San Mateo County BHRS, Alcohol and Other Drug Services

SUD Treatment Provider

FYs 2019-21 Contract Language Additions

Registered/Certified Counselors:

Programs shall comply with HSC 11833(b)(1): Any individual who provides counseling services in a licensed or certified AOD program, except for licensed professionals, must be registered or certified with a DHCS approved certifying organization prior to providing counseling services.

In FY 19-20, SMC BHRS will establish a minimum expectation that a set percentage of a provider's AOD counselors will be certified with a DHCS approved certifying organization. Contractors not in compliance with the minimum expectation will be required to submit a request for a temporary exemption. The request will include a justification for the exemption, and a plan with a timeline to meet the minimum expectation.

Unplanned or Early Terminations from All Levels of Care:

For all unplanned or early terminations from treatment, programs shall notify the Medi-Cal beneficiary of the program's intent to terminate the services at least ten (10) days prior to the date of termination by providing the beneficiary with a Notice of Adverse Benefit Determination (NOABD.) The NOABD shall clearly state the reason for the early termination, and document previous attempts to communicate the possibility of discharge directly to the beneficiary and the treatment team where applicable. If the beneficiary is an imminent danger to themselves or others, or is gravely disabled, then the program may terminate services immediately and shall still provide the beneficiary with a NOABD.

Step 1 – The program shall notify the beneficiary's SMC case manager immediately upon the knowledge of the beneficiary's potential for early termination or AWOL, and no later than the same day the NOABD is issued.

Step 2 – The program shall request a consultation with the SMC case manager via Avatar Consultation Request form and telephone. If the

beneficiary does not have a case manager or the program does not know who the case manager is, notify the RTX team.

Step 3 – The program shall consult with the case manager and other individuals involved in the client's care prior to terminating the client from treatment and shall develop a mutually agreeable written plan to keep the client in treatment and not terminate them from care prior to the planned discharge date. If, during the consultation, the program and the case manager determine the client needs another level of care or may be best served by another provider, the program shall work with the case manager and receiving provider to ensure the transition goes smoothly and there are no gaps in treatment.

Step 4 – The program and the case manager will make every effort to maintain the client in treatment and not terminate them prior to the planned discharge date. The program may rescind the NOABD if one was previously issued.

Step 5 – The NOABD outlines the client's rights to appeal all early terminations from care. SMC will review all client appeals and may mandate the provider to re-admit the client into treatment should the appeal be decided in the client's favor.

Residential:

In addition to daily room and board, Contractor shall provide at least one (1) of the following treatment services daily: intake, individual counseling, group counseling, patient education, family therapy, collateral services, crisis intervention services, treatment planning, transportation services or discharge services. Contractor shall document the service provided in the client's chart.

All clients admitted into Residential treatment services shall be concurrently admitted into Residential Enhanced Services. Contractor shall provide case management services to all residential clients.

Withdrawal Management:

All programs are encouraged to obtain withdrawal management certification.

Community-based Services:

Outpatient and Intensive Outpatient programs may provide treatment services in any appropriate setting in the community based on client need. However, staff may not be assigned to a primary worksite that is not DMC certified without informing BHRS QM and AOD Administration. The Contractor may be required to apply for DMC certification for that setting.

Notification to BHRS QM and AOD Program Analyst:

Programs shall comply with all DHCS DMC ODS mandated reporting requirements and shall notify BHRS QM and their AOD Program Analyst within 48 hours of all staffing changes and all complaints regarding the program.

Timely Access to Services:

Outpatient and Intensive Outpatient providers shall deliver the client's first appointment within ten (10) calendar days of the client's initial request.

Residential providers shall deliver the client's first appointment within three (3) calendar days of the client's initial request.

Critical Incident Reporting:

Providers are required to submit Critical Incident Reports to BHRS QM and to the AOD Analyst whenever there are unusual events such as but not limited to: accidents, medication errors, violence or significant injuries requiring medical treatment of clients, staff or members of the community, death of a client, police activity, 9-1-1 calls, suicide attempts, or threats to the health or safety of a client, staff, or member of the community.

Providers shall submit the Critical Incident Report on the same day of the incident, and no later than 24 hours after.

Providers shall not file a copy of the Critical Incident Report in the client's chart but shall document the circumstances of the event and services provided.

Provider shall maintain copies of the Critical Incident Reports in a secure location without general access.

Providers shall also comply with the DHCS Licensing and Certification Branch Unusual Incident reporting guidelines. This is a separate process.

Performance Standards:

Timely Access to Care

Providers shall track and document timely access data, including the date of initial contact, the date of the first offered appointment, and the date of the first actual appointment, using the UCLA ASAL Level of Care spreadsheet.

Outpatient and Intensive Outpatient: The first appointment shall occur no later than 10 calendar days after the client's initial request for services.

Residential: The first appointment shall occur no later than 3 calendar days after the referral is received if the provider has capacity to admit the client.

Urgent requests (Residential Withdrawal Management and incidents where the client self-identifies the request as urgent): The first appointment shall occur within 24 hours of the initial request if the provider has capacity to admit the client.

Transitions Between Levels of Care

Both the admitting and discharging providers are responsible for facilitating the client's transition between levels of care, including assisting the client in scheduling their first appointment and ensuring a minimal delay between discharge and admission to the next level of care, providing or arranging for transportation as appropriate, and documenting the transition in the client's chart.

All transitions between levels of care shall occur within 10 business days from the time of the ASAM LOC Re-Assessment indicated the need for a different level of care.

Withdrawal Management: At least 75% of clients discharged from Withdrawal Management are admitted to another level of care within 10 business days from the date of discharge. (Res, IOP, OP)

Residential: At least 75% of clients discharged from Residential treatment are subsequently admitted to another level of care within 10 business days from the date of discharge. (IOP, OP, Recovery Services)

Intensive Outpatient and Outpatient: At least 50% of clients discharged from IOP or OP are subsequently admitted to another level of care within 10 business days from the date of discharge. (Recovery Services)

Care Coordination

Programs shall ensure 42 CFR compliant releases are in place for all clients to coordinate care. The program shall screen and link clients to mental health and primary care, as indicated.

100% of clients are screened for mental health and primary care needs.

At least 70% of clients who screen positive for mental health needs have documentation of referrals to and coordination with mental health providers.

At least 80% of clients who screen positive for primary care needs have documentation of referrals to and coordination with primary care providers.

Medication Assisted Treatment

Providers shall have procedures for referrals to and integration of MAT for SUD in their programs. Providers shall regularly communicate with physicians of clients prescribed MAT unless the client refused to sign a ROI.

At least 80% of clients with a primary opioid or alcohol use disorder will be referred for a MAT assessment.

Culturally Competent Services

Providers shall provide culturally competent and linguistically appropriate services. Translation and interpretation services shall be available to all clients, as needed and at no cost to the client.

100% of clients who speak a threshold language are provided services in their preferred language.

100% of clients who read a threshold language are provided written treatment materials in their preferred language.