

October 27, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**PROPOSED AMENDMENT NO. 1 TO AGREEMENT 203-2026 WITH NEXT HORIZON RECOVERY, LLC
DBA DESERT OASIS RECOVERY FOR RESIDENTIAL SUBSTANCE USE TREATMENT SERVICES
(FISCAL IMPACT: NONE)**

Behavioral Health and Recovery Services (BHRS) requests approval of Amendment No. 1 to Agreement 203-2026 with Next Horizon Recovery, LLC dba Desert Oasis Recovery for residential substance use treatment services. The proposed Amendment will accurately reflect the Contractor's legal name, replace Exhibit A – Description of Standards and Services, and replace Exhibit C – Funding Schedule and Exhibit C-1 – Rate Table. The Amendment has no fiscal impact.

On May 19, 2026, the County entered into Agreement 203-2026 with Desert Oasis Recovery for the term July 1, 2026 through June 30, 2027 to provide residential substance use treatment services for adolescent and adult clients residing in Kern County to include Bakersfield for the term January 27, 2026 through June 30, 2027. Residential substance use treatment services include but are not limited to individual and group counseling along with related activities that support recovery and a commitment to abstinence

Proposed Amendment No. 1 will change the Contractor's name from Desert Oasis Recovery to Next Horizon Recovery, LLC dba Desert Oasis Recovery and update the Agreement's programmatic and funding exhibits. The revised Exhibit A reallocates treatment slots. The revised funding schedule adds an additional service delivery site while maintaining maximum reimbursement of \$767,000 for Fiscal Year 2026-27.

This Amendment has been reviewed and approved as to form by County Counsel.

Therefore, IT IS RECOMMENDED that the Board approve, with no fiscal impact, Amendment No. 1 to Agreement 203-2026 with Next Horizon Recovery, LLC dba Desert Oasis Recovery to accurately reflect the Contractor's legal name, update the description and standards of services, replace the funding schedule and rate table, and authorize the Chairman to sign.

Respectfully submitted,



Alison Burrowes, MA, LCSW
Director

cc: County Administrative Office
County Counsel

AMENDMENT NUMBER ONE

AGREEMENT FOR PROFESSIONAL SERVICES

(COUNTY – NEXT HORIZON RECOVERY, LLC DBA DESERT OASIS RECOVERY)

RESIDENTIAL SUBSTANCE USE TREATMENT SERVICES

THIS AMENDMENT NUMBER ONE is made and entered into on _____, by and between the County of Kern ("County"), a political subdivision of the State of California, as represented by the Behavioral Health and Recovery Services Department ("Department" or "KernBHRS"), and **Next Horizon Recovery, LLC dba Desert Oasis Recovery**, a for profit organization with its principal place of business located at 424 Christopher Court, Ridgecrest, CA 93555.

WITNESSETH:

WHEREAS:

A. On May 19, 2026 County and Contractor entered into Agreement 203-2026 for the term July 1, 2026 through June 30, 2027 entitled "Agreement for Professional Services" (hereinafter "Agreement") for the provision of a full continuum of residential substance use treatment services for mental health clients who reside or have resided in a crisis residential facility; and

B. County and Contractor wish to amend Agreement 203-2026 to accurately reflect the contractor's name: Next Horizon Recovery, LLC dba Desert Oasis Recovery.

C. County and Contractor wish to amend Agreement 203-2026 to modify Exhibit A – Description of Standards and Services.

D. County and Contractor wish to amend Agreement 203-2026 to modify Exhibit C - Funding Schedule.

NOW, THEREFORE, the parties mutually agree hereto as follows:

1. The name of the Contractor under Agreement 203-2026 is hereby amended from Desert Oasis Recovery to Next Horizon Recovery, LLC dba Desert Oasis Recovery. All references to "Desert Oasis Recovery" or "Contractor" throughout the Agreement and any exhibits thereto shall hereafter be deemed to refer to Next Horizon Recovery, LLC dba Desert Oasis Recovery.

2. "EXHIBIT A, DESCRIPTION OF STANDARDS AND SERVICES," shall be deleted in its entirety and superseded by EXHIBIT "A" TO AMENDMENT NUMBER **ONE**, which is attached hereto and made a part hereof. All further references to EXHIBIT "A" in the body of the Agreement, or any exhibits thereto, shall be deemed to read EXHIBIT "A" To Amendment Number **ONE**.

3. "EXHIBIT C, FUNDING SCHEDULE," shall be deleted in its entirety and superseded by EXHIBIT "C" TO AMENDMENT NUMBER **ONE**, which is attached hereto and made a part hereof. All further references to Exhibit "C" in the body of the Agreement, or any exhibits thereto, shall be deemed to read Exhibit "C" To Amendment Number **ONE**.

4. "EXHIBIT C-1 - RATE TABLE," shall be deleted in its entirety and superseded by EXHIBIT "C-1" TO AMENDMENT NUMBER **ONE**, which is attached hereto and made a part hereof. All further

references to Exhibit "C" in the body of the Agreement, or any exhibits thereto, shall be deemed to read Exhibit "C-1" To Amendment Number **ONE**.

5. Except as expressly amended herein, all other terms, conditions, sections, and provisions of the Agreement shall remain unchanged and in full force and effect. In the event of any inconsistency between the terms of this Amendment Number One and the Agreement, the terms of this Amendment Number One shall control.

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IN WITNESS TO WHICH, each party to this Agreement has signed this Agreement upon the date indicated, and agrees for itself, its employees, officers, partners, and successors, to be fully bound by all terms and conditions of this Agreement.

APPROVED AS TO CONTENT:

Behavioral Health and Recovery Services

COUNTY OF KERN

Board of Supervisors

By: Alison Burrowes
Alison Burrowes, MA, LCSW
Director

By: _____
Chairman

APPROVED AS TO FORM:

Office of the County Counsel

**NEXT HORIZON RECOVERY, LLC dba
DESERT OASIS RECOVERY**

By: Kyle W. Holmes
Kyle Holmes, Deputy

By: Daniel Ingersoll
Daniel Ingersoll, Program Director

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AMENDMENT NUMBER ONE

NEXT HORIZON RECOVERY, LLC DBA DESERT OASIS RECOVERY

RESIDENTIAL SUBSTANCE USE TREATMENT SERVICES

EXHIBIT A - DESCRIPTION AND STANDARDS OF SERVICES

NOTE: THIS EXHIBIT WILL BE REVIEWED ANNUALLY

I. LEVELS OF SERVICE

The levels of service shall be delivered in accordance with the American Society of Addiction Medicine (ASAM) criteria, regardless of funding source. The ASAM Levels of Care described in this Exhibit are:

LOC	Description
3.1	Clinically Managed Low-Intensity Residential for Adults
3.5	Clinically Managed High-Intensity Residential for Adults

Contractor agrees to provide, the following services at the onset of this Agreement:

- A. 424 Christopher Court, Ridgecrest CA 93555:**
 - a. Level 3.1, 3.2 WM, and 3.5 Residential services
 - b. Peer Support Services
 - c. Targeted Case Management
 - d. Medication for Addiction Treatment
 - e. Recovery Services
- B. 400 Mavis Court, Ridgecrest CA 93555:**
 - a. Level 3.1, 3.2 WM, and 3.5 Residential services
 - b. Peer Support Services
 - c. Targeted Case Management
 - d. Medication for Addiction Treatment
 - e. Recovery Services

II. GUIDING PRINCIPLES

Kern Behavioral Health and Recovery Services (KernBHRS) has embarked on a mission to develop a system-wide performance improvement process with the goal of implementing a system of care characterized by providing supportive, accessible, recovery-oriented individual and family-centered, culturally competent services that are capable of supporting those with co-occurring mental health and substance use disorders. Substance use disorder providers have been specifically welcomed into this process due to recognition of the fact that, among clients receiving substance use disorder treatment, the presence of co-occurring mental health conditions, whether previously diagnosed or not, is sufficiently common to be considered an expectation.

The following standards are intended to be consistent with the aforementioned mission, and to provide a structure for services offered within the KernBHRS Substance Use Disorder System of Care (SUD SOC) that are not regulated under existing requirements. Providers receiving funding from Drug Medi-Cal (DMC), the Substance Use Prevention and Treatment Block Grant (SUPT) Discretionary, Perinatal Drug Medi-Cal, and/or SUPT Perinatal Set Aside, , must also comply with the regulations and standards

of those funding sources and programs. The above-mentioned funding sources and programs support an integrated approach to addressing co-occurring mental health conditions during substance use disorder treatment.

A. Contractor accepts that it is a member of a network of providers of KernBHRS's SUD SOC, a continuum of care based on American Society of Addiction Medicine (ASAM) criteria which includes prevention, early intervention, outpatient treatment, residential treatment, care coordination, recovery services, medications for addiction treatment, contingency management, peer services, opioid treatment services and withdrawal management. Contractor readily accepts and shares the responsibility of providing quality services to all clients.

B. Contractor shall demonstrate support of KernBHRS' s SUD SOC by sharing information and resources and by actively seeking to recruit staff and volunteers who are multilingual and who represent the ethnic and cultural diversity of the community in which it serves.

C. Contractor recognizes that within its current caseload are clients whom have co-occurring mental health conditions. It is important that these clients are welcomed into care without experiencing stigma, and that the number of these clients is accurately identified so that needs can be effectively recognized and met.

D. Contractor shall strive to participate in local area collaboration efforts and organized collaborative organizations and networks to raise awareness and educate its partners regarding the scope and breadth of substance use disorder problems in the community it serves.

E. Contractor's programs and activities shall operate in a drug and alcohol-free environment. Any information produced through these funds, and which pertain to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. No aspect of a drug or alcohol related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol per HSC Section 11999-11999.3.

F. Contractor shall collaborate with other programs, including behavioral health programs and physical healthcare providers, when using multiple social systems and levels within a community.

G. The family unit and social support are considered integral parts of the treatment program for a person experiencing substance use or co-occurring disorders. Treatment interventions must always consider issues of family dynamics and key social relationships, including the possible presence of co-occurring mental health conditions within the family.

H. Contractor shall make efforts to provide outreach to the diverse cultural and ethnic groups within the community served, while ensuring that the dignity of clients and communities is preserved.

I. Contractor shall ensure that all pertinent written, oral, and symbolic client and family materials, including but not limited to signage, pamphlets, educational brochures, referrals to resources or speakers, audiovisuals, and self-help kits, are interpreted and translated in the primary language, and from the appropriate cultural perspective, of the communities served.

J. Contractor shall continually evaluate the needs of the communities being served and shall always endeavor to meet those needs. Further, Contractor shall incorporate the values of the community into its activities, services, and programs.

K. Cultural and Linguistic Proficiency: To ensure equal access to quality care by diverse populations, Contractor shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards.

L. If receiving Substance Use Prevention and Treatment (SUPT) Block Grant funds, Contractor shall comply with the pre-award risk assessment requirements contained in 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles for Federal Awards, commonly referred to as the Uniform Guidance.

M. Contractor shall be subject to an annual fiscal review conducted by KernBHRS, per state agreement guidelines.

N. Contractor shall be subject to all current and prior Department of Alcohol and Drug Program Bulletins and DHCS Behavioral Health Information Notices relevant to the services provided through this contract.

