

EXHIBIT A - SCOPE OF SERVICES

RESIDENTIAL AND RESIDENTIAL WITHDRAWAL MANAGEMENT

Contractor Information	
Contractor Name	Insert Name of Contractor Agency
Contract Period	FY 2026-2027
Contractor NPI	Insert Contractor Agency NPI
Contractor Taxonomy	Insert Contractor Taxonomy
Contractor Tax ID (or EIN)	Insert Contractor Tax ID
Contractor Executive Director	Insert Name of Executive Director
Contractor Medical Director	Insert Name of Medical Director
Owner Name:	Insert Name of owner(s)
Percent of Ownership:	List Percentage of each owner by each owner
Ownership Code:	(use 274 expansion code)

Program Profile: Complete a Program Profile for Each Contracted Site	
Program Name	Insert Program Name
Service Location(s)	Insert Addresses for Service Delivery sites
ASAM/DHCS Level(s) of Care	Insert Levels of Care
Evidence Based Practices (EBPs)	Select EBPs Utilized for Contracted Services <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Cognitive Behavioral Therapy <input type="checkbox"/> Relapse Prevention <input type="checkbox"/> Trauma-Informed Treatment <input type="checkbox"/> Psycho-Education <input type="checkbox"/> Contingency Management
Population Served (Check all that apply)	<input type="checkbox"/> 12 – 17 years <input type="checkbox"/> 18+ years <input type="checkbox"/> Other
Program NPI	Insert Program NPI
Program Taxonomy	Insert Program Taxonomy
DHCS Provider ID (6-Digit)	Insert Provider ID
DMC Certification Number	Insert DMC Certification Number
Hours of Operation	Insert Hours of Operation
Count of Licensed Beds:	Insert Count of Licensed Beds (if applicable)

Language Line Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assistive Aid:	Indicate if this location is ADA accessible and/or has TDD equipment
Assistive Transportation:	(Distance between site and the closest public transport) <input type="checkbox"/> Less than 0.25 miles <input type="checkbox"/> Between 0.25 and 0.5 miles, <input type="checkbox"/> Between 0.5 and 1 miles <input type="checkbox"/> More than 1 mile
Telehealth Capacity:	<input type="checkbox"/> Telehealth Only <input type="checkbox"/> In-Person Only <input type="checkbox"/> Hybrid (Telehealth and In-Person)
Capacity of Medi-Cal:	(Maximum number of Medi-Cal members this location can serve)
Teaching Facility:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Type:	(use 274 expansion codes)
Institutional Facility Type:	(use 274 expansion codes)

EXHIBIT A - SCOPE OF SERVICES

RESIDENTIAL AND RESIDENTIAL WITHDRAWAL MANAGEMENT

Services Provided	<p>Residential Withdrawal Management Services</p> <p>Withdrawal Management Services are provided to members experiencing withdrawal in the following residential settings:</p> <ul style="list-style-type: none">• Level 3.2-WM: Clinically managed residential withdrawal management (24-hour support for moderate withdrawal symptoms that are not manageable in outpatient setting) <i>[DMC-ODS Service Code: 109 & DMC-ODS Room & Board: 58 / HCPCS H0012]</i> <p>Withdrawal Management Services include the following service components:</p> <ul style="list-style-type: none">• Assessment• Care Coordination• Medication Services• MAT for OUD• MAT for AUD and other non-opioid SUDs• Observation• Recovery Services <p>Withdrawal Management Services may be provided in an outpatient, residential or inpatient setting. If member is receiving Withdrawal Management in a residential setting, each member shall reside at the facility. All members receiving Withdrawal Management services, regardless in which type of setting, shall be monitored during the withdrawal management process. Providers are required to either offer MAT directly or have effective referral mechanisms to the most clinically appropriate MAT services in place (defined as facilitating access to MAT off-site for members while they are receiving withdrawal management services if not provided on-site. Providing a member the contact information for a treatment program is insufficient).</p> <p>Withdrawal management services are urgent and provided on a short-term basis. When provided as part of Withdrawal Management Services, service activities, such as the assessment, focus on the stabilization and management of psychological and physiological symptoms associated with withdrawal, engagement in care and effective transitions to a level of care where comprehensive treatment services are provided.</p> <p>A full ASAM Criteria assessment shall not be required as a condition of admission to a facility providing Withdrawal Management. To facilitate an appropriate care transition, a full ASAM assessment, brief screening, or other tool to support referral to additional services is appropriate. If it has not already been completed in relation to the Withdrawal Management episode, the full ASAM Criteria assessment shall be completed within 30 days of the member's first visit with an LPHA or registered/certified counselor for non-Withdrawal Management services (or 60 days for members under 21, or members experiencing homelessness), as described above.</p>
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For additional information on the provision of Withdrawal Management Services, please refer to the outlined requirement in Section 58 of the DHCS Certification for Alcohol and Other Drug Program (revised February 2025) DHCS Licensing and Certification Program Certification page; these certification requirements are effective immediately and supersedes previous versions.

