

Exhibit A Scope of Work

1. Service Overview

As described in this Scope of Work (SOW), the Contractor agrees to provide to the California Department of Health Care Services (DHCS) the services described herein.

- A. Implementation Schedule
- B. Subcontracting with Hubs and Spokes
- C. Training and Technical Assistance (TA)
- D. Webinars
- E. Data Collection and Performance Measures
- F. Reporting
- G. Final Report
- H. Meetings with DHCS

The Substance Abuse and Mental Health Services Administration (SAMHSA) awarded the State Opioid Response (SOR) 2 grant to DHCS. The grant funds California's Medication Assisted Treatment (MAT) Expansion Project, which aims to address the opioid and methamphetamine crises by improving access to treatment, reducing unmet treatment need, and reducing opioid and methamphetamine-related overdose deaths through the provision of prevention, treatment, and recovery activities.

This Contract implements the California Hub and Spoke System (CA H&SS) of the MAT Expansion Project. DHCS is selecting an organization through a Request for Application (RFA) to oversee the administrative components of the CA H&SS. The goal of this contract is to have 'Hubs,' a Narcotic Treatment Program (NTP) or Medication Unit, and 'Spokes, federally approved DATA 2000 waived prescribers who prescribe or dispense buprenorphine in office-based settings, to support Substance Use Disorder (SUD) prevention, treatment and recovery throughout urban and rural areas across the State.

The Contractor shall subcontract with Hubs and Spokes to continue implementation of MAT treatment, prevention and education services throughout California, as well as implement treatment and recovery services for individuals with stimulant use disorder. The Contractor shall submit to DHCS an Implementation Schedule, provide training and technical assistance (TA), develop and disseminate program materials, process subcontractor invoices, perform data collection and performance measures, to include Government Performance and Results Act (GPRA), submit to DHCS periodic reports and a final report, and attend meetings with DHCS and other stakeholders, as appropriate.

Exhibit A
Scope of Work

2. Service Location

The services shall be performed at various statewide facilities accessible to the Contractor.

3. Service Hours

The services shall be provided during normal Contractor working days and hours, excluding national and State holidays.

4. Project Representatives

A. The project representatives during the term of this Agreement will be:

Department of Health Care Services	Contractor's Name
Contract Manager: Waheeda Sabah Telephone: (916) 345-7462 Email: Waheeda.Sabah@dhcs.ca.gov	[Enter Name of Contract Manager] Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@XXXXXXXX

B. Direct all inquiries to:

Department of Health Care Services	Contractor's Name
Attention: Waheeda Sabah 1501 Capitol Avenue, MS 2624 Sacramento, CA 95814 Telephone: (916) 345-7462 Email: Waheeda.Sabah@dhcs.ca.gov	Attention: [Enter name, if applicable] Street address & suite number, if applicable P.O. Box Number (if applicable) City, State, Zip Code Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@XXXXXXXX

C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this Agreement.

Exhibit A
Scope of Work

5. Services to be Performed

A. Implementation Schedule

1. The Contractor is responsible for managing implementation of the Program. Within thirty (30) calendar days of the execution of this Contract, the Contractor shall provide DHCS an Implementation Schedule that sets forth the anticipated dates of the Program activities to be implemented throughout the entirety of the Contract period. The schedule shall include planned internal meetings with the DHCS team, webinars, State reporting timelines (as applicable), dates for scheduled activities (payment schedules, reporting, etc.), and other project deliverables. If there are significant changes or deviations to the Implementation Schedule, the Contractor is responsible for notifying DHCS fourteen (14) calendar days prior to the projected implementation.