O. Medi-Cal funded Contractors shall adhere to the Minimum Quality Drug Treatment Standards for DMC.

P. If SUPT-funded, Contractor shall adhere to the Minimum Quality Drug Treatment Standards for SUPT.

Q. Contractor shall adopt the DMC-ODS Clinical Practice Guidelines developed by KernBHRS, which follow the Substance Abuse and Mental Health Services Administration's (SAMHSA) Treatment Improvement Protocols (TIPS) and Technical Assistance Publications (TAPs) series.

III. FUNDING SOURCES

A. Drug Medi-Cal (DMC): A program to fund medically necessary alcohol and drug treatment services for clients meeting eligibility requirements, including limited income and resources.

B. 2011 Realignment: Realignment funding is provided through sales tax and vehicle license fee revenues. Each county is allotted these funds through a statewide formula for substance use disorder treatment services. These funds are available as a match to the Federal Financial Participation and may also be used to cover room and board costs.

C. Perinatal Drug Medi-Cal: Services for pregnant or postpartum (defined as the three hundred and sixty five (365) day period after the last day of pregnancy) women, including substance use disorders treatment services and certain case management services including childcare during treatment sessions, and transportation. Funding is applicable for clinical residential services only.

D. SUPT Perinatal Set Aside: Enhanced services for women who are either pregnant and abusing substances, or women who are parenting and abusing substances, with a child or children ages birth through seventeen (17) years. This funding is available to those women who are attempting to regain legal custody of their child or children. Services are subject to the most current version of the Perinatal Practice Guidelines published by DHCS. Funding only available for room and board costs for qualifying residential stay.

E. Proposition 47 Grant Funds: Funding awarded by the Board of State and Community Corrections to support behavioral health treatment. This funding can be utilized as a match to the Federal Financial Participation cost of DMC-ODS treatment for clients referred by the courts for Proposition 36.

IV. ACCESS TO TREATMENT

A. KernBHRS's SUD SOC allows for clients to access services directly using any outpatient KernBHRS approved treatment provider site or through the KernBHRS SUD Access Line, which is the screening and referral team for KernBHRS SUD SOC. The SUD Access Line will screen and refer clients with substance use problems. Following a screening through the SUD Access Line, clients are offered a referral to a KernBHRS contracted treatment provider based on one (1) or more of the following: level of care needed, required funding need, client preference, and/or location proximity to the client. When clients access services directly at a contracted treatment provider, the treatment provider shall provide pre-assessment services (if needed), complete an assessment and all required intake documentation, and admit the client to a level of care based on medical necessity.

B. Contractor requirements to receive referrals: Contractor shall document assessment appointment availability using "Program Calendar" within the Department Electronic Health Record (EHR) and make the appointments available for use by the SUD Access Line for the purpose of referring individuals.

1. Contractor is responsible for maintaining their "Program Calendar" and shall keep their available slots current for the purpose of receiving new referrals for treatment.

C. Contractor shall receive referrals through one of the following methods:

1. For individuals screened face-to-face or through the SUD Access Line, Contractor shall receive an SUD Access Line Referral through their program calendar in the EHR. Contractor shall have the assigned staff complete an ROI in the EHR with the client, no later than at the time of first service/assessment, to allow for ongoing communication between the KernBHRS SUD Division and Contractor.

2. If an individual presents at Contractor's program prior to screening through KernBHRS, Contractor shall offer pre-assessment services, schedule the individual for an assessment, or alternatively, link the client through the SUD Access Line.

3. If an individual presents to the residential facility, requests services, and a bed is available, contractor may admit individual (including opening a chart in KernBHRS' electronic health record, verifying Medi-Cal eligibility, completing all admission paperwork), complete an assessment, and submit an authorization request form to the SUD Access Line.

- a) The SUD Access Line will review the authorization request and assessment information to confirm that the individual meets medical necessity and eligibility criteria for residential services.

- b.) An approval will be issued indicating the number of days authorized if all criteria are met, and provider may continue to serve admitted individual request is denied; Contractor will not be reimbursed for services rendered. An NOABD will be issued to provider.

D. Contractor is required to submit a Daily Census Report to the KernBHRS SUD Access Line by 8:30 AM every working day to report available treatment slots, at the following e-mail address: BedCensus@KernBHRS.org.

E. County of Responsibility: Contractor is responsible for verifying Medi-Cal eligibility as indicated in Paragraph "4". Compensation to Contractor, sub-paragraph "R". Contractor shall provide DMC-ODS services to Kern County Medi-Cal beneficiaries. KernBHRS is not responsible to reimburse services for clients with a different County of Responsibility indicated on their Medi-Cal. If client resides in Kern,

but Medi-Cal is listed as any other county, then Contractor shall assist the client to initiate the inter-county transfer of Medi-Cal coverage. Upon documented initiation of the inter-county transfer, contractor shall inform the Billing team. KernBHRS shall ensure beneficiary receives all covered DMC-ODS services. According to BHIN 21-032, if the beneficiary moves to a new county and initiates an inter-county transfer, the new county is immediately responsible for DMC-ODS treatment services.

F. Informing Materials:

1. Contractor shall make the DMC-ODS Clinical Practice Guidelines available in print or electronically to clients upon request.
2. Contractor shall make written materials in English and Spanish available to clients with special needs, for example, visual disability or limited reading proficiency.
3. Contractor shall inform clients that information is available in alternative formats and how to access those formats. Contractor shall track requests for alternative formats and additional Beneficiary Handbooks in the KernBHRS provided template.
4. Contractor shall follow requirements included in KernBHRS policy 11.1.13 Beneficiary Informing Materials.
5. Contractor shall adopt and make available to all clients and prospective clients, a client bill of rights that meets the requirements of Behavioral Health Information Notice No: 23-045: California Ethical Treatment for Persons with Substance Use Disorder (SUD) Act: Implementation of Senate Bill 349 (SB 349).

G. Service Priority:

1. Service Priority will be set in the following order:
 - a. Urgent referrals (including: Pregnant injecting drug users, Pregnant substance users; individuals using a life-threatening combination of substances (i.e. alcohol and benzodiazepines or heroin, cocaine and alcohol.), individuals at risk of severe withdrawal or severe reactions to withdrawal, individuals with recent hospitalization due to SUD (including individuals in the process of discharge from an acute care hospital or withdrawal management), and individuals requesting services from a Recovery Station, the Psychiatric Evaluation Center (PEC), or the Crisis Walk in Clinic (CWIC).
 - b. Injecting drug users; and
 - c. All others.

H. Timeliness of Access into Treatment:

1. Contractor shall ensure to meet all applicable timeliness standards outlined in KernBHRS Policy 5.1.12, *Timeliness of Access to Services*.
2. Contractor shall have a system in place to address timeliness requirements. When Contractor's available assessment and first-time service appointments do not meet the standards for timeliness into treatment, SUD Access Line shall notify Contractor. Contractor shall coordinate to add appointments to bring appointment availability into compliance.

3. Contractor shall track all clients' initial request for services and follow-up services as outlined in KernBHRS Policy 5.1.12, Timeliness of Access to Services, using the current Timeliness Record KernBHRS has available in the EHR.

I. Contractor agrees to report information regarding program capacity and waiting lists by submitting a Drug Abuse Treatment Access Report (DATAR) to County as outlined in KernBHRS policy 5.6.24, *Substance Use Disorder Drug Abuse Treatment Access Reporting (DATAR)*.

J. There shall be no barrier to access based solely on the presence of a current or past co-occurring psychiatric or medical diagnosis, or solely due to the client receiving prescribed medication.

K. Admission and readmission criteria shall be in a written policy as stated in Paragraph XI.B of this document. Any exclusionary criteria shall be submitted to the KernBHRS SUD SOC Administrator for approval.

V. SERVICES

A. Description of Services: Contractor shall strive to provide all services in a welcoming, recovery-oriented, family inclusive, culturally competent, and co-occurring capable manner. Services will be provided according to the ASAM criteria in the continuum of care that ranges from early intervention to medically managed inpatient treatment.

1. ASAM Level of Care 3.1—Clinically Managed Low-Intensity Residential:

a. Description: Residential services provided to clients when medically necessary in a short-term residential program. Residential services are non-institutional, twenty-four (24) hour non-medical, short-term programs that provide rehabilitation services to clients who are unable to establish or maintain sobriety and/or make progress in treatment at an outpatient level. These clients 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 twenty-four (24) hour living support and structure with available trained personnel. It offers weekly clinical services focused on improving the client's readiness to change, developing coping skills, reducing relapse, and improving recovery and living environment.

b. Services:

i. Assessment, care coordination, counseling (individual and group), family therapy, medication services, MAT for Opioid Use Disorder (OUD), MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs, patient education, recovery services, and SUD crisis intervention services.

ii. Clinically Managed Low-Intensity Residential Services will be comprised of daily clinical services, at a minimum of five (5) hours of service per week within the residential facility, dependent upon individualized clinical needs. Services include an assessment; problem list creation; group and individual counseling; safeguarding medications; crisis intervention services; discharge planning services; family therapy; patient education; and care coordination. Care coordination services in the metropolitan Bakersfield area will be provided by KernBHRS.

iii. Contractor shall either directly offer Medications for Addiction Assisted Treatment (MAT) offer a warm handoff referral directly to a MAT provider, or refer clients to the SUD Access Line for a MAT referral to a Narcotic Treatment Program (NTP) for all clients diagnosed with a disorder treatable with FDA-approved medications and biological products at the time of assessment or reassessment.

a) Contractor shall have in place a MAT policy that is in compliance with HSC Section 11834.28(c)(1)) and 11834.28(c) outlined in Behavioral Health Information Notice No: 23-054 Medications for Addiction Treatment (MAT) Services Requirements for Licensed and/or Certified Substance Use Disorder (SUD) Recovery or Treatment Facilities.

c. Duration: Residential length of stay will be determined by individualized clinical need.

d. Treatment Authorization: Authorization for residential services will be approved by the SUD Access Line. Appointments for continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

e. Treatment Goals: At the end of the residential stay, the client should acquire a period of abstinence and a willingness to participate in an outpatient level of care to continue recovery efforts.

f. Transition to lower level of care: All individuals that exit residential care, successfully or unsuccessfully, shall receive additional SUD services within seven (7) calendar days of discharge. For planned discharges, contractor shall communicate with the SUD Access Line via the Treatment Modification form to coordinate for the individual's entry into a lower level of care within seven (7) calendar days of discharge. For unplanned discharges, contractor shall contact the SUD Access Line as soon as possible after the client leaves treatment to facilitate re-engagement into care.

2. ASAM Level of Care 3.5—Clinically Managed High-Intensity Residential:

a. Description: Residential services are non-institutional, twenty-four (24) hour non-medical, short-term programs that provide rehabilitation services to clients who are unable to establish or maintain sobriety, make progress, or be safely treated at an outpatient level.

This level of treatment addresses stabilization of multi-dimensional imminent danger and prepares clients for outpatient treatment. The three components of imminent danger according to the ASAM Criteria include 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 client, and c) the likelihood that such adverse events will occur in the very near future, within hours and days, not weeks and months.