Residential Treatment Services

Residential Treatment Services are delivered to members when medically necessary in a short-term residential program corresponding to at least one of the following levels:

- Level 3.1 - Clinically Managed Low-Intensity Residential Services
[DMC-ODS Service Code: 112 & DMC-ODS Room & Board: 58 / HCPCS H0019.
- Level 3.3 - Clinically Managed Population-Specific High Intensity Residential Services
[DMC-ODS Service Code: 113 & DMC-ODS Room & Board: 58/ HCPCS H0019.
- Level 3.5 - Clinically Managed High Intensity Residential Services
[DMC-ODS Service Code: 114 & DMC-ODS Room & Board: 58 / HCPCS H0019.

Residential Treatment Services:

Residential Treatment services for adults in ASAM Levels 3.1, 3.3., and 3.5 are provided by DMC-certified providers who must be licensed and enrolled in accordance with all applicable state and federal laws and regulations. This includes residential facilities licensed by DHCS and residential facilities licensed by the Department of Social Services. In order to participate in the DMC-ODS program and offer ASAM Levels 3.1, 3.3, or 3.5, residential providers licensed by a state agency other than DHCS must be DMC-certified.

All facilities delivering Residential Treatment services under DMC-ODS must also be designated as capable of delivering care consistent with the ASAM Criteria. Residential treatment facilities licensed by DHCS offering ASAM levels 3.1, 3.3, 3.5, and 3.2-WM must also be DMC-certified and have a DHCS Level of Care (LOC) Designation and/or an ASAM LOC Certification that indicates that the program can deliver care consistent with the ASAM Criteria. Facilities licensed by a state agency other than DHCS must have an ASAM LOC Certification for each level of care provided by the facility under the DMC-ODS program.

The statewide goal for the average length of stay for residential treatment services provided by DMC-ODS plans is 30 days. The goal for a statewide average length of stay for residential services of 30 days is not a quantitative treatment limitation or hard "cap" on individual stays; lengths of stay in residential treatment settings shall be determined by individualized clinical need. However, DMCS-ODS plans shall ensure that members receiving

residential treatment are transitioned to another level of care when clinically appropriate based on treatment progress. DMC-ODS Counties shall adhere to the length of stay monitoring requirements set forth by DHCS and length of stay performance measures established by DHCS and reported by the external quality review organization.

Residential Treatment Services include the following services:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Medication Services
- MAT for OUD
- MAT for AUD and other non-opioid SUDs
- Patient Education
- Recovery Services
- SUD Crisis Intervention Services

Care Coordination: *[Refer to Exhibit B for HCPCS/CPT Codes]*

Care coordination consists of activities to provide coordination of SUD care, mental health care, and medical care, and to support the member with linkages to services and supports designed to restore the member to their best possible functional level.

Care coordination shall be provided to a member in conjunction with all levels of treatment. DMC-ODS plans, through executed memoranda of understanding, shall implement care coordination services with other SUD, physical, and/or mental health services in order to ensure a client-centered and whole-person approach to wellness.

Care coordination includes one or more of the following components:

- Coordinating with medical and mental health care providers to monitor and support comorbid health conditions.
- Discharge planning, including coordinating with SUD treatment providers to support transitions between levels of care and to recovery resources, referrals to mental health providers, and referrals to primary or specialty medical providers.
- Coordinating with ancillary services, including individualized connection, referral, and linkages to community-based services and supports including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- For guidance on claiming for care coordination within a level of care or as a standalone service, please refer to the most current DMC-ODS Billing Manual.

Contractor shall have procedures for: 1) obtaining releases/consents to exchange information with applicable mental health/primary care providers; 2) linking members to and coordinating with applicable mental health and primary care providers; and 3) providing members the contact information of their assigned Care Coordinator.

