

EXHIBIT A – PROGRAM REQUIREMENTS (A-P): PROMOTING ACCESS TO HEALTH (PATH)

I. Program Name

Promoting Access to Health (PATH)

II. Contracted Services¹

Primary Care Services

Medical Case Management Services

III. Program Information and Requirements

A. Program Goals

Contractor shall provide services to accomplish the following goals:

- i. Ensure that Service Team clients² have effective access to primary care by co-locating primary care medical services at Community Support Centers (CSCs);
- ii. Provide ongoing medical care management and treatment services for clients' health conditions at PATH primary care clinics in order to promote establishment of a "medical home" for clients;
- iii. Improve health status among clients served by this program by providing coordinated care and referral to specialty services as necessary to address chronic health conditions; and
- iv. Support the integration of behavioral health, physical health, and substance use services for clients with co-occurring conditions.

B. Target Population

Contractor shall provide services to the following populations:

1. Service Groups

Contractor shall provide services to adults with serious mental illness (SMI) and co-occurring chronic health conditions. For Primary Care Services, Contractor shall make it a priority to serve Adult Service Team clients enrolled in the identified CSCs.

2. Referral Process to Program

Clients shall be referred to the PATH Project by the CSC staff. Clients can also be referred by other ACBH-contracted or County-operated programs as approved by ACBH Director of Integrated Health Care Services in the Office of the ACBH Medical Director, or by a designee.

3. Program Eligibility

¹ See all requirements specified in the Exhibit A-1: Standard Requirements, Exhibit A - Scope of Work (SOW), and other Exhibits attached to this Agreement.

² The term "client" is used in this Exhibit A to describe an individual with behavioral health issues being served.

Primary Care Services

Contractor shall only serve clients who:

- i. Are residents of Alameda County;
- ii. Are 18 years of age and older;
- iii. Are enrolled in the Service Team at the specified CSC or at an ACBH-operated/contracted program serving behavioral health clients in Alameda County as approved by the ACBH Director of Integrated Health Care Services or their designee; or
- iv. Have voluntarily selected Contractor as their medical home/primary care provider.

Medical Case Management Services

Contractor shall only serve clients who meet the above eligibility criteria and require additional medical case management services to assist them in the treatment of chronic health conditions.

4. Limitations of Service

Not applicable.

C. Program Description

Contractor shall maintain programmatic services at or above the following minimum levels:

1. Program Design

Contractor shall work with staff at the specified CSC and their caseload of clients to provide physical health screenings, routine primary care, and health and wellness education onsite using evidence-based and culturally-sensitive practices. Contractor shall provide voluntary preventive primary care screening for behavioral health clients and record those findings in the clients' medical record. Contractor shall provide voluntary treatment for identified physical health conditions within the specified CSC or at Contractor's main facility in order to support the concept of a "medical home" for behavioral health clients. Contractor shall provide voluntary ongoing medical case management services to clients with chronic physical health conditions. Contractor shall refer clients to Contractor's main facility or other licensed providers for physical health specialty care and dental services as needed.

Contractor shall document efforts in the client's chart toward ensuring clients receive the following health screening assessments according to the minimum required timeframes specified below, or more frequently as medically necessary:

- i. Weight/Height/Body Mass Index (BMI) – Each clinic visit or quarterly
- ii. Blood Pressure – Each clinic visit or quarterly
- iii. Hemoglobin or HbA1c – Annually
- iv. Lipid Profile – Annually

Contractor shall have policy and procedures in areas including, but not limited to: client safety; medication safety, storage, and management; schedules; meetings; conflict resolution; and smoking.

Contractor shall provide services to meet the Community Services and Supports (CSS) requirements as specified in the Alameda County Mental Health Services Act (MHSA) Plan.

Contractor shall attend team meetings and clinic debriefing **with staff from** the specified CSC service delivery site daily to ensure timely care coordination.

Contractor shall work with ACBH staff to ensure primary care services become sustainable through the number of client encounters that are reimbursable through Medi-Cal and other third party revenue sources.

2. Discharge Criteria and Process

No client shall have a planned discharge from Contractor's program until an appropriate written "Discharge Plan" has been developed and another primary care provider has been identified to provide them with ongoing primary health care services. Decisions to discharge a client from the PATH Project shall be determined on a case by case basis in consultation with Contractor's primary care team and the referring ACBH staff.

3. Hours of Operation

Contractor shall provide ACBH with a list of holidays during which Contractor will not be available to operate PATH at the specified service sites.

Contractor shall not modify the hours of operation listed in the Exhibit A-Scope of Work (SOW) without prior written approval by ACBH.

4. Service Delivery Sites

Contractor shall deliver services at designated service delivery sites as specified in Exhibit A-SOW.

Contractor shall obtain written approval from the ACBH Program Contract Manager prior to implementing any changes in service delivery sites.

D. Minimum Staffing Qualifications

Contractor shall maintain the direct service staffing as specified in the Exhibit A-SOW.