B. Subcontracting with Hubs and Spokes

1. The Contractor shall serve as the primary contact to Hub and Spoke organizations.
2. The Contractor, within sixty (60) calendar days of the execution of the Prime Contract with DHCS, shall be responsible for developing and executing subcontracts with Hubs and Spokes.
3. The Contractor shall ensure each Hub or Spoke Subcontractor submits a summary of deliverables scheduled. The summary of deliverables shall include, at minimum, reports containing financial reports (describing actual expenditures of grant funding) and data collection and performance measures as referenced in section 5(G) of this SOW.
4. The Contractor shall consult with DHCS prior to accepting or denying all decisions proposed by or involving Subcontractors.
5. By way of each contract, the Contractor will serve as the administrative entity, responsible for managing, processing, and distributing payments to Hub or Spoke Subcontractors.
6. The Contractor will ensure that each Hub or Spoke Subcontractor receives funding in a timely fashion and pursuant to contractual obligations.
7. The Contractor will also be responsible for keeping a detailed account of all funds distributed and expended, by who spent them and how the funds were

Exhibit A
Scope of Work

utilized.

8. The Contractor shall enter into subcontracts with **Hubs** that meet the following minimum qualifications:
 - a. Assessment and diagnosis of an OUD or Stimulant Use Disorder;
 - b. Counseling;
 - c. HIV and HCV testing and referral to appropriate services;
 - d. Case management, including coordination of referrals for housing, insurance, and entitlements such as food or income assistance, and travel needs;
 - e. Professional medical, social work, and mental health services, offered to patients onsite or by referral;
 - f. Recovery and/or peer support services;
 - g. Local access to maternal addiction treatment, either onsite or by referral, to include, at a minimum, universal prenatal screening for alcohol and drug use, counseling, case management, MAT, and Contingency Management (CM). Maternal addiction services may be provided in-person or by telehealth providers, and should include collaborative management with a delivery facility capable of treating infants with neonatal abstinence syndrome;
 - h. Serve as the subject matter expert on opioid and methamphetamine dependence and treatment to the Spokes;
 - i. Utilize the **OBOT Stability Index**
 - j. Utilize the **Treatment Needs Questionnaire** tool and the **CSAT GPRA Tool**;
 - k. Have capacity to complete patient GPRA interviews;
 - l. Prescribe and dispense methadone;
 - m. Prescribe and dispense buprenorphine for the clinically complex patients;
 - n. Provide CM services;
 - o. Ensure patients and family members, if requested, have a prescription and training for naloxone;
 - p. Provide support to the Spokes on buprenorphine inductions, and clinical, or programmatic advice;
 - q. Implemented or intend to implement telehealth treatment and recovery services;
 - r. Transfer patients to subcontracted Spokes for MAT Expansion Project services;
 - s. Assist individuals with health insurance applications and enrollment for eligible, uninsured patients; (An eligible individual must obtain Medi-Cal to cover the cost of eligible services. Grant funds made available under

Exhibit A
Scope of Work

this Agreement shall not be utilized to pay for services covered by Medi-Cal for individuals who qualify for Medi-Cal but do not apply.)

- t. Determine whether an individual may be eligible for other benefits including those available for veterans or seniors.

9. The Contractor shall enter into subcontracts with **Spokes** that meet the following minimum qualifications:

- a. One waived prescriber with a federal Data 2000 waiver; and
- b. Any form of Medi-Cal certification including, Fee-for-Service and/or Drug Medi-Cal certification obtained prior to entering a subcontract. Independent waived physicians must have Medi-Cal certification within one year of entering a subcontract.

The Contractor's subcontract shall require the Spokes:

- c. Provide ongoing care for patients with milder addiction as determined by the Treatment Needs Questionnaire;
- d. Manage induction and maintenance, unless otherwise agreed in the subcontract;
- e. Monitor adherence to treatment, conduct drug screenings, and coordinate access to recovery supports;
- f. Collect minimal data elements, including numbers of patients in care and retention in treatment;
- g. Adhere to standards of care for managing patients on buprenorphine, including utilization of the OBOT Stability Model
- h. Have capacity to complete patient GPRA interviews;
- i. Provide, or refer patients to counseling services;
- j. Check the prescription drug monitoring program database (CURES) initially and every four months, documenting these actions in the chart;
- k. Prescribe buprenorphine;
- l. Ensure patients have a prescription for naloxone; and
- m. Comply with all grant funding limitations and restrictions.

