeals or expedited appeals, and the State Fair Hearing process. These policies provide Medi-Cal beneficiaries with information on grievances and appeal rights. Grievances and appeals are coordinated through the Patients' Rights office in collaboration with the Substance Use Disorder Administrator. The Patients' Rights office shall collect, categorize and assess beneficiary complaint data, and monitor all grievances and appeals.

Beneficiaries may submit a Grievance or Appeal verbally or in writing, by phone or in person to any treatment clinic. The timeframe for grievance resolutions is within 60 calendar days of receipt. Appeals will be resolved within 45 working days, and expedited appeals within 3 working days. These timeframes for resolution may change according to updates in Federal and State regulations. The content of an appeal resolution includes the final disposition of the grievance or appeal, the date the grievance was made, the beneficiary's right to a State Hearing if

the problem was a result of an action and was not resolved to the beneficiary's satisfaction, right to request benefits during the appeal, and the procedures for requesting the State Fair Hearing. Records relating to grievances and appeals are maintained by the Kern BHRS Patients' Rights Office. Beneficiary benefits remain in place throughout the grievance and appeal process. Beneficiaries may verbally, or in writing, file for a State Fair hearing, after the exhaustion of an Action Appeal or Expedited Action Appeal process.

### **Telephone Access Line and Services in the Prevalent Non-English Languages**

The Beneficiary Access Line will have the capacity to serve individuals whose preferred language is not English through the use of bilingual staff and the department's interpreter line. Kern Behavioral Health and Recovery Services has policies and procedures in place to ensure that language barriers do not limit or delay service delivery. Quality Improvement staff will monitor these standards and make recommendations for improvement during annual reviews.

## **13) EVIDENCE-BASED PRACTICES**

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*How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?*

Kern Behavioral Health and Recovery Services currently incorporates several evidence-based practices in the delivery of treatment. This includes provision of services through Kern BHRS and contracted provider agencies. Outpatient and residential treatment providers currently utilize the Matrix Model which incorporates Relapse Prevention strategies, Motivational Interviewing, and Cognitive Behavioral Therapy. Additionally, some outpatient providers utilize the Seeking Safety curriculum, which is designed to address trauma and substance use disorders. Narcotic Treatment Programs in Kern County utilize Cognitive Behavioral Therapy based manuals, and motivational strategies through individual and group counseling provided to participants.

Kern Behavioral Health and Recovery Services has implemented three different evidence based practices for substance use disorder providers (Matrix Model, Seeking Safety, and Motivational Interviewing). In addition, Kern BHRS will add curriculum specific to Relapse Prevention. Each provider must utilize at least two of these evidence-based practices. The following section outlines the evidence-based practices currently in place, and the tools used to monitor the proper utilization of these strategies. If the provider is found to be in non-compliance, a Corrective Action Plan will be implemented.

### **Evidence-Based Programs and Tools**

- **Matrix Model of Intensive Outpatient Treatment**

The Matrix Model is a program that combines multiple evidence-based elements into a standardized cognitive behavioral substance use treatment program. The elements that form the Matrix are basic cognitive behavioral strategies, family involvement in treatment, the encouragement of attending outside sober support, and psycho-educational information. The cognitive behavior strategies include the use of thought stopping techniques, the use of a scheduler, and a recovery calendar. The Matrix Model is a tiered system: the first tier is Early Recovery Skills, the second is Relapse Prevention, and third is Social Support. The Matrix program also offers other groups such as Women's Early Recovery and Family Education

group. The Matrix model is also a research based treatment delivery system shown to be effective when coupled with 12-step involvement. Mutual aid meetings will be emphasized as an essential element of treatment to support long term recovery.

**Source:** <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-3>

- **Motivational Interviewing**

Motivational interviewing (MI) is a directive, beneficiary-centered counseling style for eliciting behavior change by helping beneficiaries to explore and resolve ambivalence. Compared with nondirective counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

**Source:** <http://www.motivationalinterview.net/clinical/whatismi.html>

- **Seeking Safety**

Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring beneficiaries to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of beneficiaries and easy to implement. Any clinician can conduct it even without training as it is an extremely safe model; however, there are also many options for training.

**Source:** <http://www.treatment-innovations.org/ss-description.html>

To ensure treatment providers are adhering to the standards of evidence-based practices, a review element will be added to the current County Monitoring Review, and will be reflected in the County-Provider contract. Monitoring tools specific to each evidence based practice will be developed. Monitoring will include review of treatment documentation and live observations by county monitoring staff.

Action to be taken if a provider is found not to be in compliance with the evidence-based practices required within their service modality(ies), will follow the current standard for Corrective Action Plans (CAPs) utilized by the Substance Use Disorder Quality Improvement Team during annual monitoring reviews.