Clients 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.

b. Services: ASAM Level of Care 3.5 services shall include the following:

i. Assessment, care coordination, counseling (individual and group), family therapy, medication services, MAT for Opioid Use Disorder (OUD), MAT for Alcohol Use Disorder

(AUD) and other non-opioid SUDs, patient education, recovery services, and SUD crisis intervention services.

ii. Clinically Managed High-Intensity residential services include daily services to build coping skills to establish abstinence outside of a controlled environment, begin establishing a daily routine that supports recovery, begin integrating support activities into daily living, and begin and maintain relationships that will support long term recovery. Residential substance use treatment programs are organized and staffed to provide a highly-structured environment that includes daily clinical services to improve the client's ability to organize daily living, daily clinical activities to stabilize symptoms of substance use disorders, planned community reinforcement to foster community living skills, and services for the client's family and significant others; family therapy; patient education; and care coordination. Care coordination services in the metropolitan Bakersfield area will be provided by KernBHRS.

iii. Contractor shall either directly offer Medication Assisted Treatment (MAT) offer a warm handoff referral directly to a MAT provider, or refer clients to the SUD Access Line for a MAT referral to a Narcotic Treatment Program (NTP) for all clients diagnosed with a disorder treatable with FDA-approved medications and biological products at the time of assessment or reassessment.

a) Contractor shall have in place a MAT policy that is in compliance with HSC Section 11834.28(c)(1)) and 11834.28(c) outlined in Behavioral Health Information Notice No: 23-054 Medications for Addiction Treatment (MAT) Services Requirements for Licensed and/or Certified Substance Use Disorder (SUD) Recovery or Treatment Facilities.

c. Duration Residential length of stay will be determined by individualized clinical need.

d. Treatment Authorization: Authorization for Residential Services will be approved by the SUD Access Line. Appointments for continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

e. Treatment Goals: At the end of the residential stay, the client should acquire a period of abstinence and a willingness to participate in an outpatient level of care to continue recovery efforts.

f. Transition to lower level of care: All clients discharging from residential services, successfully or unsuccessfully, shall receive additional SUD services within seven (7) calendar days of discharge. For planned discharges, contractor shall communicate with the SUD Access Line via the Treatment Modification form to coordinate for the individual's entry into a lower level of care within seven (7) calendar days of discharge. For unplanned discharges, contractor shall contact the SUD Access Line as soon as possible after the client leaves treatment to facilitate re-engagement into care.

3. ASAM Level of Care 3.2 WM - Clinically Managed Residential Withdrawal Management:

a. Description: LOC 3.2 Withdrawal Management Services are provided in a residential setting. Clients receiving these services shall reside at the facility. All clients receiving Withdrawal Management services shall be monitored during the detoxification process. 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. 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.

b. Services: ASAM Level of Care 3.2 WM services shall include the following:

i. Assessment, care coordination, medication services, MAT for Opioid Use Disorder (OUD), MAT for Alcohol Use Disorder (AUD) and other non-opioid SUDs, observation (All personnel performing observations must comply with applicable California State withdrawal management training requirements.), and recovery services.

ii. Contractor shall either directly offer Medication Assisted Treatment (MAT) offer a warm handoff referral directly to a MAT provider, or refer clients to the SUD Access Line for a MAT referral to a Narcotic Treatment Program (NTP) for all clients diagnosed with a disorder treatable with FDA-approved medications and biological products at the time of assessment or reassessment.

a) Contractor shall track referrals to MAT services and report monthly to KernBHRS by the fifth day of the month.

c. Duration: The duration of a course of withdrawal management is determined by the reduction in signs and symptoms of withdrawal so that the client can begin residential treatment services. This determination is made according to established clinical protocols, and averages between three (3) and five (5) days.

d. Treatment Authorization: Authorization for Residential Services will be approved by the SUD Access Line. Appointments for continuing treatment in outpatient settings will be arranged prior to discharge from this treatment level.

e. Treatment Goals: The client will be able to participate in residential treatment services as withdrawal symptoms will have resolved sufficiently to be treated in a residential level of care.

f. Transition to lower level of care: All clients discharging from residential services, successfully or unsuccessfully, shall receive additional SUD services within seven (7) calendar days of discharge. For planned discharges, contractor shall communicate with the SUD Access Line via the Treatment Modification form to coordinate for the individual's entry into a lower level of care within seven (7) calendar days of discharge. For unplanned discharges, contractor shall contact the SUD Access Line as soon as possible after the client leaves treatment to facilitate re-engagement into care.

B. Coordination and Continuity of Care

1. Contractor shall comply with the coordination and continuity of care requirements as set in 42 CFR §438.208. This shall include at a minimum:

a. All clients receiving DMC-ODS services from Contractor shall have, or, if under twenty-one years of age, be at risk of developing a substance use disorder.

b. Contractor shall identify mechanisms to assess all clients, produce, and maintain a problem list for those clients that have a substance use disorder. The problem list shall:

- i. Be developed with client participation, and in consultation with any providers or significant support person caring for the client.
- ii. Be developed by a person trained in person-centered planning using a person-centered process and plan, as defined in 42 CFR §441.301(c)(1). Relias course "Person-Centered Planning in Behavioral Health" (REL-BHC-0-PCPBH) is recommended for direct service provider staff.
- iii. Be in accordance with quality assurance and utilization review standards.
- iv. Be reviewed and revised at any point in treatment by all service providers acting within their scope of practice, as client's circumstances or needs change, at the request of the client, or at generally accepted standards of practice per DHCS BHIN 23-068.
- v. List symptoms, conditions, diagnosis, social drivers, and/or risk factors identified through assessment, evaluations, crisis encounters, or other types of service encounters as per DHCS BHIN 23-068.

c. Contractor shall have procedures in place to deliver care and to coordinate services for all clients.

d. Clients shall have a designated primary server and be provided with contact information for primary server.

e. Contractor shall assure uninterrupted transitions in level of care, other healthcare services, and community and social support services.

f. Contractor shall meet the standards of timeliness into treatment.

g. Contractor shall maintain and share, as appropriate, the client health record in accordance with professional standards.

h. Contractor shall ensure that in the process of coordinating care, each client's privacy is protected in accordance with the privacy requirements in 45 CFR parts 160 and 164 subparts A and E and 42 CFR Part 2, to the extent that they are applicable.

2. Residential Authorization and Reauthorization: Initial Residential Authorization is granted for a 30-day period. Contractor's Licensed Practitioner of the Healing Arts ("LPHA") shall complete and submit a ASAM re-assessment, and a re-authorization request to the SUD Access Line seven (7) calendar days prior to expiration of current authorization to extend residential stay, if medically necessary. The SUD Access Line will approve or deny Reauthorization request no later than seven (7) calendar days following receipt of Reauthorization request. Lengths of stay guidelines are as follows:

a. A client's length of stay for residential treatment services shall be determined by a LPHA based on medical necessity.

- b. Contractor shall adhere to the statewide goal of an average of 30 days length of stay for residential treatment services.
- c. Adolescent clients receiving residential treatment shall be stabilized as soon as possible and moved down to a less intensive level of treatment. Adolescent clients may receive a 30-day extension if that extension is determined to be medically necessary.
- d. DMC-ODS does not override EPSDT requirements. EPSDT clients may receive a longer length of stay based on medical necessity.
- e. If determined to be medically necessary, perinatal clients may receive a longer length of stay than the specified in item (a) above.

3. Treatment Modifications:

- a. Contractor shall request a treatment modification from the SUD Access Line following the established process in the "Guide to Level of Care Modification". A treatment modification is completed when an LPHA determines that a client is:
 - i. Ready to transition to a lower level of care; or
 - ii. In need of a higher level of care; or
 - iii. The needed level of care is not available in the program where the client is being served or the client is requesting to move from one provider site to another at the current level of care, and that new provider site is located at a different physical location.
- b. Services shall continue at the assigned program and level of care until the treatment modification form is approved, and an appointment can be secured at the requested level of care. The SUD Access Line will communicate with the requesting provider so that the client can be informed of the new provider location and appointment date and time, provided there is a valid Release of Information (ROI) to do so.
- c. The requesting provider will assist the client to transition to the newly approved level of care.
- d. The requesting provider shall not make direct referrals to other SUD treatment providers.

C. Zero Suicide

Contractor is required to participate in KernBHRS's system-wide suicide prevention initiative. This participation includes but is not limited to mandatory screening of clients at all contacts (unless less frequent screenings are indicated) assessing, and treating individuals identified as at risk according to the Zero Suicide Protocol as outlined in Policy 5.1.32, Zero Suicide Protocol for Suicide Safe Care.

D. Transportation

- 1. Senate Bill 43 (SB43), made substantive changes to the Lanterman-Petris-Short (LPS) Act and amended the definitions of "gravely disabled" contained in subdivisions (h)(1)(A) and (h)(2) of Welfare and Institutions Code, Section 5008.

2. "Gravely disabled" now means a condition in which a person:
 - a. As a result of a mental health disorder, impairment by chronic alcoholism, severe substance use disorder, or a co-occurring mental health disorder and a severe use disorder,
 - b. Is unable to provide for their basic personal need for food, clothing, shelter, personal safety, or necessary medical care.
3. As clients may be detained on a 5150 hold and receive intensive treatment, they may be referred for ongoing SUD treatment after discharge from hospitalization.
4. After receipt of a referral from an inpatient psychiatric unit, acute care hospital or detoxification unit requesting ongoing SUD treatment, contractor shall provide transportation assistance to clients either by providing transportation directly, or connecting the individual to utilize their Medi-Cal Managed Care transportation benefits.

VI. CLINICAL COMPONENTS

A. Assessment

1. Contractor is required to use the KernBHRS assessment tool in the current EHR or an approved American Society of Addiction Medicine (ASAM) Criteria based assessment.
2. The assessment shall include a typed or legibly printed name, signature of the service provider, provider's title (credentials) and date of signature.
3. The assessment shall include the provider's determination and recommendation for ASAM Level of Care and medical necessity, and recommendation of services and additional provider referrals as clinically appropriate. The problem list and progress notes shall support the medical necessity of each service provided.
4. The assessment is an individual session conducted by a Licensed Practitioner of the Healing Arts ("LPHA"), or license-eligible LPHA using a Department-approved tool, based on ASAM Criteria dimensions and risk ratings. The assessment is used to determine medical necessity, eligibility, and level of care for SUD residential treatment services. The session may be conducted by phone, telehealth, or in the office. Initial assessment may be conducted in person (face to face), or by telehealth (synchronous audio and video) following BHIN23-018.
5. The assessment may be completed with the client alone, or the client and a supportive family member, or with another individual that the client requests, if indicated and with the appropriate authorization to release information.
6. The assessment interview is conducted for developing a biopsychosocial profile of the client and shall include the six (6) ASAM Criteria dimensions of withdrawal potential, medical conditions, emotional cognitive or psychiatric, motivation for recovery, continued relapse/problem potential, and recovery environment.
7. The assessment must be completed in a manner that considers the client's age, gender, ethnicity, sexual orientation, stage of change, and all cultural or special needs.

8. The assessment is the foundation for the development of the problem list and the initiation of clinical services.

9. Contractor shall ensure that individuals are referred to any additional indicated levels of care identified through the assessment. Contractor shall communicate with the SUD Access Line to provide additional referrals to additional levels of care based on assessment results.

B. Medical Necessity of Services

1. DMC-ODS services must be medically necessary. Pursuant to W&I Section 14059.5(a), for individuals twenty-one (21) years of age or older, a service is “medically necessary” or a “medical necessity” when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

2. For individuals under twenty-one (21) years of age, a service is “medically necessary” or a “medical necessity” if the service is necessary to correct or ameliorate screened health conditions. Consistent with federal guidance, services need not be curative or completely restorative to ameliorate a health condition, including substance misuse and SUDs. Services that sustain, support, improve, or make more tolerable substance misuse or an SUD are considered to ameliorate the condition and are thus covered as EPSDT services. (Section 1396d(r)(5) of Title 42 of the United States Code; W&I Section 14059.5(b)(1)).