10. The Contractor shall not subcontract with 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 Comp., p. 235), "Debarment and Suspension." SAM Exclusions contains 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.

Exhibit A
Scope of Work

C. Patient Interviews

1. The Contractor shall send the University of California, Los Angeles (UCLA) patient contact information for the Hubs and Spokes on a monthly basis to perform interviews of Hubs and Spokes to assess treatment outcomes and experiences in the CA H&SS. Patients shall be interviewed by UCLA twice, once at baseline and once at a 3-month follow up point, to evaluate treatment retention and outcomes over time.
2. The Contractor shall report to UCLA if the Hubs or identified Spokes do not have new patients or patients willing to provide interview consent for the requested month.
3. The Contractor shall report the patient contact information in the requested format by UCLA within fifteen (15) calendar days of completion of the preceding month.
4. Failure to report the information to UCLA in a particular month will result in withholding of invoice payments.

D. Expert Facilitator

The Contractor shall ensure that Hub Subcontractors have an Expert Facilitator on staff, who shall be a DATA 2000 waived prescriber, perform the below duties for a minimum of 10 hours per month. The responsibilities of the Expert Facilitator shall include:

1. Contacting existing Hub and Spoke subcontractors via face-to-face meetings and telephone, text, email, and web-based services to provide didactic training, case consultation, case presentation, coaching, and/or addressing stigma, workflow, administrative, and leadership issues.
2. Contacting interested non DATA 2000 waived prescribers to facilitate completion of the training and licensure requirements to receive their DATA 2000 waiver.

E. Training and Technical Assistance

1. The Contractor shall provide TA directed to Hubs and Spokes. TA shall address administrative functions, to include:
 - a. Subcontracting;
 - b. Invoicing;

Exhibit A
Scope of Work

- c. Reporting; and
 - d. Data Collection and Performance Measures.
2. The Contractor may provide to DHCS a request for approval of draft TA responses and TA materials. DHCS shall either approve or deny the request within fifteen (15) calendar days of receiving the Contractor's request for approval of draft TA responses and TA materials.
3. The Contractor shall provide training directed to Hubs and Spokes. Training shall consist of meetings for Hub and Spoke stakeholders, county stakeholders, community-based prevention practitioners, and other stakeholders to facilitate networking and peer learning and provide a discussion forum regarding strategies and tools of the project. Meetings shall also focus on development and implementation of innovative prevention programming with considerations for service access points in primary, secondary and tertiary prevention program settings.
 - a. Submit to DHCS a schedule setting forth the dates of project meetings during the Contract within sixty (60) calendar days of the start of the contract performance period. DHCS shall either approve or deny the Contractor's request within fifteen (15) calendar days of receipt;
 - b. Engage speakers and presenters to cover technical content; and
 - c. Develop meeting materials to include PowerPoint slides, outlines, and digital and physical handouts provided to attendees. The Contractor shall provide to DHCS a request for approval of the materials a minimum of thirty (30) calendar days prior to each scheduled conference. DHCS shall either approve or deny the request within fifteen (15) calendar days of receiving the Contractor's materials.
4. The Contractor shall coordinate participation in the following trainings and meetings:
 - a. Project meetings will be scheduled over the course of the Agreement. The Contractor shall participate in all scheduled meetings.
 - b. UCLA will organize and facilitate statewide daylong trainings for the staff of Hubs and Spokes (including administrators) during each year of this Agreement.

Exhibit A
Scope of Work

- c. UCLA Clinical Trainings. A minimum of 20% of the Hub and Spoke Subcontractor's clinical staff shall attend UCLA clinical trainings. These 6-hour trainings shall be offered regionally. These trainings are designed to:
 1. Review the most significant clinical challenges faced in the specific region;
 2. Present evidence based/best practices that are known to be useful to address the identified challenges; and
 3. Provide skill practice and role-playing of clinical skills to promote use of the techniques presented.