The standard for non-significant deviations requires the Corrective Action Plan (CAP) to be reviewed at the next audit to ensure the plan has been implemented. When the deviation is significant the auditor follows up with the provider in one month to ensure appropriate corrective actions have been taken. The CAP may include recommending staff be re-trained. If the provider does implement the CAP, a letter of non-compliance is sent to the provider and the provider is placed on a 6-month probation status. When appropriate, the County has the ability to terminate a contract at any time due to non-compliance with contractual standards.

Kern Behavioral Health and Recovery Services continues to research and evaluate new treatment modalities for inclusion with system of care service provision. Over time, the evidence based practices required for each treatment modality may change under direction of Kern Behavioral

Health and Recovery Services. These changes will maintain compliance with the evidence-based practices outlined within the ODS Waiver STCs. Changes will also be reflected within the County-Provider contract and monitoring tools will be revised accordingly.

#### **14) REGIONAL MODEL**

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*If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?* N/A

#### **15) MEMORANDUM OF UNDERSTANDING**

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*Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in 4(i) of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).*

**Review Note:** *The following elements in the MOU should be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:*

- *Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Delineation of case management responsibilities;*
- *A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;*
- *Availability of clinical consultation, including consultation on medications;*
- *Care coordination and effective communication among providers including procedures for exchanges of medical information;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals.*

Kern Behavioral Health and Recovery Services currently has a Memorandum of Understanding (MOU) in place for each of the two Medi-Cal managed care plans (Kern Health Systems and Health Net). Efforts are currently under way by Kern Behavioral Health and Recovery Services to put in place requirements outlined in the Terms and Conditions of the DMC-ODS Waiver in Addendums to both MOUs. After discussion with both managed care plans' leadership, it was determined that new, updated MOUs would be created, and this has extended the completion of both to July of 2017.

Kern Behavioral Health and Recovery Services currently oversees an MHSA funded project that funds staff to provide SBIRT at a Federally Qualified Health Center. Data has been collected and evaluated by UCLA to determine the effectiveness of brief interventions delivered by behavioral

health staff. This information can be provided to the Managed Care Plans to create mechanisms to offer these services at primary care provider sites, if they are not yet being offered. This will serve to expand the availability of Level 0.5 ASAM level of care in the continuum for Kern county beneficiaries.

Treatment providers will work with the individuals in treatment to include physical and mental health care as appropriate when creating treatment plans. This will reflect an effort to ensure that the beneficiary is receiving whole-person care, and treatment is not delayed due to physical health care concerns. As described in Section 4, Case Management Services, staff will encourage and assist beneficiaries to communicate to other treatment providers issues related to treatment. Case management staff assists beneficiaries and supportive others to navigate services within the physical care and mental health care systems, in order to achieve the best results possible for overall health. Kern Behavioral Health and Recovery Services will ask the managed care plans to include responsibilities for navigation support for beneficiaries in the MOU Addendums.

A process for referral and tracking will be developed and integrated into the MOUs. Current MOUs with managed care plans include provisions for processes to resolve disputes and means for the beneficiary to continue to receive medically-necessary services while the dispute is being resolved. The MOUs will be amended to expand the definition of consultation regarding medications to accommodate for Physician Consultation services under the DMC-ODS waiver to support physicians in DMC programs, and physicians in other settings that will be providing additional medication assisted treatment. All SUD treatment providers are well versed in 42 CFR Part 2 confidentiality requirements and they will continue to protect client's information to the same standards while coordinating care with managed care plans.

Appendix B is a copy of the current MOU with the managed care plans. The revised Addendums are scheduled to be completed by July 2017 and will be forwarded to DHCS at that time.

## **16) TELEHEALTH SERVICES**

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*If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).*

The Kern Behavioral Health and Recovery Services department utilizes telehealth interactive equipment in order to provide services to clients living in outlying areas of the county. Several of the department's current contracted treatment providers have equipment that will allow for service delivery utilizing telehealth for beneficiaries in substance use disorder treatment. Kern BHRS anticipates the utilization of telehealth in order to deliver services for clients that would benefit from this method of service delivery, and may not otherwise be able to connect to treatment providers due to distance or transportation barriers.

The standard of care will be equivalent whether the beneficiary is seen in-person, or through telehealth services. Kern Behavioral Health and Recovery Services will develop policies and procedures to ensure informed consent, confidentiality and privacy protections according to 42 CFR, Part 2; and adequate infrastructure to support telehealth services is in place. Requirements for treatment providers using telehealth in their service delivery will have telehealth included in

contract language, and this aspect of treatment will be monitored during annual reviews by the SUD Quality Improvement Team.