C. Problem List

1. The provider(s) responsible for the client's care shall create and maintain a problem list.

2. A problem list is a list of symptoms, conditions, diagnoses, social drivers, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.

3. The problem list shall include, but is not limited to, the following:

a. Diagnosis/es identified by a provider acting within their scope of practice if any. Diagnosis-specific specifiers from the current Diagnostic and Statistical Manual of Mental Disorders (DSM) shall be included with the diagnosis, when applicable.

b. Current International Classification of Diseases (ICD) Clinical Modification (CM) codes.

c. Problems identified by a provider acting within their scope of practice, if any.

d. Problems identified by the client and/or significant support person, if any.

e. Name and title (or credentials) of the provider that identified, added, or resolved the problem, and the date the problem was identified, added or resolved.

4. A Problem identified during a crisis encounter (Crisis Intervention) may be addressed by the provider (within their scope of practice) during that service encounter, and subsequently add to the problem list.

5. Providers shall update the problem list on an ongoing basis to reflect the client's current presentation. Provider, within their scope of practice, shall add to, amend, or resolve problems from the problem list when there is a relevant change to a client's condition.

6. Problem lists shall be updated within a reasonable time and in accordance with generally accepted standards of practice.

D. Physical Exams

1. Clients are required to have a physical examination. If they have had one within the twelve (12)-month period prior to admission, the physician shall review the results within ten (10) calendar days of admission for residential services. The physician shall document in the EHR to support that they have reviewed the physical examination results with printed name, signature, and date.

2. If the client has not had a physical examination within the twelve (12)-month period prior to admission, the physician may perform a physical examination within ten (10) calendar days of admission for residential programs. Residential programs are required to have obtained the Incidental Medical Services, or IMS, capability through DHCS, for this option. Alternatively, the program may assist the client in obtaining a physical exam through primary care.

3. The physical examination results are to be uploaded in the electronic health record.

E. Progress Notes

1. Providers shall create progress notes for the provisions of all treatment services. Each progress note shall provide enough detail to support the procedure code selected for the service type as indicated by the service code description.

a. Should more than one provider render a service to either a single client or a group, at least one progress note per client must be completed. The note must be signed by at least one provider. The progress note shall clearly document the specific interventions/involvement and duration of direct patient care for each provider of the service.

2. Progress notes shall include:

a. The type of service rendered.

b. A narrative describing the service, including how the service addressed the client's behavior health need (i.e. symptom, condition, diagnosis, and/or risk factors).

c. The date that the service was provided to the client.

d. Duration of direct patient care for the service, including travel and documentation time.

e. Location/Place of the service.

f. A typed or legibly printed name, signature of the service provider and date of signature.

g. Next steps including, collaboration with the client, collaboration with the other provider(s) and any update to the problem list as appropriate.

h. For service notes that include a Care Plan, notes shall document a fully completed care plan with client's goals for treatment, measurable objectives, list of services to assist client in achieving their goals and a transition plan.

3. Providers shall complete progress notes within three (3) business days of providing a service, except for crisis services notes, which shall be completed within one (1) calendar day. The day of the service shall be considered day zero (0)

4. Providers shall complete a daily progress note for residential services that are billed daily.

5. When a group service is rendered, a list of participants is required to be documented and maintained by the plan or provider. Should more than one provider render a group service, one progress note may be completed for a group session and signed by one provider. While one progress note with one provider signature is acceptable for a group activity where multiple providers are involved, the progress note shall clearly document the specific involvement and the specific amount of time involvement of each provider of the group activity, including documentation time. All other progress note requirements listed above shall also be met.

F. Reassessment

1. LPHA shall complete reassessments for residential levels of care (ASAM 3.1, 3.2WM and, 3.5) in order to determine ongoing medical necessity and request re-authorization for services. This reassessment will determine progress along the six (6) ASAM Dimensions to determine whether the client will continue in treatment or is ready for discharge.

G. Discharge Planning

1. Contractor shall ensure that a discharge plan is prepared with each client leaving the program, beginning at least fifteen (15) days prior to the expected discharge date. The discharge plan shall provide information related to the client's progress made in treatment, plans to support abstinence, and shall include provision for continuing medical care, behavioral health care and recovery services, when appropriate.

2. Contractor shall coordinate with the case manager and SUD Access Line to ensure the pending transition in treatment is smooth and timely prior to discharge.

3. The discharge plan or My Recovery Plan shall be completed with the participation of the client.

4. A copy of the discharge plan/Recovery Plan shall be maintained in the client record.

5. A KernBHRS- SUD Discharge Summary shall be completed within the body of the service note for all discharges regardless of treatment outcome which shall document the following:

a. The duration of the client's treatment as determined by the dates of admission to dates of discharge from treatment.

b. The reason for discharge.

c. A narrative summary of the treatment episode.

d. The beneficiary's prognosis; and

e. Client's comments

H. Individual Counseling

1. Individual counseling is a clinical intervention provided by SUD clinical staff in order to effect psychological, emotional, or behavioral change consistent with the client's assessment and problem list that focuses on symptom reduction, and provide restoration, improvement, and maintenance of functioning.
2. Individual counseling can include contacts with a collateral party if the purpose of the collateral's participation is to focus on the treatment needs of the client by supporting the achievement of the client's treatment goals.
3. All individual counseling sessions must be documented in the client record following a KernBHRS-approved format and include at minimum: date and duration of the service; identification of the problem list and problem addressed; interventions provided, client's response/participation in service, next steps, completed care plan, and the clinician's signature and title.
4. To monitor progress throughout the treatment episode, individual counseling sessions shall be provided in accordance with the client's individualized problem list, ASAM evaluation, using clinical judgement and clinician discretion. The minimum requirements are listed below:
 - a. Clients will receive a minimum of one (1) weekly individual counseling session to address conditions along the six (6) ASAM dimensions and consider whether the client can transition to a lower level of care. Individual session may and shall happen more often as clinically indicated.

I. Crisis Intervention

1. Crisis Intervention visits are contacts between a therapist or counselor and a client in crisis, which focus on alleviating immediate crisis problems specifically related to an actual relapse or an unforeseen event or circumstance, which presents an imminent threat of relapse or significant risk of harm to self or others. Crisis intervention services shall be limited to stabilization of the client's emergency.

J. Group Counseling

1. Group counseling is defined as a face-to-face contact in which one (1) or more counselors treat two (2) or more clients at the same time, focusing on the needs of the clients. Clinical groups shall consist of at least two (2) clients but not more than twelve (12) clients, with a minimum of one (1) Drug Medi-Cal funded client.
2. All group counseling sessions shall be documented in the client record. Documentation shall follow a KernBHRS-approved format and include, at minimum: the date and duration of the service; identification of the problem area and interventions provided to address it including any EBPs utilized; client's response to the service, include next steps or action plan; and the clinician's signature and title.
3. Group counseling services shall be provided at a minimum of one (1) time weekly. More frequent group services may be provided based on clinical need and/or judgement. A list of participants is

required to be documented and maintained by the provider to document client attendance and shall conform to all applicable BH Informational Notices.

K. Patient Education: This service consists of providing research-based education on addiction, treatment, recovery, and associated health risks. Psycho-educational groups are designed to educate clients about substance use, and related behaviors and consequences. Psycho-educational groups provide information designed to have a direct application to clients' lives, to instill self-awareness, suggest options for growth and change, identify community resources that can assist clients in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf. DMC-ODS and Title 22 group size limits do not apply in residential settings. Services may include topics including parenting, domestic violence, anger management, pre-natal and post-natal drug effects, and research-based health information. Human immunodeficiency virus (HIV) education and intervention topics should include the following:

1. Health Education

- a. Contractor shall provide clients with education about the prevention of HIV/AIDS, tuberculosis, and Hepatitis C.
- b. The Department may assist the provider in acquiring screening and testing services for HIV/AIDS, tuberculosis, and Hepatitis C, but ultimate responsibility for referrals to screening and testing remains with the provider.
- c. Contractor shall document the provision of the health education in the client record.

2. HIV Early Intervention Services

- a. Contractor shall directly provide, or arrange for the provision of, HIV early intervention services to clients in substance use disorder treatment programs. Early intervention with respect to HIV disease is defined by Title 42, United States Code, Section 300x-24(b) (7) (B) as: Pre-test counseling, testing clients with respect to such disease, and appropriate post-test counseling.
- b. All programs shall ensure that a confidential area is provided for pre/post-test counseling and collection of specimens for testing purposes.
- c. HIV counselors may attend group alcohol and other drug (AOD) treatment sessions for the purposes of providing HIV education and offering testing services in a confidential manner.
- d. Early intervention services for HIV disease must be undertaken voluntarily by, and with the informed consent of, each client. In addition, accepting such services cannot be a requirement of receiving substance use disorder treatment or any other such services.
- e. Documentation related to clients receiving HIV testing and counseling shall be documented in accordance with KernBHRS Policy 10.1.6.
- f. Contractor shall ensure that health education materials are current, available, and accessible, in English and Spanish versions.

L. All services shall be provided face-to-face or by telehealth, when appropriate.

1. If a visit is provided through telehealth (synchronous audio or video) or telephone, the provider is required to obtain consent for the telehealth or telephone service, at least once prior to initiating applicable health care services via telehealth to a client; an explanation that the clients have the right to access covered services that may be delivered via telehealth is voluntary and that consent for the use of telehealth can be withdrawn at any time by the client without affecting their ability to access covered services in the future; an explanation of the availability of Medi-Cal coverage for transportation services to in-person visits when other available resources have been reasonably exhausted; and the potential limitations or risk related to receiving services through telehealth as compared to an in-person visit, to the extent any limitations or risks are identified by the provider. The provider must document in the patient Electronic Health Record the provision of this information and the client's verbal or written acknowledgement that the information was received.

2. Telehealth and telephone services, when provided, shall supplement, not replace, the in-person services and the in-person treatment milieu; most services in a residential facility shall be in-person.

M. Contractor shall review and reference KernBHRS Policy 5.1.14, *Service Code Descriptions*, for detailed service code descriptions and scope of practice information.

VII. COMMUNICATION WITH REFERRING AGENCIES

A. A current and valid consent to release information must be documented in the EHR before there is any communication with a referring agency if the client requests such communication.

B. Progress Reports: Contractor shall complete a monthly client progress report for the appropriate referring agency. Such reports may include information on client attendance, the program's clinical drug testing results, level of participation and compliance in treatment, fee compliance, progress evaluation and recommendations.

C. Contractor shall immediately inform referring agency of any unusual circumstances or developments that occur within the treatment setting, that may have an effect on the client's status with the referring agency, such as a need to take a leave of absence from the treatment program, changes of address, employment status, failure to comply with treatment, including fee compliance and positive drug tests completed for clinical purposes.

D. Contractor shall work collaboratively with the referring agency to address client needs, including but not limited to, vocational, employment, physical health care, etc. throughout treatment.

E. Final Discharge Progress Report: Contractor shall forward the final progress report to the referring agency prior to assignment closing in the electronic health record. Final progress report shall include the date of discharge, the reasons for the discharge, and other pertinent information.

VIII. OTHER TREATMENT RELATED SERVICES

A. Drug Testing

1. **Clinical Drug Testing:** All substance use disorder programs shall include drug testing as a part of their usual clinical procedures in addition to any court-ordered drug testing requirements. Contractor shall obtain and maintain current a Clinical Laboratory Improvement Amendments (CLIA)

Certificate of Waiver to conduct drug testing onsite and maintain a current copy of CLIA certificate with Kern BHRS SUD SOC Administrator or designee. Drug testing shall be conducted at a minimum of one (1) time every thirty (30) days; additional drug testing may occur at random or for cause.