Recovery Services: *[Refer to Exhibit B for HCPCS/CPT Codes]*

Recovery Services are designed to support recovery and prevent relapse with the objective of restoring the member to their best possible functional level. Recovery Services emphasize the member's central role in managing their health, use effective self-management support strategies, and organize internal and community resources to provide ongoing self-management support to members. Recovery Services can be delivered as a standalone service, concurrently with the other levels of care described in the "Covered DMC-ODS Services" section of BHIN 24-001 (or subsequently issued BHIN), or as a service delivered as part of these levels of care. Recovery Services may be provided in clinical or non-clinical settings (including the community).

Members may receive Recovery Services based on self-assessment or provider assessment of relapse risk. Members do not need to be diagnosed as being in remission to access Recovery Services. Members may receive Recovery Services while receiving MAT services, including NTP services. Members may receive Recovery Services immediately after incarceration with a prior diagnosis of SUD.

Recovery Services include the following service components:

- Assessment
- Care Coordination
- Counseling (individual and group)
- Family Therapy
- Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the member's SUD.
- Relapse Prevention, which includes interventions designed to teach members with SUD how to anticipate and cope with the potential for relapse for the maximum reduction of the member's SUD.

For more additional guidance regarding information on DMC-ODS claims for services delivered by peers as a component of Recovery Services, please refer to BHIN 22-005.

Medi-Cal Peer Support Services: *[Refer to Exhibit B for HCPCS/CPT Codes]*. Peer Support Services are defined as culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower

members through strength-based coaching, support linkages to community resources, and to educate member and their families about their conditions and the process of recovery. Medi-Cal Peer support services may be provided with the member or significant support person(s) and may be provided in a clinical or non-clinical setting. Medi-Cal Peer Support Services can be delivered as a standalone service or provided in conjunction with other DMC-ODS services or levels of care described in this “Covered DMC-ODS Services” section of BHIN 24-001 (or subsequently issued BHIN), including residential services.

Peer Support Services are based on a plan of care approved by a Behavioral Health Professional and provided by Peer Support Specialists. A Peer Support Specialist is an individual with a current State-approved Medi-Cal Peer Support Specialist Certification Program certification and who meets all other applicable California state requirements, including ongoing education requirements. Peer Support Specialists provide services under the direction of a Behavioral Health Professional. A Behavioral Health Professional must be licensed, waived, or registered in accordance with applicable State of California licensure requirements and listed in the California Medicaid State Plan as a qualified provider of DMC, DMC-ODS, or SMHS.

Clinician Consultation [Refer to Exhibit B for HCPCS/CPT Codes]

Clinician Consultation consists of DMC-ODS providers who are qualified to perform assessments, as described in California’s Medicaid State Plan, consulting with providers, such as addiction medicine physicians, addiction psychiatrists, licensed clinicians, or clinical pharmacists, to support the provision of care. Clinician Consultation is not a direct service provided to DMC-ODS members. Rather, Clinician Consultation is designed to support DMC-ODS licensed clinicians with complex cases and may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. It includes consultations between clinicians designed to assist DMC clinicians with seeking expert advice on treatment needs for specific DMC-ODS members. DMC-ODS plans may contract with one or more physicians, clinicians, or pharmacists specializing in addiction in order to provide consultation services. These consultations can occur in person, by telehealth, by telephone, or by asynchronous telecommunication systems.

Re-Assessments

Adult members in Residential treatment shall be re-assessed at a minimum of every 45 days. Youth members in Residential treatment shall be re-assessed at a minimum of every 30 days, unless there are significant changes warranting more frequent reassessments. ASAM Level of Care data shall be entered into Marin’s Electronic Health Record for each assessment and re-assessment and within seven (7) days of the assessment/re-assessment.