## **17) CONTRACTING**

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*Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?*

### **County Contracting Standards**

As outlined in the Kern County Administrative Policy and Procedures Manual, contracts in excess of \$30,000 for the procurement of personal and professional services must receive the approval of the Board of Supervisors following a competitive Request for Proposal (RFP) process. Public agencies are required to use this competitive procurement process to ensure fair selection of vendors/contractors and to provide the best array of services at the most reasonable cost. State and federal funding agencies, or other funding sources, may require other specialized procurement procedures, which must be integrated into the County's procedure. When the funding agency requires a significant deviation from the County procedure, it is the requesting department's responsibility to properly and adequately notify the County Administrative Office and other affected departments.

An RFP offers the County an opportunity to obtain high quality services from a variety of interested vendors, and assures the public that its dollars are being spent carefully and equitably, with the best possible business practices. An RFP does not necessarily result in the purchase of services at the lowest cost, but is designed to provide the County with the best possible services. An RFP can be expected to take approximately 2 months to develop and publish.

For most service contracts, RFPs are issued on five-year cycles. They may however, be issued more or less often, if circumstances warrant, such as changes in funding, changes in regulations governing the services provided, or the development of a new program or service. Contracts resulting from the RFP are usually developed on an annual basis.

The Department utilizes the services of contracted providers for direct beneficiary SUD treatment services in most geographic areas throughout the County. Kern County treatment providers will offer Outpatient (ASAM level 1.0), Intensive Outpatient (ASAM level 2.1), Residential (ASAM levels 3.1, 3.3 and 3.5), and Withdrawal Management (ASAM level 3.2-WM) services. The number of treatment slots is negotiated between the Department and the service providers during the contract negotiation process. Contractors will serve the specified number of beneficiaries for the specified program modality for one year. Proposals must include a plan for ensuring all operational requirements, including but not limited to, hiring and training staff, securing a service delivery site, purchasing equipment, and obtaining licenses, certifications and insurance, are in place. Proposals for services must include the proposer's agreement with the County's Master Terms and Conditions. Once a contract has been executed, the contractor becomes a member of the network of providers of the Kern Behavioral Health and Recovery Services Substance Use Disorders System of Care, a continuum of care that includes

prevention, outpatient, and residential programs, as well as sober living environments and advanced treatment services.

### **Contractor Appeal Process**

Kern County has in place an Administrative Policy and Procedures outlining the appeals process for providers who are not awarded a contract. As outlined in the policy, a bidder or contractor who is allegedly aggrieved in connection with the solicitation or award of a contract or *Purchase Order* may protest. Bidders are to be advised that protests of the process, terms, conditions or any other aspect of the solicitation *must* be made prior to the *bid* due date. Bidders may not protest the contents of the specifications of the *bid* nor the award based on the use of the local vendor preference policy. Bidders may also not protest the selection of a consultant through the use of an *RFP* process.

If a contractor wishes to appeal an award made for *professional services* between \$30,001 and \$100,000, such appeal *must* be made in writing to the Purchasing Agent for final decision. Protests *must* be submitted to the attention of the purchasing agent no later than five working days after the Purchasing Division has submitted notification of the non-award to the aggrieved party. All protests *must* include the protestor's contact information, signature of the protestor or protestor's representative, solicitation or contract number, a detailed statement of the legal and/or factual grounds of the protest and all documentation supporting the protestor's position at the time of the initial protest and the form of relief requested.

The Purchasing Agent *will* respond in writing within five working days to the protestor. If the protestor wishes to appeal the decision rendered by the Purchasing Agent, such appeal *must* be made in writing to the Board of Supervisors within five working days of the Purchasing Agent's response. Protestors *must* contact the Clerk of the Board to be scheduled on the Board's agenda for the very next available meeting. All information submitted to the Board *must* be presented to the Purchasing Agent five working days prior to the Board meeting.

### **Continuation of Services during DMC Contract Transitions**

If a current DMC provider does not receive a DMC-ODS contract, the county will ensure beneficiaries being served through this provider will continue to receive treatment. Kern Behavioral Health and Recovery Services will ensure individuals are transitioned to DMC-ODS contracted providers in a timely fashion. This process will begin, at a minimum, 30 days prior to the end of the contract. The Provider Liaison and Gateway teams will work with the provider to transition beneficiaries to other providers in the network at the appropriate level of care determined by a screening through the Beneficiary Access Line, or direct consultation with the provider's clinical staff. When appropriate, the County will also review cases to determine whether individuals may continue services at the current provider site under alternative (non-DMC) funding.