- a. Clinical drug testing is administered as a therapeutic tool in treatment to address denial of substance use disorder and address substance use behavior with clients. Programs may refer to the consensus document by the American Society of Addiction Medicine, Appropriate Use of Drug Testing in Clinical Addiction Medicine for additional guidance.
- b. Tests may be conducted through urine, or oral fluid (saliva), hair or blood. At a minimum, a five-panel screen must be administered.
- c. Programs must advise clients upon admission that they are subject to testing according to the program policy and to enhance treatment services.
- d. All positive test results must be discussed with the client, and such discussion shall be documented in the client record. Clinical interventions shall be provided to help clients achieve negative tests.
- e. Program ordered drug testing shall be at no cost to the client.

B. Clinician Consultation Services:

1. Clinician consultation is not a direct service provided to clients. This service 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. DMC clinicians may consult with other licensed clinicians to support the provision of care. Consultants may include addiction medicine physicians, licensed clinicians, addiction psychiatrists, or clinical pharmacists.
2. The DMC-ODS licensed clinician and consultant may each bill for the clinical consultation service by documenting the consultation service in the EHR using the designated service code.
3. Consultations may occur between DMC-ODS licensed clinicians and the consultant (LPHA) in person, by telehealth, by telephone, or by asynchronous telecommunication systems.

C. Care Coordination

1. Care coordination services are defined as a service to assist a client in accessing needed medical, educational, social, pre-vocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder care; integration into primary care, especially for clients with chronic substance use disorders; and interaction with the criminal justice system, if needed.
2. Contractor shall inform clients about care coordination service availability. Contractor shall make referrals to the SUD Access Line for care coordination service on behalf of the client when needs are identified. Contractor shall collaborate with KernBHRS care coordination teams to coordinate care.

3. Care coordination services offered by Contractor may be provided by an LPHA, a registered SUD counselor, or a certified SUD counselor.
4. Care coordination services may be provided in person, by telehealth, or by telephone with the client in any appropriate setting in the community.
5. Care coordination services include:
 - a. Communication, coordination, referrals, and linkages to physical care;
 - b. Communication, coordination, referrals, and linkages to accessing, establishing, and maintaining appropriate behavioral health care;
 - c. Monitor the client's progress;
 - d. Assist the clients to access other services including vocational resources, educational services, or other community resources; and
 - e. Assist the clients in successful transitions between ASAM levels of care.

D. Recovery Services

1. Contractor shall inform clients about recovery service availability for clients in any level of care. Contractor shall refer beneficiaries to recovery services at any time during treatment in addition to discharge planning. Contractor will ensure client is eligible for recovery services; client does not need to have a diagnosis in remission to access recovery services.
2. Recovery Services include:
 - a. ASAM Assessment
 - b. Group and Individual Counseling
 - c. Care Coordination
 - d. Family Therapy
 - e. Recovery Monitoring, which includes recovery coaching and monitoring designed for the maximum reduction of the client's SUD.
 - f. Recovery Prevention, which includes interventions designed to teach members with SUD to anticipate and cope with the potential for relapse for the maximum reduction of the client's SUD.

E. Medications for Addiction Treatment (MAT)

1. MAT includes all FDA-approved medications and biological products to treat AUD, OUD, and any SUD. MAT may be provided in clinical or non-clinical settings and can be delivered as a standalone service or as a service delivered as part of a level of care.
2. MAT may be provided with the following service components:

- a. ASAM Assessment
- b. Group and Individual Counseling
- c. Care Coordination
- d. Family Therapy
- e. Medication Services
- f. Patient Education
- g. Recovery Services
- h. SUD Crisis Intervention Services
- i. Withdrawal Management Services

3. Contractor must obtain required licensure/approval from DHCS to provide Incidental Medical Services (IMS) and provide proof to KernBHRS prior to service provision.

E. Performance Improvement Projects: Contractor shall adhere to performance improvement projects (PIPs) as designated by KernBHRS. This may include participating in routine or ad hoc PIP discussions with KernBHRS and/or DHCS, the requirement to provide clinical interventions, and discussion and reporting on progress.

F. Key Performance Indicators: Contractor shall perform at standard or exceed the applicable identified KernBHRS Key Performance Indicators. These indicators will include mandated measures as determined by DHCS and/or additional standards set by KernBHRS in order to improve quality of care. These indicators may include, and not be limited to, timeliness, successful discharges, CalOMS discharge status, level of care determinations, etc.

G. Self-Help Meetings

Contractor shall require clients to submit proof of attendance at provider-approved self-help meetings, which shall be documented in the case record.

- 1. Self-help meetings are defined as gatherings that focus on peer support for the purpose of overcoming substance use and other behavioral health disorders.
- 2. Self-help meetings may include twelve (12)-step meetings, or other meetings approved by the program if they satisfy the definition above.
- 3. Self-help meetings may also include meetings that have a specific focus on dual recovery.
- 4. Participation in self-help meetings is required at a minimum of two (2) meetings per month throughout the course of treatment, regardless of level of care.

H. Sites of Service

1. Contractor shall advise the County Alcohol and Drug Program Administrator or designee in writing of any potential or planned changes to service locations and/or reductions in services provided within sixty (60) calendar days prior to the planned change.
2. Contractor shall take steps necessary to maintain DHCS certifications and/or licensure of the site(s) at which services are provided or may be provided.
3. Residential treatment contractors shall maintain a DMC certification, facility license, and obtain ASAM designation for each residential level of care provided. Adolescent residential treatment facilities shall be licensed by the Department of Social Services or licensed by DHCS with an approved waiver to serve adolescents. Contractor shall maintain a current copy of each required certification/license and provide a copy to the County Alcohol and Drug Program Administrator or designee. Contractor shall provide all current site certifications and fire clearance documentation to the KernBHRS SUD SOC Administrator and/or designee upon renewal.

I. Medi-Cal Peer Support Services

1. Medi-Cal Peer Support Services means 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 beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.
2. Medi-Cal Peer Support Services may be provided with the beneficiary or significant support person(s) and may be provided in a clinical or non-clinical setting. Medi-Cal Peer Support Services can include contact with family members or other people supporting the beneficiary (defined as collaterals) if the purpose of the collateral's participation is to focus on the treatment needs of the beneficiary by supporting the achievement of the beneficiary's treatment goals. Medi-Cal Peer Support Services can be delivered and claimed as a standalone service or may be provided in conjunction with other services or levels of care described in this agreement. Medi-Cal Peer Support Services consist of Educational Skill Building Groups, Engagement and Therapeutic Activity services.
3. Medi-Cal Peer Specialists must be certified in accordance with DHCS requirements outlined in Behavioral Health Information Notices 25-010 and 24-001, and any additional DHCS Behavioral Health Information Notices that make changes to these requirements.

J. Hours of Service

1. Contractor shall provide services at times that meet the needs of the clients. This should include evenings and weekends to increase treatment accessibility.
2. Hours of operation and emergency telephone numbers shall be posted in English and Spanish, and other languages that may be appropriate for the communities served, at the main entrance, and other entrances that clients may commonly access. This posting shall include at least the agency's own crisis and after-hours phone number on the door. Similar information shall be available on a telephone answering device for after-hours and weekend coverage.

IX. SUCCESSFUL DISCHARGE FROM PROGRAM

At discharge from treatment, the progress on the problem list and other key indicators (for example, reduction or elimination of substance use, improvement in relationships and sober support) shall be considered to determine the type of discharge from treatment.

A successful discharge from treatment shall be marked by a discharge reason of "achieved goals" or "left before completion with satisfactory progress". Clinical information will be evaluated for the whole treatment episode to determine whether a discharge is successful or not.

X. TECHNOLOGY REQUIREMENTS

A. Contractor shall participate in Information Technology System (ITS), including, but not limited to, the BHRS electronic health record. Contractor shall report to County, all programs, clients, staff and other data and information about Contractor's services as required by Director, or Director's designee. Information to be entered into the BHRS electronic health record shall include, but is not limited to: Client Index Card, Client Assignment, Demographic Information, Uniform Method of Determining Ability to Pay (UMDAP) / Financial Review, Third-Party Insurance, Diagnostic Review, Consent to Treat, Release of Information Authorizations. Psychiatric Evaluations and Psychiatric Visits are to be entered into the BHRS electronic health record for mental health treatment services. Medications are to be prescribed via E-Prescribe function within the BHRS electronic health record, for both controlled and non-controlled substances. Client data should only be entered into the BHRS electronic health record if the client has requested services.

B. Direct Data Entry

1. Contractor shall enter service-related information directly into the BHRS electronic health record. Such information shall include but is not limited to Procedure Code, duration, place of service, etc. For those services requiring a Progress Note, the service is entered as part of the note. For other services (e.g. bed days or dosing), the services are entered directly into screen(s) specific to the type of service provided. Contractor shall enter any billing services, which are not part of the entry of clinical documentation, into the BHRS electronic health record on an average of less than five (5) days from the date the service was provided.

XI. DOCUMENTATION AND THE ELECTRONIC HEALTH RECORD

The KernBHRS electronic health record supports the various reporting requirements of the Department. It includes demographic information, referral and discharge codes to match various reporting requirements, and outcomes systems created by state government.

The KernBHRS electronic health record is HIPAA compliant and preserves the security and privacy of each individual served by the Department. Audit reports are monitored by the HIPAA Compliance Officer of the Department.

The KernBHRS electronic health record supports Medi-Cal Rate-Based reimbursement. The billing rules ensure that any service expected to be reimbursed is compliant with regulations including the qualifications and license/certification status of the provider.

A. Contractor shall maintain necessary computer hardware and software to ensure that service data is entered into the Department EHR.

B. Contractor agrees to cooperate with outcomes management and reporting systems requirements for DHCS and KernBHRS.

C. Contractor shall meet the following minimum requirements to coordinate program documentation and access to the Department EHR:

1. All staff shall have a complete Staff Master Worksheet (SMW) submitted to KernBHRS SUD Division, or designee, to participate in, and/or receive access to, the Department EHR. This document contains staff category, name, credential, start date, and a request for access to organizations' reporting programs. Maintain all staff SMWs updated with KernBHRS SUD Division, or designee for Department EHR providers to continue participation and/or access.
2. Contractor shall ensure all staff complete privacy and security training prior to participating in and/or accessing the Department EHR, and annually thereafter.
3. Contractor shall ensure that all staff with access to the Department EHR complete Department EHR SUD training as provided by KernBHRS and as required by the staff role and access to the Department EHR. Additional training may be required by KernBHRS if staff is associated with multiple documentation deficiencies during KernBHRS audits, reviews, or other utilization review activities.

D. Additional requirements specific to clerical staff:

1. Clerical staff is responsible for the following:
 - a. Editing the client demographic information for accuracy.
 - b. Ensuring the accuracy of client financial information.
 - c. Ensuring correct pay sources of third-party coverage and closing files upon discharge.
 - d. Updating Client Program Assignments to the correct clinical staff responsible for the client chart.