F. Webinars

1. The Contractor shall develop and host TA webinars pertaining to the CA H&SS, according to the timeline in the DHCS-approved Implementation Schedule.
2. The Contractor shall send notice of the webinar dates to those individuals and Hub and Spoke Subcontractors identified on the created registry, as outlined in the Implementation Schedule. Webinars shall be for participating Hub and Spoke Subcontractors and other stakeholders as determined by DHCS.
3. The Contractor shall electronically submit to DHCS intended topics to be addressed via each webinar, rationale for each topic, and presentation materials according to the timeline in the DHCS-approved Implementation Schedule.
4. The Contractor shall submit to DHCS topics and content of each webinar thirty (30) calendar days prior to the date of webinar commencement. DHCS shall approve or deny the webinar topic and content within seven (7) calendar days of receipt.

G. Data Collection and Performance Measures

1. The Contractor shall create data reporting requirements for DHCS approval. The Contractor shall be responsible for designing and developing tools and systems to collect, visualize, and present data from the CA H&SS to DHCS. These data elements shall be collected and reported quarterly to DHCS on the dates set forth in section 5(H) of this SOW.

Exhibit A
Scope of Work

2. The report shall include:
 - a. Name and address of the Hub or Spoke;
 - b. Contact person for the Hub or Spoke service location;
 - c. Communication details inclusive of telephone numbers, email, etc.;
 - d. Startup Activities/Details;
 - e. Total number of individuals served and/or affected;
 - f. Demographics of individuals served and/or affected; and,
3. The Contractor shall revise the quality improvement measures as needed, in collaboration with DHCS, to address emergent situations and high priority challenges. All revisions to the measures shall be submitted to, and approved by, DHCS prior to implementation.
4. The Contractor shall collect all data elements for the CA H&SS patients identified below. These data elements shall be collected and reported to DHCS and UCLA on the dates set forth in Section 5(H) of this SOW. Reports and Policies should include:
 - a. Number of people who receive OUD and/or Stimulant Use Disorder treatment;
 - b. Number of people who receive OUD and/or Stimulant Use Disorder recovery services;
 - c. Number of providers implementing MAT;
 - d. Number of OUD and/or Stimulant Use Disorder prevention and treatment providers trained, including nurse practitioners, physician assistants, physicians, nurses, counselors, social workers, and case managers.
5. The Contractor shall identify and track additional metrics aimed at quality improvements of patient care. The Contractor shall identify quality improvement measures by the fourth month following execution of this Agreement and submit those measures to DHCS for approval.
6. Examples of appropriate measures include:
 - a. Increasing the number of patient admissions to the Hubs and Spokes;
 - b. Percentage of intakes performed on the same day of a referral; and,
 - c. Percentage of patients admitted at the Hub who receive confirmed care at a Spoke.
7. The Contractor shall revise the quality improvement measures annually or as needed, in collaboration with DHCS, to address current situations and

Exhibit A
Scope of Work

high priority challenges. All revisions to the measures shall be submitted to, and approved by, DHCS.

8. The Contractor shall report on the identified measures and the quality improvement activities aimed at improving performance on these measures in the monthly report described in Section 5(H) of this SOW.
9. The Contractor shall collect and report client outcomes as part of the requirements set forth by GPRA, which includes the following:
 - a. Utilize the Client Outcome tool, which shall be provided by DHCS;
 - b. Data shall be collected via a face-to-face interview using the Client Outcome tool at the following data collection points: 1) intake to services; 2) six months post-intake; 3) and at discharge. Data collection points may be modified by DHCS, as necessary;
 - c. Collection of data elements regarding opioid use and opioid-related morbidity and mortality including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of MAT received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements shall be provided by DHCS;
 - d. Collection of data elements regarding methamphetamine use and methamphetamine-related morbidity and mortality including but not limited to: diagnosis, demographic characteristics, substance use, services received, types of CM or other treatment services received; length of stay in treatment; employment status, criminal justice involvement, and housing. Additional data elements shall be provided by DHCS;
 - e. DHCS may make changes to the information in Section 5(G) Data Collection and Performance Measures of this SOW, which shall not require an amendment to this Agreement.