Performance Standards	<p>Access to Care</p> <p>Timely access data—including date of initial contact, date of first offered appointment and date of scheduled assessment—shall be entered into Marin’s Electronic Health Record within seven (7) days of the intake.</p> <p>Performance Standard:</p> <ul style="list-style-type: none"> • Routine Appointment: First face-to-face or telehealth appointment shall occur within five (5) and no later than 10 business days of initial contact. First face-to-face or telehealth Medication Assisted Treatment appointments for members with alcohol or opioid disorders shall occur within three (3) business days. • Urgent Appointment: First face-to-face visit within 48 hours of the request for urgent conditions • There are no inequities in timely access to care when stratified by race/ethnicity and gender identity • At least 75% of members completing the Treatment Perceptions Survey reported being satisfied (3.5 out of 5.0) with the location of services • Timely access data will be entered in Marin’s Electronic Health Record within seven (7) days of first contact for 100% of members.
	<p>Treatment Initiation and Engagement</p> <ul style="list-style-type: none"> • At least 85% of members have a second treatment visit within 14 days of assessment [initiation] • Of those initiating treatment, at least 75% will have two treatment visits within the next 30 days [engagement] • There are no inequities in treatment initiation and engagement when stratified by race/ethnicity and gender identity
	<p>Transitions Between Levels of Care</p> <p>The Contractor shall ensure 42 CFR Part 2 compliant releases are in place in order to coordinate care. The Contractor shall screen for and link clients with mental and physical health, as indicated. Contractors will implement procedures to ensure clients are provided contact information for their assigned Care Coordinator(s) and document in the client record.</p> <p>Performance Standard:</p> <ul style="list-style-type: none"> • Transitions between levels of care shall occur within five (5) and no later than 10 business days from the time of re-assessment indicating the need for a different level of care. • At least 80% of members receive a follow-up contact within seven (7) days of discharge from Residential treatment or Residential Withdrawal Management. • There are no inequities in transitions between levels of care when stratified by race/ethnicity and gender identity
	<p>Care Coordination and Linkage with Ancillary Services</p> <p>The Contractor shall ensure 42 CFR Part 2 compliant releases are in place in order to coordinate care. The Contractor shall screen for and link clients with mental and physical health, as indicated. Contractors will implement procedures to ensure clients are provided contact information for their assigned Care Coordinator(s) and document in the client record.</p>

Performance Standard:

- There is documentation of physical health and mental health screening in 100% of member records
- At least 80% of members have 42 CFR compliant releases in place to coordinate care with physical health providers
- At least 70% of member records have documentation of coordination with physical health
- At least 80% of members engaged for at least 30 days will have an assigned Primary Care Provider
- At least 80% of members who screen positive for mental health disorders have 42 CFR compliant releases in place to coordinate care with mental health providers
- At least 70% of member records for individuals who screen positive for mental health disorders have documentation of coordination with mental health (e.g. referral for mental health assessment or consultation with existing providers).
- At least 85% of members will contact information for a designated contact responsible for coordinating the member's care

Medications for Addiction Treatment

Contractors will either directly offer or have an effective referral mechanism to the most clinically appropriate MAT services for members with SUD diagnoses that are treatable with medications or biological products. An effective referral mechanism/process is defined as facilitating access to MAT off-site for members while they are receiving services if not provided on-site. Providing a member the contact information for a treatment program is insufficient. Contractor staff will regularly communicate with physicians of members who are prescribed these medications unless the member refuses to consent a 42 CFR, Part 2 compliant release of information for this purpose.

Performance Standard:

- At least 80% of member records for individuals receiving Medication Assisted Treatment for substance use disorders will have 42 CFR compliant releases in place to coordinate care
- At least 80% of members with a primary opioid or alcohol use disorder will be linked to an MAT assessment and/or MAT services

Culturally Responsive Services

Contractors are responsible to provide culturally responsive services. Contractors must ensure:

- Policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to- day operations.
- Translation and oral interpreter services must be available for members, as needed and at no cost to the member.
- Each program reviews monthly performance data (automated reports sent from Marin's Electronic Health Record monthly) and identifies and implements at least one performance improvement initiative annually to address to any inequities noted either in the monthly dashboard or Treatment Perceptions Survey data.