E. Additional requirements specific to treatment staff:

1. Treatment staff are responsible for completing the following:
 - a. CA ASAM
 - b. Adult/Adolescent California Outcome Measurement System (CalOMS) standard admission standard discharge, and annual update forms
 - c. Diagnosis based upon Assessment/Reassessment
 - d. Problem List
 - e. Residential progress notes
 - f. Progress Reports (if applicable)

g. Admission Agreement

h. Program Rules

i. Consent for Treatment Form

j. Coordinated Care Consent Form

k. Consent for Text Communications Form

l. Consent for Telehealth Form

m. Releases of Information (for KernBHRS SUD Division, client's Medi-Cal managed care plan, and others as appropriate to coordinate care)

n. My Recovery Plan (Discharge Planning)

2. LPHAs and license-eligible staff shall conduct and document assessments, and determine medical necessity.

F. Additional requirements specific to clinical supervisors:

1. Supervisors are responsible for completing training on Electronic Health Record reporting as it becomes available through KernBHRS. Reports to be reviewed include, but are not limited to:

a. Caseload Reports – to manage caseloads efficiently.

b. Services with Errors Reports – to monitor documented services that have errors and ensure these are corrected promptly for services to move to complete status.

c. Diagnosis Errors Reports – to ensure that all enrolled clients have an active and accurate diagnosis

d. Program status reports – to ensure that clients in "Requested" status are transitioned to "Enrolled" or "Discharged" to ensure billing or discharged appropriately.

e. Additional reports as they become available.

G. Electronic health record training requirement may be waived, and/or training may be provided by the contractor internally at the discretion on and approval of the KernBHRS SUD SOC Administrator and the Information Technology Services Manager.

H. Timeliness of Documentation

1. Contractor is responsible for compliance with medical record standards as defined by KernBHRS. All clinical service documentation shall be entered and completed in the electronic health record in a timely manner from the date of service and in accordance with BH Information Notice No.: 23-068 and subsequent updates, as follows:

- a. Residential Services Progress Notes - shall be completed for all daily residential and withdrawal management services within three (3) business days of the service date for routine services and one (1) calendar day for crisis services.

XII. REQUIRED POLICIES AND PROCEDURES

Policies developed for the provision of services in this agreement must include documentation of approval from the Contractor's Board of Directors or other governing body of the program.

A. Minimum Quality Drug Treatment Standards for DMC and/or SUPT: Each Contractor either partially or fully funded through DMC and/or SUPT shall adhere to each DMC and/or SUPT Minimum Quality Drug Treatment Standards, according to funding. Policies and procedures must be present as required by the Quality Drug Treatment Standards for DMC and/or SUPT. The required policies and/or procedures include Personnel Policies and Program Management.

B. Admission and Readmission Criteria

1. Contractor shall maintain a written policy that describes the criteria for admission, admission priorities, readmission, and exclusionary criteria. As noted above, the policy must clearly state that no client is automatically excluded due to the presence of past or present co-occurring mental illness or due to receiving appropriately prescribed psychotropic medication, or medications for addiction treatment (MAT).
2. The written policy shall describe the program's screening process and a review of eligibility factors that includes consideration of the client's strengths, needs, abilities, and preferences.

C. Client Fees

1. Contractor shall maintain a written description of its Client Fees Policies.
2. The description must include a complete list of customary fees, and state that the fee schedule will be posted on-site in an area easily accessible to clients.
3. A UMDAP Review Form must be fully completed on all clients entering treatment, and when any significant changes in financial status take place. Client fees shall be determined based upon information from the UMDAP.
4. All clients, except those funded by Drug Medi-Cal, are to be assessed fees toward the cost of their treatment based on Contractor's determination of the client's ability to pay in accordance with Section 11991.5 of the Health and Safety Code.
5. No one is to be denied access to treatment services because of an inability to pay.

D. Grievance Procedure

1. Contractor shall follow KernBHRS policy #10.1.03 (Grievance and Appeal system) and provide required information on grievances to the Patients' Rights Office of KernBHRS.
2. Discrimination Grievances: "Discrimination Grievance" means a complaint concerning the unlawful discrimination on the basis of any characteristic protected under federal or state law, including sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental

disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation. If a grievance related to Transgender, Gender Diverse, and Intersex (TGI), and/or sexual orientation is found in the member's favor, the staff whom the grievance is the subject of will have to receive TGI training within 45 days, and before having contact with members again. Contractor shall inform clients of processes for filing discrimination grievances as follows:

a. To file with KernBHRS contact:

Discrimination Grievance Coordinator
KernBHRS Patients' Rights and Family Advocacy
PO Box 1000 Bakersfield, CA 93302
Telephone number: 844-360-8250 (TTY 711)
Fax: 661-836-8143
BHRSPatientsRights@KernBHRS.org

b. To file with DHCS Office of Civil Rights contact:

Office of Civil Rights
Department of Health Care Services
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
(916) 440-7370
CivilRights@dhcs.ca.gov

c. Discrimination based on race, color, national origin, sex, age, or disability can be filed directly with either KernBHRS, DHCS Office of Civil Rights, as described above, or by contacting the United States Department of Health and Human Services Office of Civil Rights electronically at <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> or by phone or mail at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<https://www.hhs.gov/ocr/complaints/index.html>.

E. Morbidity and Mortality

1. Contractor shall have a written procedure or policy for reviewing cases involving the following events as outlined in KernBHRS Policy #5.1.9: reviewing all deaths including death other than suicide, death by suspected or known suicide, suicide attempt, suicide threat with intent or plan.

a. Contractor shall assign a Morbidity and Mortality Reviewing Committee to review Morbidity and Mortality cases and make recommendations to continuously improve quality of care.

b. Contractor shall review the event within thirty (30) calendar days of the incident or learning of the incident.

c. Contractor shall make initial report of event through an Unusual Occurrence Report, as specified by Policy #11.1.1, within three (3) business days of the occurrence.

d. The contractor will submit a confidential summary (Attachment C-Adverse Event Summary Form for Contractors, from KernBHRS Policy #5.1.9) to the SUD Administrator once the Contractor's Review is complete.

F. Treatment Perceptions Survey

Annually, or as designated by DHCS, client perception data is collected for clients served by the programs. The information collected will be used to measure adult and youth clients' perceptions of access to services and the quality of care. KernBHRS will coordinate the survey process in accordance with the DHCS established survey period dates and available methods of administration. Contractor shall to inform clients when the survey period will occur.

G. Point in Time Survey

KernBHRS will conduct Point in Time surveys throughout the year with clients selected at random at different points in time during their treatment episode. Surveys will be conducted by KernBHRS staff by phone, telehealth, or in-person. Contractor shall inform clients about these ongoing surveys according to KernBHRS procedure and encourage participation in the data collection.

H. Program Complaints

1. Program Complaints: Contractor shall comply with the reporting requirements outlined in KernBHRS Policy #5.6.27. All program complaints received by Contractor regarding a DMC certified facility shall be forwarded to the KernBHRS SUD SOC Administrator or designee and to DHCS as outlined in the policy.

a. Complaints for Residential Adult Alcoholism or Drug Abuse Recovery or Treatment Facilities, and counselor complaints may be made by completing a Complaint form, which is available and may be submitted online: <http://www.dhcs.ca.gov/individuals/Pages/Sud-Complaints.aspx>

XIII. STAFFING STANDARDS

A. Counselor Certification Requirements

Contractor must have sufficient knowledge of the State of California's regulations concerning counselor certification and LPHA requirements and be able to comply with all aspects of those regulations in the timeframes allowed by law. Programs are responsible for being familiar with updates to regulations and law regarding these requirements. Those regulations supersede the terms of this agreement.

B. Program Staffing and Supervision

Contractor shall employ clinical staff consisting of LPHAs, license-eligible LPHAs, registered Alcohol and Other Drug (AOD) counselors, certified AOD counselors, and Medi-Cal peer support specialists.

A minimum of thirty percent (30%) of direct service staff will be either certified by a DHCS approved counselor certification agency or be a licensed/license-eligible LPHA.

1. AOD counseling staff: Contractor shall ensure that all AOD counseling staff members have the necessary credentials and expertise to perform assigned tasks, in accordance with the following requirements:

- a. One hundred percent (100%) of all non-certified alcohol and drug counselors shall be registered with a DHCS approved counselor certification agency prior to initial date of hire.
- b. Registered counselors will have completed at a minimum:
 - i. Seventy-five percent (75%) of the formal Alcohol and Other Drug (AOD) classroom hours of instruction; or
 - ii. A bachelor's degree from an accredited college or university in behavioral science or related field and one hundred sixty (160) supervised hours in a counseling setting.
- c. Registered staff shall have direct supervision by certified staff while counseling clients.
- d. Certified and registered AOD counselors will be able to provide individual counseling, group counseling, care coordination and recovery services.
- e. Staff performing observations must comply with applicable California State withdrawal management training requirements.

2. LPHAs include the following:

a. Physician (MD), Nurse Practitioner (NPs), Physician Assistants (PAs), Registered Nurses (RNs), Registered Pharmacists (RPs), Licensed Clinical Psychologists (LCPs), Licensed Clinical Social Workers (LCSWs), Licensed Professional Clinical Counselors (LPCCs), Licensed Marriage and Family Therapists (LMFTs), License-Eligible Practitioners working under the supervision of licensed clinicians. Contractor shall ensure that all LPHA staff members have the necessary credentials and expertise to perform assigned tasks, in accordance with the following requirements:

- i. Licensed, waived, and/or registered with the appropriate agency.
- ii. License-Eligible practitioners shall provide services under the direction of a licensed professional in accordance to applicable regulations.
- iii. Staff performing observations must comply with applicable California State withdrawal management (WM) training requirements, including those specifically outlined in Behavioral Health Information Notice 21-001:

a) Staff must complete six (6) hours of orientation training that covers the needs of residents who receive WM services for personnel providing WM services or monitoring or supervising the provision of these services;

b) Staff must repeat orientation training outlined in (a) within fourteen (14) calendar days of return if staff is returning to work after a break in employment of more than 180 consecutive calendar days;

c) On an annual basis, staff must complete eight (8) hours of training that covers the needs of residents who receive WM services;

d) Documentation of trainings must be maintained in personnel records and personnel training shall be implemented and maintained by the licensee pursuant to the California Code of Regulations, Title 9, Section 10564(k).

3. Medi-Cal Peer Support Specialists

a. A Medi-Cal Peer Support Specialist shall be an individual in recovery or have lived experience with behavioral health conditions and hold a current State approved Medi-Cal Peer Support Specialist Certification. The individual must meet all other applicable California state requirements, including ongoing education requirements.

b. A Medi-Cal Peer Support Specialist shall provide services under the direction of a Behavioral Health Professional (BHP). As defined by BHIN 21-075 a BHP is 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-ODS or Specialty Behavioral health Services.

c. Supervision may be provided by a Medi-Cal Peer Support Specialist Supervisor who must meet the standards set forth in BHIN 21-041.

C. Personnel Files

Personnel files shall be maintained for each staff member and volunteers/interns and shall adhere to the Minimum Quality Drug Treatment Standards for DMC and/or SAPT, as applicable to Contractor's funding. The file should contain, at a minimum, all of the following:

1. Application for employment and/or resume;
2. Signed employment confirmation statement/duty statement;
3. Job description;
4. Performance evaluations;
5. Health records/status as required by program or Title 9;
6. Training documentation relative to substance use disorders and treatment;
7. Current registration, certification, intern status, or licensure;
8. Proof of continuing education required by licensing or certifying agency and program;
9. Program Code of Conduct and for registered, certified, and licensed staff, a copy of the certifying/licensing body's code of conduct as well; and
10. Other personnel actions.