## **18) ADDITIONAL MEDICATION ASSISTED TREATMENT**

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*If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.*



Kern Behavioral Health and Recovery Services plans to provide additional medication assisted treatment (MAT) beyond the ASAM Opioid Treatment Services level 1.0. Psychiatrists in the Kern Behavioral Health and Recovery Services System of Care will receive training and licensing required to order, prescribe, administer, and monitor medications for substance use disorders including buprenorphine, disulfiram, naloxone, and long-acting injectable naltrexone. This process is expected to be finalized by the end of the first year of Implementation. Psychiatry time will then be extended to county operated outpatient Drug Medi-Cal certified treatment sites to be available in concurrence with outpatient and/or intensive outpatient treatment.

Kern Behavioral Health and Recovery Services looks forward to working with managed care plans to increase the number of physicians in Kern County who are able to provide additional MAT services in their offices outside of the DMC-ODS. The department will also consider adding additional contracted Medication Assisted Treatment services in the future.

Physicians in primary care settings may bill for Medication Assisted Treatment services as fee-for-service (FFS) providers with a federal DATA 2000 waiver (X number), and utilize the Medi-Cal Pharmacy benefit for buprenorphine and injectable naltrexone in certain circumstances.

## **19) RESIDENTIAL AUTHORIZATION**

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*Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours.*

Authorizations for placement in any of the three required levels of residential care (3.1, 3.3, and 3.5) will be processed by the Gateway Team, the department's centralized screening and referral entity for SUD treatment services. Initial authorization request may occur in any of the following situations:

- Call to the Beneficiary Access Line,
- In-person screening at Gateway satellite sites,
- NTP providers, or
- Outlying area treatment provider sites

Staff will submit an authorization request to the Gateway Team through the Electronic Health Record. The Gateway Team will review the authorization request within 24 hours to determine whether placement criteria is met, including verification that the individual has not had two previous residential treatment episodes within a calendar year. If the beneficiary has been previously authorized and began residential treatment services twice in the previous calendar year, and residential services are deemed medically necessary, alternate sources of funding will be assigned, or alternative treatment will be utilized.

Any provider in the SUD network of care may submit a request for residential authorization to the Gateway Team if a beneficiary in an outpatient level of care is unable to make progress and/or if an LPHA determines that residential placement is medically necessary. Policies will be developed and updated to manage and prioritize entry into residential programs. Demand for residential services is expected to grow with additional beneficiaries being eligible for this

modality of treatment under the DMC-ODS Waiver. Priority will be given to pregnant intravenous drug users, intravenous drug users, high-cost utilizers of emergency or inpatient services, and individuals with co-occurring chronic mental health conditions.

In order to process the residential authorization request, Gateway Team staff will contact the individual in need of residential services, or the service provider that submitted the request to communicate the results of the request review, and with further instructions regarding an appointment with a residential provider, or to begin Interim services. If an authorization request is approved and no bed is available, the beneficiary will be placed on a waiting list. In order to ensure continuity of care, the SUD case management team will maintain contact with the beneficiary to monitor attendance to interim services or continued attendance at the current outpatient treatment provider.

In order to maintain quality processes and controls, the SUD QI Team will monitor data relating to authorizations. The Gateway Team will maintain the following data:

- Total number of authorizations processed
- Number of authorizations approved and denied
- Percentage of authorizations that are not processed within 24 hours of the request

## **20) ONE YEAR PROBATIONARY PERIOD**

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*For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in plan by service or DMC-ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.*

**Review Note:** *This question only applies to counties participating in the one-year provisional program and only needs to be completed by these counties.*

**Appendix A:**  
**Providers, Current Caseload, Capacity, Populations Served, MAT availability**

<b>Providers</b>	<b>Current Client Caseload</b>	<b>Total Capacity</b>	<b>Population</b>	<b>MAT Services</b>
<b>Aegis Treatment Centers</b>	935	1025	Adults	Yes
<b>American Health Services</b>	381	400	Adults, Perinatal	Yes
<b>Bakersfield Recovery Services</b>	131	130	Adults	No
<b>Clinica Sierra Vista</b>	291	291	Adults, Adolescents	No
<b>College Community Services</b>	99	140	Adults, Adolescents	No
<b>Community Services Organization</b>	175	249	Adults	No
<b>Kern County Hispanic Commission</b>	36	95	Adults	No
<b>Kern Behavioral Health and Recovery Services</b>	71	140	Adults, Adolescents	No
<b>Special Treatment Education and Prevention Services Inc.</b>	35	75	Adults	No

**Appendix B:**  
**Current MOU Addendums**

**County Authorization**

I, hereby authorize Kern Behavioral Health and Recovery Services, Substance Use Disorder Division to submit the Kern County 1115 Drug Medi-Cal Organized Delivery System Waiver Implementation Plan to the Department of Health Care Services.

\_\_\_\_\_  
Bill Walker, LMFT  
Director  
Kern Behavioral Health and Recovery Services

\_\_\_\_\_  
County

\_\_\_\_\_  
Date