	<p>Performance Standard:</p> <ul style="list-style-type: none"> • 100% of members that speak a threshold language are provided services in their preferred language. • At least 80% of members completing the Treatment Perceptions Survey reported being satisfied (3.5+ out of 5.0) with cultural sensitivity of services. • 100% of contractors will implement at least one performance improvement initiative annually related to reducing inequities by race/ethnicity or gender identity. • 100% of contractors are in compliance with the CLAS standards. <p>Delivery of Individualized and Quality Care</p> <p><u>Member Satisfaction:</u> DMC-ODS Providers shall participate in the annual statewide Treatment Perceptions Survey (administration period to be determined by DHCS). Upon review of Provider-specific results, Contractor shall select a minimum of one quality improvement initiative to implement annually.</p> <p><u>ASAM Level of Care:</u> The assessed and actual level of care (and justification if the levels differ) shall be recorded in Marin’s Electronic Health Record with seven (7) days of the assessment.</p> <p>Performance Standards:</p> <ul style="list-style-type: none"> • At least 80% of members will report an overall satisfaction score of at least 3.5 or higher on the Treatment Perceptions Survey • Overall satisfaction scores are balanced when stratified by race/ethnicity and gender identity • At least 80% of members completing the Treatment Perceptions Survey reported that they were involved in choosing their own treatment goals (overall score of 3.5+ out of 5.0) • Contractor will implement with fidelity at least two approved EBPs • 100% of members participated in an assessment using ASAM dimensions and are provided with a recommendation regarding ASAM level of care • At least 70% of members admitted to treatment do so at the ASAM level of care recommended by their ASAM assessment • At least 80% of members are re-assessed within 90 days of the initial assessment
	<p>CalAIM Justice Involved Re-Entry Initiative - Behavioral Health Links</p> <p>As part of Behavioral Health Links, Contractor is required, within 14 days prior to release (if known), and in coordination with the pre-release care manager, or designee, to ensure processes are in place for a BH Link between the correctional behavioral health provider, Contractor, and the member.</p>
Outcomes	<p>In order to assess whether members: 1) Reduce substance abuse or achieve a substance-free life; 2) Maximize multiple aspects of life functioning; 3) Prevent or reduce the frequency and severity of relapse; and 4) Improve overall quality of life, the following indicators that will be evaluated and measured include, but are not limited to:</p>

	<ul style="list-style-type: none"> • Engagement in the first 30 days of treatment (at least two treatment sessions within 30 days after initiating treatment) • Reduction in substance use • Reduction in criminal activity or violations of probation/parole and days in custody • Increase in employment or employment (and/or educational) skills • Increases in family reunification • Increase engagement in social supports • Maintenance of stable living environments and reduction in homelessness • Improvement in mental and physical health status • Member satisfaction <p>These metrics will be analyzed by program and at a minimum, stratified by race/ethnicity and gender identity</p>
Training	<p>Applicable staff are required to participate in the following training:</p> <ul style="list-style-type: none"> • DMC-ODS Training (within 30 days of hire and at least annually) • Compliance, Information Privacy and Security – Including 42CFR Part 2 and HIPAA/Law & Ethics (Within 30 days of hire and at least annually) • ASAM E-modules 1 and 2 (Prior to Conducting Assessments) • Cultural Humility (At least four hours annually) <ul style="list-style-type: none"> ○ One Cultural Humility training (annually) ○ Once LGBTQ+ training (annually) ○ Cultural Competency Training to include Trans Inclusive Health Care (within 45 days of hire and every two (2) years thereafter. • Oath of Confidentiality (Review and sign at hire and annually thereafter) • At least five hours of continuing education in addiction medicine annually for LPHA staff, including Medical Director • Marin’s Electronic Health Record and CalOMS Treatment (Prior to Use of Marin’s Electronic Health Record and thereafter as needed) • CalMHSA CalAIM Trainings – Including documentation requirements, CPT code training, EHR and other applicable trainings (within 30 days of hire) • Naloxone Training – Ensure at least one staff member, at all times, on the premises who knows the location of naloxone or other FDA-approved opioid antagonist medication, and who has been trained in its administration. • Residential Withdrawal Management (WM) Providers: Personnel providing, monitoring or supervising the provision of WM services shall complete the following: <ul style="list-style-type: none"> ○ Certified in cardiopulmonary resuscitation ○ Certified in first aid ○ Trained in the use of Naloxone ○ Six (6) hours of orientation training for all personnel providing WM services, monitoring and supervising the provision of WM services, prior to providing services