D. Staff Competencies

1. Contractor understands that most individuals in substance use disorder treatment may have a current or past co-occurring mental health condition. Contractor shall require staff to obtain training

on co-occurring psychiatric disorders to continuously improve the quality of services that are provided within each program. Training topics may include review of specific disorders, evidence-based practices, and treatment approaches that include medications.

2. Contractor must ensure that treatment for co-occurring psychiatric conditions is addressed during SUD treatment, and that staff encourage clients to follow through with services with other treatment providers including therapy, psychiatric evaluations, psychiatric medication management, lab work, etc.

3. Contractor staff working with target population(s) (i.e.- perinatal women, youth, etc.) shall have experience and/or training to show competency for working with the specified target population. Experience and/or training shall be documented in the personnel file.

XIV. MEETING REQUIREMENTS

A. Contractor agrees to have staff and administrative representation at regular provider meetings including, but not limited to, the County's Chief Executive Officer meeting, the Quarterly Quality Improvement Division SUD meeting, and SUD Treatment Provider meetings.

XV. TRAINING REQUIREMENTS

A. Relias is a training platform available to Contractor through KernBHRS. This platform serves as a training resource, with on demand classes and continuing education level courses, and is also used to monitoring training compliance. Contractor shall enroll staff in Relias to participate in these training resources.

B. Contractor shall have staff representation at County-offered training sessions that are applicable to the services performed in this agreement and/or Contractor may participate in an in-house training approved by the Board of Behavioral Sciences.

C. ASAM Criteria Training: All direct service staff shall be trained in ASAM Criteria Training prior to delivering SUD treatment services. Direct service staff are required to complete the following: Two e-Training modules entitled "ASAM Multidimensional Assessment" and "From Assessment to Service Planning and Level of Care" from The Change Companies®, or the most current training available in order to meet DHCS requirements. The foregoing notwithstanding, direct staff may be trained in ASAM Multidimensional Assessment and From Assessment to Service Planning and Level of Care by a licensed ASAM instructor.

D. Evidence Based Practices (EBP's): Contractor shall, for all contracted modalities of treatment, incorporate Evidence Based Practices. DHCS and County approved EBP's include the following: Motivational Interviewing, Cognitive-Behavioral Therapy, Relapse Prevention, Trauma-Informed Treatment, and Psychoeducation. Credit for courses other than the EBP's named above shall not be granted unless course is approved by KernBHRS.

1. Contractor shall select two (2) evidence-based practices (EBPs) for each contracted modality of treatment; and

2. Ensure that direct service staff are trained in two (2) EBP's for each modality of treatment for which staff will provide direct services. Staff training requirements are as follows:

a. An introductory, foundational, and in-depth course for each selected EBP is required to prepare staff to put skills into practice. These one-time courses need to be within the range of two to four continuing education (2 to 4 CE) units each and completed any time prior and no later than the first twelve (12) months of enrollment into the KernBHRS Relias training system and beginning provision of DMC-ODS services (*please note that courses meeting this requirement are not available in the Relias training system*); and

b. Two (2) Relias training EBP courses, per designated modality, is required annually thereafter. A list of approved courses is listed within the *KernBHRS SUD Division Contractor Training Requirements Guide*.

E. Addiction Medicine Continuing Education: All LPHA (including both doctors and therapists) staff shall complete a minimum of five (5) hours of continuing education related to addiction medicine within three (3) months of enrollment into the KernBHRS Relias training system and beginning provision of DMC-ODS services and annually thereafter. Courses will be assigned annually by KernBHRS.

F. Drug Medi-Cal Organized Delivery System (DMC-ODS)/Title 22 Training: Direct service staff and supervisor level staff shall complete the DMC-ODS/Title 22 Requirements Training within six (6) months of enrollment into the KernBHRS Relias training system and beginning provision of DMC-ODS services and annually thereafter. Staff are required to complete training approved by KernBHRS.

G. Co-Occurring Training: Direct service staff is required to complete one (1) Co-Occurring Disorder training in Relias within the first twelve (12) months of enrollment into the KernBHRS Relias training system. A list of approved courses is listed within the *KernBHRS SUD Division Contractor Training Requirements Guide*.

H. Medications for Addiction Treatment (MAT) Training: Direct service staff and supervisor level staff shall complete MAT training within six (6) months of enrollment into the KernBHRS Relias training system and beginning provision of DMC-ODS services and annually thereafter. Staff are required to complete MAT training in accordance with their agency's policies and procedures but not less frequently than annually.

I. Contractor shall maintain and provide required training and education verification documentation and is responsible for demonstrating compliance with training and education requirements for the duration of the term of this agreement. The County will make reasonable efforts to coordinate internally to minimize duplicative requests for verification documents; however, the County shall not be obligated to track, manage, or reconcile duplicative submissions. Where documentation has already been submitted and remains current, Contractor may reference prior submissions in lieu of resubmission.

J. Contractor shall maintain training documentation for all training requirements contained in this agreement and as specified in the *KernBHRS SUD Division Contractor Training Requirements Guide* for staff as follows (unless otherwise noted in this agreement):

1. File in the staff's personnel file, within seven (7) days, verification of all completed training required by this agreement. Verification documentation of training shall include name of course, source of training, CEs/CEHs earned, and completion date.

2. Trainings completed in Relias, or through a KernBHRS facilitated event may be verified with a Relias course transcript document.

3. Trainings completed through sources other than Relias or KernBHRS may be verified with a certificate of completion placed in the staff's personnel file and emailed to the SUD Provider Liaison Team at: SUDLiaison@KernBHRS.org

K. At a minimum 85 percent (85%) of all Contractor staff shall maintain a target completion rate of 85 percent (85%) of required training.

L. Contractor is subject to corrective action for non-compliance with training standards until Contractor is back in compliance.

1. Contractor shall write a Corrective Action Plan (CAP) for each non-compliance. That CAP shall be written as specified by KernBHRS.

XVI. OTHER RESIDENTIAL GENERAL REQUIREMENTS

A. General Requirements

1. Contractor shall strictly adhere to and follow all CCR Title 9 Regulations regarding the operations of drug and alcohol residential treatment facilities, the Youth Treatment Guidelines, current version of the DHCS Perinatal Practice Guidelines, and BHIN No.: 21-075.

B. Admission Criteria

1. Contractor shall complete with each resident a signed and dated inventory of the resident's clothing, personal property, and give one (1) copy to the resident, while retaining one (1) copy for the case record. This inventory is to be updated, as necessary.

2. Contractor shall have written program rules with which clients are expected to comply.

3. Contractor shall provide all clients with an orientation to the program that includes an explanation of the program's services, client rights, rules, and performance expectations.

4. Contractor shall collect documentation from each client of a tuberculosis screening obtained no sooner than six (6) months prior to admission and no later than thirty (30) days after admission.

5. If the client is determined to be unsuitable for this level of care, the Contractor shall arrange for a referral to the SUD Access Line who will determine the appropriate course of action.

C. Staffing

1. Staffing levels shall be based on a resident-to-staff ratio of one (1) staff member to every ten (10) residents.

2. Staffing shall be dependent on the time of day and intensity of recovery or treatment services provided.

3. Additional staffing requirements are contained in Paragraph XIII, Staffing Standards within this agreement.

4. Staff performing observations in withdrawal management shall adhere to the applicable California State withdrawal management training requirements.

D. Facility Services

1. Facility access by individuals who are neither residents, facility staff, volunteers, nor authorized visitors shall be limited and monitored by the Contractor.
2. A toilet, washbasin, and shower or bathtub shall be available for each eight (8) persons residing at the facility.
3. Each resident shall be provided three (3) meals per day.
4. A daily service schedule shall be available to residents.
5. Contractor shall ensure the following community living components are available:
 - a. A daily schedule of activities;
 - b. Regular meetings between the clients and the program personnel, addressing matters of program operations, problems, plans and the use of program resources;
 - c. A safe, clean, and secure physical plant, in good repair;
 - d. Opportunities to participate in activities that would be found in a home setting, including activities such as the preparation of food and the performance of routine household duties;
 - e. Adequate personal space for privacy;
 - f. Security of residents' property;
 - g. A home-like and comfortable setting;
 - h. Evidence of individual possessions and decorations;
 - i. Daily access to adequate nutritious meals and snacks;
 - j. Access to medical, dental, mental health, and pharmaceutical services; and
 - k. Separate sleeping areas in accordance with the genders, ages, and needs of the persons served.

XVII. OTHER REPORTING REQUIREMENTS

A. Drug Abuse Treatment Access Report (DATAR): Contractor shall report information regarding program capacity and waiting lists monthly by DATAR to KernBHRS by the fifth (5th) day of the reporting month. Reports are submitted to KernBHRS Administrator or designee per KernBHRS Policy 5.6.24.

B. Provider Quarterly Report: Contractor is required to send a Provider Quarterly Report to the SUD Administrator or designee. The report must be submitted electronically using the provided KernBHRS template. Information must be accurate and valid. Report must include updates to the following: Agency name; legal business status; corporate address; service site address; contractor's signature power; or other updates requested.

C. Provider Directory: Contractor shall adhere to Behavioral Health Information Notice 18-020 by following the KernBHRS Provider Directory reporting process. Contractor will maintain Provider Directory entries for each program site updated and accurate at a minimum of monthly within the NACT/Provider Directory web application tool. Contractor will mark themselves complete in the NACT/Provider Directory Web application tool by the 5th of each month.

D. Suspense Corrections: Contractor monitor the EHR for items in suspense on an ongoing basis and ensure they are corrected in a timely manner.

E. CalOMS Corrections Report: Contractor will receive a monthly CalOMS Corrections Report from KernBHRS. Contractor shall adhere to the KernBHRS specified timelines to complete the corrections.

F. Contractor shall notify the KernBHRS SOC Administrator and QID designee of any external agency audit, review, or other utilization review immediately and no later than two (2) business days of notification. Results from external agency audits, reviews, or other utilization reviews must also be forwarded to KernBHRS SOC Administrator and QID designee within two (2) business days of review. Correction Plans for DHCS Post Service Post Payment (PSPP) reviews and Drug Medi-Cal Reviews must be submitted to KernBHRS for review and submission to DHCS.

XVIII. OUTCOME MEASURES

A. Treatment Successful Discharge: A minimum of thirty-five percent (35%) of adults enrolled in treatment will discharge with positive outcomes. Outcome will be measured quarterly through Department EHR data reports including clients discharged with a CalOMS discharge code 1, 2, 3, and 4 during the contract term.

XIX. ADDITIONAL REQUIREMENTS FOR CONTRACTORS PROVIDING DMC-ODS SERVICES AND/OR USING SUBSTANCE USE PREVENTION AND TREATMENT BLOCK GRANT (SUPT) FUNDS

A. Additional Contract Restrictions: This Contract is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Contract in any manner.

B. HATCH Act: Contractor agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart, F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

C. No Unlawful Use or Unlawful Use Messages Regarding Drugs: Contractor agrees that information produced through these funds, and which pertains to drugs and alcohol-related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol-related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC, Division 10.7, Chapter 1429, Sections 11999-11999.3). By signing this Agreement, Contractor agrees that it will enforce, and will require its subcontractors to enforce, these requirements.

D. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances: None of the funds made available through this Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

E. Debarment and Suspension: Contractor shall not subcontract with or employ any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001. If Contractor subcontracts or employs an excluded party, DHCS has the right to withhold payments, disallow costs, or issue a CAP, as appropriate, pursuant to HSC Code 11817.8(h).