H. Quarterly Reporting

1. The Contractor shall submit quarterly reports to DHCS and UCLA containing information identified according to Section 5(G) of this SOW for each Hub and Spoke. Quarterly reports shall begin according to the timeline in the DHCS-approved Implementation Schedule.
2. The dates and quarters are subject to change.
3. The Quarterly Reporting schedule is as follows:

Exhibit A
Scope of Work

Project Report	Period	Estimated Delivery
1 st Report	09/01/20 - 11/30/20	December 2020
2 nd Report	12/01/20 - 2/28/21	March 2021
3 rd Report	03/01/21 - 05/31/21	June 2021
4 th Report	06/01/21 - 08/31/21	September 2021
5 th Report	09/01/21 - 11/30/21	December 2021
6 th Report	12/01/22 - 02/28/22	March 2022
7 th Report	03/01/22 - 05/31/22	June 2022
Final Report	06/01/22 - 08/31/22	August 2022

4. The Contractor shall also be responsible for complying with all State reporting requirements related to this program.

I. Final Report

1. The Contractor shall submit a Final Report regarding Contract activities to DHCS. This report shall be due on or before the final day of the Contract period. The Final Report shall be comprehensive and include:
 - a. Templates, documents, or materials developed during the contract period.
 - b. A summary of barriers and challenges encountered throughout the implementation of the Contract. The summary of challenges shall include specific scenarios that arose throughout the Contract.
 - c. A summary of successful strategies and procedures utilized by the Contractor and Hub and Spoke Subcontractors to improve OUD and Stimulant Use Disorder prevention and/or education throughout California.
 - d. The Contractor shall additionally provide a final quantitative analysis of the CA H&SS, including a breakdown of what the funding was used for, and the anticipated financial and infrastructural sustainability of Hub and Spoke Subcontractors beyond expiration of the Contract.

J. Meetings with DHCS

1. The Contractor shall convene and facilitate ongoing DHCS leadership meetings regarding the implementation of the CA H&SS in partnership with

Exhibit A Scope of Work

DHCS. The Contractor shall propose a frequency of meetings, which shall be approved or denied by DHCS.

2. DHCS may schedule/reschedule meetings as needed.
3. These meetings will provide opportunities to discuss program progress, resolve implementation barriers and challenges, and to ensure appropriate linkages to complementary and associated projects.

6. Americans with Disabilities Act

Contractor agrees to ensure that deliverables developed and produced, pursuant to this Agreement shall comply with the accessibility requirements of **Section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973** as amended (29 U.S.C. § 794 (d), and regulations implementing that act as set forth in Part 1194 of Title 36 of the Federal Code of Regulations. In 1998, Congress amended the **Rehabilitation Act of 1973** to require Federal agencies to make their electronic and information technology (EIT) accessible to people with disabilities. California Government Code section 11135 codifies section 508 of the Act requiring accessibility of electronic and information technology.

7. Records and Record Keeping

- A. The Contractor shall retain all financial records, supporting documents, statistical records, and all other records pertinent to the Contract.
- B. DHCS, or any of its authorized representatives, have the right to access any documents, papers, or other records of the Contractor or Subcontractors which are pertinent to the Contract, for the purpose of performing audits, examinations, excerpts, and transcripts. The right to access records also includes timely and reasonable access to the Contractor's and Subcontractors' personnel for the purpose of interview and discussion related to the requested documents.
- C. The right to access records is not limited to the required retention period but lasts as long as the records are retained by the Contractor and Subcontractors.