	<ul style="list-style-type: none"> ○ Repeat orientation training within 14-days for returning staff following a 180 continuous day break in employment. ○ Eight (8) hours of training annually that covers the needs of residents who receive WM services. ● CPR/First Aid training (Reference: AOD Certification Standards, <i>one staff or HCP on duty and physically present at the program at all times, who is qualified by the American Red Cross or other recognized agencies and capable of providing CPR & first aid</i>). ● MAT Training (BHIN No. 23-054): Evidence of training personnel about the benefits and risks of MAT. Information shall be specific to each type of medication offered to clients. (Within 6 months of hire & as needed thereafter) ● For Adolescent Providers: Training for case managers related to AOD treatment, community resources, physical and sexual abuse, family dynamics and legal issues [Reference: Adolescent Best Practice Guide] <p>Contractors shall maintain pertinent evidence of training completion in personnel files. Contractors shall also submit evidence of training during the Site Visit process, or at additional times upon request.</p>
<p>Authorization Process – ASAM/DHCS Levels 3.1, 3.3 and 3.5</p>	<p>Initial Authorization Requests for initial authorization are to be submitted to BHRS Quality Management via BHRSAUTHSUS@marincounty.gov on the Treatment Authorization Request (TAR) – ‘<i>Initial Authorization</i>’ form at least 24 hours before the scheduled admission date. A copy of the ASAM shall be completed in SmartCare. Initial authorizations can be granted for up to 30 days for youth and up to 45 days for adults. An approved authorization allows for a client to be admitted to treatment within seven (7) calendar days of the approval date. Admissions later than seven (7) calendar days from the authorization date will be considered on a case-by-case basis and will require written approval by the County.</p> <p>Continuing and Extension Authorizations Requests for continuing and extension authorizations are to be submitted to BHRS Quality Management via BHRSAUTHSUS@marincounty.gov on the ‘TAR – <i>Continuing Authorization</i>’ form seven (7) calendar days before to the expiration date of the current authorization. A copy of the re-assessment shall be completed in SmartCare. Authorizations can be granted for up to 30 days for youth and up to 45 days for adults. Extension authorizations can be granted for up to 30 days at a time for both youth and adults. Clients’ residential length of stay will be based on medical necessity.</p> <p>Additional Information - TARs For a TAR to be considered eligible for authorization, the individual must be a Marin County Medi-Cal member or Marin County low-income (<138% FPL) uninsured resident, meet medical necessity and the ASAM criteria for the proposed level of care. Payment and submission of claims to Medi-Cal are subject to a member’s eligibility and services being rendered and documented in accordance with ODS Documentation Standards, ASAM diagnostic and dimensional criteria and the DMC-ODS STCs/BHINs.</p>

	<p>If BHRS responds to a TAR as “pending”, Contractor shall respond within 24 hours of the request for additional information.</p>
<p>Program Licensure, Certification and Standards</p>	<p><u>Practice Guidelines</u>: Contractor shall comply with the BHRS Clinical and Administrative Practice Guidelines, which are located at www.MarinBHRS.org</p> <p><u>Licensure, Certification and ASAM/DHCS Designation</u> ASAM/DHCS 3.2-WM: Contractor shall possess valid DHCS licensure with detoxification certification and DMC Residential certification.</p> <p>ASAM/DHCS Levels 3.1, 3.3 and 3.5: Contractor shall possess valid DHCS licensure and DMC Residential certification and have been designated by DHCS as capable of delivering care consistent with the ASAM criteria. All licensed AOD facilities must obtain at least one DHCS Level of Care Designation and/or at least one residential ASAM Level of Care Certification consistent with all of its program services.</p> <p>All DHCS-certified SUD treatment programs are required to comply with the outlined requirement in the DHCS Certification for Alcohol and Other Drug Programs (revised February 2025)..</p> <p>For more information regarding DHCS Level of Care Designation Requirements: https://www.dhcs.ca.gov/provgovpart/Pages/level-of-care-designation.aspx</p> <p>Contractors that provide Women and Children’s Residential Treatment Services (WCRTS) shall comply with the program requirements and goals pursuant to California Health and Safety Code 11757.65. Program outcomes include: 1) Preserving family unity; 2) Promoting healthy pregnancies; 3) Enabling children to thrive; and 4) freeing women and their families from substance abuse. Contractor shall also comply with the Perinatal Practice Guidelines.</p> <p><u>Incidental Medical Services (IMS)</u>: IMS may only be provided following approval from DHCS. IMS shall be an additional service to all residents at an approved licensed residential facility. IMS cannot be limited to specific residents and/or beds. A licensed residential facility’s HCP must ensure that IMS is appropriate for all residents. If IMS is not appropriate for a resident (as determined by a HCP), then the licensed residential facility must immediately refer the resident for placement in an appropriate level of care. A licensed residential facility approved to provide IMS cannot order or stock bulk prescription medications.</p>
<p>Contract Changes</p>	<p>If significant changes are expected, you must submit a request in writing to the contract manager. You must receive written approval prior to any changes being implemented and/or reimbursed. Significant changes include, but are not limited to:</p> <p><u>Scope of Work</u></p> <ul style="list-style-type: none"> Proposing to add or remove a service modality and/or CPT/HCPCS code