F. Restriction on Distribution of Sterile Needles: No SABG funds made available through this Contract shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

G. Health Insurance and Portability and Accountability Act (HIPAA) Act of 1996: All work performed under this Contract is subject to HIPAA, County shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit E, DHCS and County shall cooperate to assure mutual agreement as to those transactions between them, to which this provision applies. Refer to Exhibit E for additional information.

1. Trading Partner Requirements:

a. No changes. Contractor hereby agrees that for the personal health information (Information), it will not change any definition, data condition or use of a data element or segment as proscribed in the Federal Health and Human Services (HHS) Transaction Standard Regulation (45 CFR 162.915 (a)).

b. No Additions. Contractor hereby agrees that for the Information, it will not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation (45 CFR 162.915(b)).

c. No Unauthorized Uses. Contractor hereby agrees that for Information, it will not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications (45 CFR 162.915(d)).

d. No changes to Meaning or Intent. Contractor hereby agrees that the Information, it will not change the meaning or intent of any of the HHS Transaction Standard's implementation specification (45 CFR 162.915(d)).

2. Concurrence for Test Modifications to HHS Transaction Standard: Contractor agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, County agrees that it will participate in such test modifications.

3. Adequate Testing: Contractor is responsible to adequately test all business rules appropriate to their types and specialties. If the County is acting as a clearinghouse for enrolled providers, County

has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4. **Deficiencies:** Contractor agrees to correct transactions, errors, or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the County is acting as a clearinghouse for that provider. When County is a clearinghouse, County agrees to properly communicate deficiencies and other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5. **Code Set Retention:** Both parties understand and agree to keep open code sets being processed or used in this Contract for at least the current billing period or any appeal period, whichever is longer.

6. **Data Transmission Log:** Both parties shall establish and maintain a Data Transmission Log which shall record any and all Data Transmissions taking place between the Parties during the term of this Contract. Each party will take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the parties and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

H. Nondiscrimination and Institutional Safeguards for Religious Providers: Contractor shall establish such processes and procedures as necessary to comply with the provisions of USC, Title 42, Section 300x-65 and CFR, Title 42, Part 54.

I. Counselor Certification: Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be registered or certified as defined in CCR, Title 9, Division 4, Chapter 8.

J. Cultural and Linguistic Proficiency: To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Contract shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards as outlined online at: <https://minorityhealth.hhs.gov/omh/browse.aspx?vl=2&vlid=53https://thinkculturalhealth.hhs.gov/clas/standards>

K. Intravenous Drug Use (IVDU) Treatment: Contractor shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo AOD treatment (42 USC 300x-23 (45 CFR 96.126(e)).

L. Tuberculosis Treatment: Contractor shall ensure the following related to Tuberculosis (TB):

1. Routinely make available TB services to individuals receiving treatment.
2. Reduce barriers to patients' accepting TB treatment.
3. Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

M. Trafficking Victims Protection Act of 2000: Contractor and its subcontractors that provide services covered by this Contract shall comply with the Trafficking Victims Protection Act of 2000 (USC, Title 22, Chapter 78, Section 7104) as amended by section 1702 of Pub. L. 112-239.

N. Tribal Communities and Organizations: Contractor shall regularly review population information available through Census, compare to information obtained in the California Outcome Measurement System for Treatment (CalOMS-Tx) to determine whether the population is being reached, and survey Tribal representatives for insight in potential barriers to the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the County geographic area. Contractor shall also engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness, and accessibility of services available to AI/AN communities within the County.

O. Marijuana Restriction: Grant funds may not be used, directly or indirectly, to purchase, prescribe, or provide marijuana or treatment using marijuana. Treatment in this context includes the treatment of opioid use disorder. Grant funds also cannot be provided to any individual who or organization that provides or permits marijuana use for the purposes of treating substance use or mental disorders. See, e.g., 45 CFR. § 75.300(a) (requiring HHS to “ensure that Federal funding is expended . . . in full accordance with U.S. statutory . . . requirements.”); 21 USC § 812(c) (10) and 841 (prohibiting the possession, manufacture, sale, purchase or distribution of marijuana). This prohibition does not apply to those providing such treatment in the context of clinical research permitted by the DEA and under an FDA-approved investigational new drug application where the article being evaluated is marijuana or a constituent thereof that is otherwise a banned controlled substance under Federal law.

P. Participation of County Behavioral Health Director’s Association of California: The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director’s Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services. The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the California Behavioral Health Director’s Association of California.

Q. Adolescent Best Practices Guidelines: Contractor must utilize DHCS guidelines in developing and implementing youth treatment programs funded under this Enclosure The Adolescent Best Practices Guidelines can be found at: [0Guide/AdolBestPracGuideOCTOBER2020.pdf](https://www.dhcs.ca.gov/Programs/Pages/Adolescent-Best-Practices-Guidelines.aspx)

R. Byrd Anti-Lobbying Amendment (31 USC 1352): Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

S. Nondiscrimination in Employment and Services: Contractor certifies that under the laws of the United States and the State of California, Contractor will not unlawfully discriminate against any person.

T. Federal Law Requirements:

1. Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally-funded programs.
2. Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.
3. Age Discrimination Act of 1975 (45 CFR Part 90), as amended 42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.
4. Age Discrimination in Employment Act (29 CFR Part 1625).
5. Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.
6. Title II of the Americans with Disabilities Act (29 CFR Part 35) prohibiting discrimination against the disabled by public entities.
7. Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
8. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
9. Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
10. Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
11. The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
12. Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2, Subparts A – E).

U. State Law Requirements:

1. Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (2 CCR 7285.0 et seq.).
2. Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
3. Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 13000.
4. No federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No federal funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.

V. Additional Contract Restrictions:

1. Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for

DHCS to withhold payments under this Contract or terminate all, or any type, of funding provided hereunder.

2. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

W. Information Access for Individuals with Limited English Proficiency:

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

X. Subcontract Provisions: Contractor shall include all of the foregoing Section XIX provisions in all of its subcontracts. These requirements must be included verbatim in contracts with subrecipients and not through documents incorporated by reference.

XX. ADDITIONAL REQUIREMENTS FOR CONTRACTORS USING BOARD OF STATE AND COMMUNITY CORRECTIONS (BSCC) FUNDS

A. Non-Discrimination Clause: During the performance of this agreement, contractor and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Contractor shall ensure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provisions of the fair employment and housing act (gov. code §12900 et seq.), the regulations promulgated thereunder (cal. code regs., tit. 2, §11000 et seq.), the provisions of article 9.5, chapter 1, part 1, division 3, title 2 of the government code (gov. code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the department of fair employment and housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said department or agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement. (see cal. code regs., tit. 2, §11105.) Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the agreement.

B. Books and Records:

1. Contractor shall maintain adequate fiscal and project books, records, documents, and other evidence pertinent to their work on the project in accordance with generally accepted accounting principles. Adequate supporting documentation shall be maintained in such detail so as to permit tracing transactions from the invoices to the accounting records, to the supporting documentation. These records shall be maintained for a minimum of three (3) years after the acceptance of the final grant project audit under the Grant Agreement and shall be subject to examination and/or audit by

the BSCC or designees, state government auditors or designees, or by federal government auditors or designees.

2. Contractor shall make such books, records, supporting documentations, and other evidence available to the BSCC or designee, the State Controller's Office, the Department of General Services, the Department of Finance, California State Auditor, and their designated representatives during the course of the project and for a minimum of three (3) years after acceptance of the final grant project audit. The Contractor shall provide suitable facilities for access, monitoring, inspection, and copying of books and records related to the grant-funded project.

C. Debarment, Fraud, Theft or Embezzlement: It is the policy of the BSCC to protect grant funds from unreasonable risks of fraudulent, criminal, or other improper use. As such, the Board will not enter into contracts or provide reimbursement to grantees that have been:

1. Debarred by any federal, state, or local government entities during the period of debarment; or
2. Convicted of fraud, theft, or embezzlement of federal, state, or local government grant funds for a period of three years following conviction. Furthermore, the BSCC requires grant recipients to provide an assurance that there has been no applicable debarment, disqualification, suspension, or removal from a federal, state or local grant program on the part of the grantee at the time of application and that the grantee will immediately notify the BSCC should such debarment or conviction occur during the term of the Grant contract.

BSCC also requires that all grant recipients include, as a condition of award to a subgrantee or subcontractor, a requirement that the subgrantee or subcontractor will provide the same assurances to the grant recipient. If a grant recipient wishes to consider a subgrantee or subcontractor that has been debarred or convicted, the grant recipient must submit a written request for exception to the BSCC along with supporting documentation.

All subcontractors of KernBHRS receiving these funds must have on file with KernBHRS a completed and signed Certification of Compliance with BSCC Policies on Debarment, Fraud, Theft and Embezzlement.

D. Union Activities:

1. No State funds received under the Grant Agreement will be used to assist, promote or deter union organizing.
2. Contractor will not, for any business conducted while receiving grant funds, use any State property to hold meetings with employees or supervisors, if the purpose of such meetings is to assist, promote or deter union organizing, unless the State property is equally available to the general public for holding meetings.
3. If Contractor incurs costs or makes expenditures to assist, promote or deter union organizing, Contractor will maintain records sufficient to show that no reimbursement from State funds has been sought for these costs, and that Grantee shall provide those records to the Attorney General upon request.

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AMENDMENT NUMBER ONE

**NEXT HORIZON RECOVERY, LLC DBA DESERT OASIS RECOVERY
RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES**

EXHIBIT C – FUNDING SCHEDULE

JULY 1, 2026– JUNE 30, 2027

BUDGET UNIT 4120	STATE / FEDERAL	TOTAL FUNDING
FISCAL YEAR 26-27	ALLOWED	\$767,000
MAXIMUM REIMBURSEMENT		\$767,000

Service Delivery Site(s):

- 424 Christopher Court, Ridgecrest, CA 93555
- 400 Mavis Court, Ridgecrest, CA 93555

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AMENDMENT NUMBER ONE

NEXT HORIZON RECOVERY, LLC DBA DESERT OASIS RECOVERY

RESIDENTIAL SUBSTANCE USE DISORDER TREATMENT SERVICES

EXHIBIT C-1 – RATE TABLE

JULY 1, 2026– JUNE 30, 2027

Residential Services:

SmartCare Procedure code	Service Description	Unit	Rate
Residential Treatment -Substance Use	Residential 3.1 services	Day rate	\$207.59
Residential Treatment -Substance Use	Residential 3.5 services	Day rate	\$220.17
Residential Treatment -Substance Use	Residential 3.2WM services	Day Rate	\$238.66
---	Room and board	Day rate	\$70.00

Additional Services:

SmartCare Procedure code	Service Description	Time	HCPC	CPT	Rate
Behavioral Health Prevention Education Service	Peer Service – Group	15 min	H0025		\$11.99
Self Help/Peer Services	Peer Services – Individual	15 min	H0038		\$53.97
TCM/ICC	Care Coordination	15 min	T1017		\$60.58
Comprehensive Community Support Service	Recovery Services only	15 min	H2015		\$66.27
Psychosocial Rehabilitation Individual	Recovery Services only	15 min	H2017		\$50.66
Psychosocial Rehabilitation Group	Recovery Services only	15 min	H2017 HQ		\$12.03
MAT Administration/ Observation	Medication Administration and Direct Observation	15 min	H0033		\$60.89
MAT Training/Support	Medication Training and Support	15 min	H0034		\$114.32

Service Delivery Site(s):

- 424 Christopher Court, Ridgecrest, CA 93555
- 400 Mavis Court, Ridgecrest, CA 93555

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[END OF AMENDMENT]