8. Monitoring and Site Inspections

- A. The Contractor and/or Subcontractors shall be subject to monitoring by DHCS for compliance with the provisions of this contract to include desk and on-site

Exhibit A
Scope of Work

reviews. Such monitoring activities shall include, but are not limited to, inspection of the Contractor's and/or Subcontractors' programmatic activities, SUD prevention and education services, procedures, books, and records, as DHCS deems appropriate. DHCS may conduct monitoring activities at any time during the Contractor's and/or Subcontractors' normal business hours.

- B. DHCS shall conduct a review of the Contractor's and/or Subcontractors' records to determine if any of the claimed expenditures were an improper use of funds.
- C. The refusal of the Contractor and/or Subcontractors to permit access to physical facilities and/or inspection of any documents, files, books, or records necessary for DHCS to complete its monitoring and inspection activities constitutes an express and immediate material breach of this Contract and will be a sufficient basis to terminate the Contract for cause.
- D. DHCS shall develop policies and procedures to review progress reports and ensure that each Subcontractor is compliant with contractual obligations set forth in their awarded applications and subcontracts.

9. Contractor Non-Compliance

- A. If the Contractor fails to comply with State statutes, regulations, or the terms and conditions of the Contract and/or Subcontracts, DHCS may impose additional conditions on the Contract and/or Subcontracts, including:
 - 1. Withholding authority to proceed to the next phase until receipt of evidence of acceptable performance within a given performance period;
 - 2. Requiring additional or more detailed financial reports;
 - 3. Requiring technical or management assistance; and/or
 - 4. Establishing additional prior approvals.
- B. If DHCS determines that the Contractor's and/or Subcontractors' noncompliance cannot be remedied by imposing additional conditions, DHCS may take one or more of the following actions:
 - 1. Temporarily withhold cash payments pending correction of the deficiency by the Contractor.
 - 2. Disallow all or part of the cost of the activity or action not in compliance.
 - 3. Wholly or partly suspend the award activities or terminate the

Exhibit A
Scope of Work

Contractor's Contract and Subcontracts.

4. Recommend that suspension or debarment proceedings be initiated by DHCS.
5. Withhold further State funds.
6. Take other remedies that may be legally available.

10. Definitions

The following definitions shall apply to this Agreement:

CA H&SS: CA H&SS means a model comprised of NTPs or Medication Units that serve as the Hubs and Data 2000 waived prescribers who prescribe buprenorphine in office-based settings serving as Spokes.

Contractor: Contractor means the organization overseeing the administrative components of the CA H&SS.

Counseling: Counseling means individual and group sessions provided by a licensed professional or an individual registered or certified pursuant to Title 9, CCR, Division 4, Chapter 8. Counseling provided at a NTP shall conform to Title 9, CCR, Division 4, Chapter 4.

Grant: Grant means the State Opioid Response 2 grant.

Hub: Hub means a DHCS licensed NTP or Medication Unit.

Medication Assisted Treatment: Medication Assisted Treatment means a combination of medications utilized to treat an OUD in conjunction with counseling services.

Recovery Service: Recovery Service means services provided to a patient to maintain the patient's abstinence from the use of alcohol or drugs, maintain sobriety, or maintain any goal or objective that a patient achieved during treatment for his or her substance use disorder. Recovery Service includes any service designed to initiate, support, and enhance recovery.

Spoke: Spoke means either (1) a federally waived prescriber who prescribes and/or administers buprenorphine, or (2) one or more federally waived prescribers and a MAT team consisting of a licensed health practitioner and/or licensed behavioral health professional to perform duties that do not require a prescribing license. A Spoke may consist of individually waived professionals, FQHCs, or SUD treatment

Exhibit A
Scope of Work

providers. NTPs and Medication Unit cannot be Spokes.

Subcontractor: Subcontractor means a Hub or Spoke that contracts with the Contractor to perform services for the CA H&SS.

Waivered Prescriber: Waivered Prescriber means a physician, nurse practitioner, or physician assistant who obtains a federal Data 2000 waiver from SAMHSA to prescribe buprenorphine. Waivered prescribers who provide services outside of a NTP or Medication Unit must have this federal waiver since buprenorphine is a scheduled narcotic.