



**Contra Costa County Behavioral Health Division
Alcohol and Other Drugs Services**

**Request for Proposal Work Plan Instructions
Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver**

**Substance Use Disorder Continuum of Care
ASAM Levels 1.0 (Outpatient) and/or 2.1 (Intensive Outpatient)**

October 2021

Entity Identification (Cover)

- Name of Contractor: Please type in the name of the entity performing services under this RFP.
- Mailing Address: List the mailing address of the entity's administrative offices.
- Contact Person: The individual who will be the contact person with the County for matters relating to this RFP.
 - Please list the Telephone number, Fax number and e-mail address for the contact person.
- Federal Tax Id Number: List the entity's Federal tax ID number.
- Service Facility Location NPI: Enter the HIPAA National Provider Identifier for each facility where services will be provided.
- ASAM Level of Care: Indicate the ASAM level of care for the services described in this work plan. Within any level of care, a separate budget and work plan must be submitted for services provided to women and/or for youth. Separate Work Plans are required for each level of care at each facility as well as for case management and recovery services.

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

- Region Served: List the community or geographic area your agency will serve (i.e. Richmond, Concord, Antioch, West County, etc.).

- **Target Group:** Describe the people you intend to serve at each facility in terms of their distinguishing characteristics, i.e., age, gender, ethnicity, LGBTQ, etc.
- **Service Site:** List the addresses (street and city) of each facility in which services for the proposed level of care will be provided.
- **Hours of Service Availability:** List the days of the week and the times that the services will be provided at each facility.

Personnel

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

- For Column A, please list the title and name of the staff person to be included in the budget.
- Column B: List the decimal proportion of a 40-hour work week which each staff person spends on DMC services for ASAM Level of Care 1.0. The formula is: (hours worked per week) / 40 = 1 FTE. For example, 20 hours per week translates to .50 FTE, 10 hours per week to .25, 8 hours to .20.
- Column C (Hourly Rate): Enter the hourly pay rate exclusive of benefits for each individual listed in Column 1.
- Column D (DMC Treatment): List the amount of salary and benefit expenditures allocated to treatment services. This should be 100% of the cost for levels 1.0 and 2.1 services.
- Column E (Room & Board): List the amount of salary and benefit expenditures allocated to treatment services. This column should be "0.00" for both level 1.0 and 2.1 services.
- Column F (Total): List the total cost of treatment services for the position title. This column is calculated automatically.

List the aggregate amount expended for taxes and benefits for the positions listed.

Services & Supplies

- Column A (#): A list of the codes that correspond with the Expense Category to be added to the sheet.

- Column B (Expense Category): Descriptive titles for the most frequently encountered line items are printed on the form. There are additional blank lines to list expense categories not included on the form.
- Column C (DMC Tx): List the amount of expenditures allocated to treatment services. Costs are required only for expense categories that are utilized by the facility and/or Level of Care. It is expected that many expense categories will have no costs associated with them at the facility and will be left blank.
- Column D (Room & Board): Services & Supplies cannot be billed to Room & Board for level 1.0 and 2.1 services so this column should be left blank.
- Column E (Total): The cells in this column contain formulas and automatically calculate the totals of the Treatment amounts in each row.

Services

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

- Program Static Capacity (Slots): Please indicate the maximum number of clients that could be receiving services at your facility at any given time. This will be determined by the combined caseload size of staff delivering services.
- Total Projected Unduplicated New Participants: This is an estimate of the number of persons receiving services in your program during the first contract year.
- Type of Service: Services listed in this section are those defined in the DMC-ODS Waiver Special Terms and Conditions. This should include treatment cost for Level 1.0 services and a separate cost for Level 2.1 services. Case Management and Recovery Services will need to be submitted separately as well.
- FTEs: The figures to be entered in this column are total Direct Service Staff FTEs allocated to each Type of Service. The total of this column must be less than or equal to the FTE column total on the Personnel tab. If the number of FTEs does not match exactly, please include a narrative to explain why less FTEs are rendering direct services than the listed number of FTEs on the Personnel tab.
- Direct Service Staff Hours: This figure is the amount of staff hours spent directly interacting with program participants in the performance of billable services. This figure should include the time spent writing case notes. The number of hours does not include time spent in case conference, clinical supervision or other support activities. Please note

that all direct services staff members are expected to spend no less than 80% of their time each day on billable services.

- Units of Service (15-minute increments): Please indicate the number of units of service to be rendered to beneficiaries. As stated above, one unit of Level 1.0 or Level 2.1 services is the equivalent of 15 minutes of service. The units of service are not dependent upon the number of staff involved or the number of beneficiaries in a group. Please see the examples below for further clarification:
 - A 90-minute group facilitated by one (1) SUD counselor and is attended by 12 beneficiaries = 6 units of service (90 minutes / 15 minutes)
 - A 90-minute group attended by 4 beneficiaries = 6 units of service (90 minutes / 15 minutes)
 - A 90-minute group attended by 12 beneficiaries = 6 units of service (90 minutes / 15 minutes)
 - A 90-minute individual session with one beneficiary = 6 units of service (90 minutes / 15 minutes)
- Payment Rate per Unit of Service: Enter the cost per unit based upon factoring in all costs associated with the treatment services. This should be calculated by utilizing the following formula:

$$\frac{\text{(Total Level of Care Personnel Cost + Total Level of Care Services \& Supplies Cost)}}{\text{Total Level of Care Units of Service}}$$

ADDITIONAL INSTRUCTIONS

The cost per unit of an individual session and a group session should be identical for the same Level of Care. This is due to the fact that costs are determined based on time rather on the number of FTEs utilized or the number of beneficiaries who receive the services.

If, relative to the total budget, Administrative and Support Staff costs (also known as indirect costs) are above 10% of the entire budget, please attach a justification for these expenses along with a letter from the Department of Health & Human Services approving the additional indirect costs. The indirect cost cannot exceed 15% without a letter from a separate Federal contract indicating a higher indirect rate is allowed.

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

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

Service Definitions

The following definitions of services provided in ASAM Level 1.0 Outpatient and ASAM Level 2.1 Intensive Outpatient Treatment as described in the DMC-ODS Intergovernmental Agreement.

Outpatient Services (ASAM Level 1.0) consist of less than six hours per week of medically necessary services for adolescents. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries. Outpatient services shall include: assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.

Intensive Outpatient Services (ASAM Level 2.1) involves structured programming provided to adolescent beneficiaries as medically necessary for a minimum of six hours and a maximum of 19 hours per week. Group size is limited to no less than two (2) and no more than twelve (12) beneficiaries. Intensive outpatient services shall include: assessment, treatment planning, individual and group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, and discharge planning and coordination. Services may be provided in-person, by telephone, or by telehealth, and in any appropriate setting in the community.