	<ul style="list-style-type: none"> • Proposing to transfer substantive programmatic work to a subcontractor • Proposing to add or remove rendering provider types • Demand for Marin Medi-Cal members exceed contracted capacity <p><u>Budget</u></p> <ul style="list-style-type: none"> • Proposing to increase or decrease FTE • Proposing to increase the contract maximum <p>Contractor shall also report any other key changes per the timelines and processes outlined in applicable Policies and Procedures (www.MarinBHRS.org), Contract Exhibit I and Practice Guidelines (MarinBHRS.org), including, but not limited to: 1) Staff Updates; 2) Facility alterations/renovations; 3) Unusual occurrences or Serious incidents; 4) Reduction in DMC services; and 5) Not accepting members or 90% capacity (facility at capacity).</p>
<p>Spanish Services Incentive</p>	<p>Payment #1 Deliverables and Performance Target (ODS and Non-ODS)</p> <ul style="list-style-type: none"> • Complete Implementation Plan and Spanish Services Questionnaire • Commitment to ongoing completion of demographic data and language fields for services delivered in Spanish <p>Payment #2 Deliverables and Performance Targets (ODS Providers Only)</p> <ul style="list-style-type: none"> • Complete Plan Update Template • Tier 1 Payment: 25-49% increase in services delivered in Spanish from baseline -or Tier 2 Payment: 50%+ increases in services delivered in Spanish from baseline <p>Data Notes:</p> <ul style="list-style-type: none"> • Baseline Calculation Period: 4/8/26 – 6/30/26 • Tier Calculation Measurement Period: <ul style="list-style-type: none"> ○ Numerator: Eligible services between 7/1/26 – 3/31/27 in complete and error free status and with Spanish marked as the client and service language. ○ Denominator: All services between 7/1/26 – 3/31/27 in complete and error free status • Eligible services: DMC-ODS billable services, regardless of client payer

EXHIBIT A - SCOPE OF SERVICES: PROGRAM REPORTING

DOCUMENT TITLE	DUE DATE	WHERE SUBMITTED	SUBMISSION FORMAT
Ongoing/ As Needed			
Not Accepting New Members	By 9am each day that the program is not accepting new members	BHRS Access and Contract Manager	E-mail
Reached 90% of treatment capacity	Within seven days (and via DATAR by the 10 th of the month)	County AOD Administrator	E-mail
EHR (CalOMS) - Client-data - DMC Billing - ASAM - Timely Access etc.	Progress notes for routine services within 3 business days; Other client-specific data should occur within 7 days of event	Marin Electronic Health Record Technical Assistance: BHRSEHRsupport@MarinCounty.gov CalMHSA Help Desk Contract Manager	Electronic Submission
Adult Drug Court Weekly Reports	By 12 noon every Thursday	ADC Coordinator (Jennifer Wasson) jen.wasson@marincounty.gov and ADC Recovery Coach	Encrypted E-mail
Staff Update Form/ Provider Update	Prior to or within 24 hours of the staff change [e.g. new or separating staff, role change, license update]	Staff User Access Form	JotForm
Monthly Submission			
Monthly Provider Check and attestation	By the 10 th of the month	BHRS Office – Administrative Services Associate	E-mail
All Billing Invoices and Supporting Documentation	By the 10 th of the month	EHR and BHRS Office (as applicable)	Electronic Submission
DATAR	By the 10 th of the month	State DHCS	Electronic Submission
Resubmission of Denied DMC Claims	By the 20 th of the month following notice of denial	Marin Electronic Health Record	Electronic Submission
NOABD Log and Issued NOABDs	By the 10th of the month	BHRS Office – Administrative Services Associate	E-Mail SmartCare
Annual Submission			
Provider Self Audit	Projected January 2027	BHRS Office – Contract Manager	Electronic Submission
Annual Report	Projected June 30, 2027	BHRS Office – Quality Management. Copy to Contract Manager	E-mail or Hard Copy
Provider Cost Reports	To Be Determined	Marin HHS - Fiscal	TBD