IV. Contract Deliverables and Requirements

A. Process Objectives

Contractor shall provide the following activities/deliverables at each PATH site:

Contractor Deliverables	Evidence of Task Completion
In collaboration with staff at the identified CSC, Contractor shall provide Health Assessment Screening to all new PATH clients at the site.	Signed enrollment form from individuals who have received an orientation to the PATH Project and volunteer to participate in the health assessments and screenings services to be kept on file
Contractor shall provide a minimum of six hours and a maximum of 20 hours per week of primary care services to a minimum of six clients.	Electronic health records system documentation that shows that clients served in the primary care clinic receive preventive care, urgent care, examinations, chronic disease management, medication management, and other health services
Contractor's staff shall create and maintain an electronic/written appointment schedule for clients.	Electronic/written appointment schedule maintained by Contractor's staff so that clients have timely health screenings and appointments

B. Quality Objectives

Contractor shall provide services toward achieving the following quality objectives:

Quality Measure	Quality Objective
Percent of PATH clients who have received the following required health assessment screenings at least once within the most recent 12 months: <ul style="list-style-type: none"> • Lipid Panel • Hemoglobin A1C • Blood Pressure • Body Mass Index 	At least 50%
Percent of PATH clients who have successfully engaged with provider by telehealth or phone call at least 1 time per month.	60%

C. Impact Objectives

Contractor shall work collaboratively with ACBH to develop performance measures around impact of services.

V. Reporting and Evaluation Requirements

Contractor shall maintain electronic health record systems and shall submit any special or additional reports requested by the ACBH Director of Integrated Health Care Services or designee and / or County financial or program monitors. Contractor shall comply with the reporting requirements of County, State, and Federal agencies, and applicable laws and regulations, as a condition of funding.

Contractor shall submit a Quarterly Program Report and Financial Report in the ACBH-specified format to the ACBH Program Contract Manager, the ACBH Director of Integrated Health Care Services, and the Alameda Health Consortium Director of Behavioral Health Integration by the 30th business day following the end of each quarter by uploading the completed report to the assigned and secure Alameda County ShareFile Folder. Contractor shall submit these Quarterly Program Reports in accordance with the following schedule:

Quarter	Dates Covered in Report	Due Date
1 st	July 1 – September 30	October 31 st
2 nd	October 1– December 31	January 31 st
3 rd	January 1 – March 31	April 30 th
4 th	April 1 – June 30	July 31 st

Contractor shall submit an Annual Mental Health Services Act (MHSA) Community Services and Supports (CSS) Report on an ACBH-provided template that collects demographics data in addition to Contractor's progress, successes, and challenges in achieving the Contract Deliverables and Requirements. Reports shall be labeled in accordance with the MHSA Three Year Plan and/or Plan Update established naming convention and shall be uploaded to the ACBH Citrix ShareFile within 30 days from the end of the contract period.

Contractor shall keep the following information on file and shall make this information available to ACBH upon request:

- i. Team Meetings and Clinic Debriefing minutes and sign-in sheets related to meetings with County staff attended by contractor's staff; and
- ii. Contractor's Quality Assurance (QA) Plan.

Contractor shall collaborate with ACBH to provide evaluation data, such as client perceptions of service quality, impact on clients' behavioral health outcomes, and other programmatic successes and challenges. Contractor shall work with ACBH to implement programmatic improvements based on the evaluation data, as appropriate.

VI. Additional Requirements

A. Site Certification/Licensure

Contractor shall maintain all required licenses and special permits issued by Federal, State, and Local agencies to the services it provides, including but not limited to the California Health and Safety Code, Division 2, and Title 22 and Title 17 Code of Regulations, or successors thereto.

Contractor shall obtain and maintain credentialing under the Alameda Alliance for Health.

Contractor shall maintain certification to participate in the Medicare and Medi-Cal programs under Title 18 and 19 of the federal Social Security Act, and/or all other such future program necessary to fulfill its obligation under this Agreement.

Contractor shall notify the ACBH Program Contract Manager immediately by telephone, and in writing within five days, when there is a change in the license and/or certification of any program, service, department, or facility providing services under this Agreement.

Contractor shall ensure that all personnel are licensed, certified, and credentialed in accordance with all legal requirements, and are qualified by training and experience to perform the services they are assigned to perform.

B. Quality Assurance

It is the responsibility of Contractor to ensure that all services are provided in accordance with pertinent laws, regulations, codes and permits; professionally recognized standards; prevailing standards of medical practice in the community; and all provisions of this contract, including record-keeping and reporting requirements, whether provided by Contractor at a Contractor site, or through referral to an outside provider.

Contractor shall deliver health services that demonstrate a high quality of care as defined by prevailing professional standards; those developed by ACBH and HCSA, including standards, policies and procedures developed for HealthPAC. These services shall be provided by Contractor in a manner consistent with principles of professional practice and ethical conduct and reflect concern for the acceptability, accessibility, availability, and cost of services.

Contractor shall maintain an ongoing quality assurance program designed to objectively and systematically monitor and evaluate the quality and appropriateness of patient care, and resolve identified problems.

Contractor shall maintain a written plan for the quality assurance program that describes the program's objectives, organization, scope, and mechanisms for overseeing the effectiveness of monitoring, evaluation and problem-solving activities.

Contractor shall promptly handle complaints, appeals, and grievances. A patient may file a complaint, appeal, or grievance with the County or the Contractor. If the patient files a complaint, appeal, or grievance with Contractor, the County delegates to Contractor the responsibility of handling that patient's complaint, appeal, or grievance. At no time shall a patient's medical condition be permitted to deteriorate because of delay in provision of care that Contractor disputes.

Fiscal and administrative concerns shall not influence the independence of the medical decision making process to resolve any medical disputes between the patient and Contractor.

Contractor shall establish and maintain a written policy that describes the Contractor's internal process for resolving patient and potential patient complaints and grievances. The policy shall be made available for review upon County's request.

The Contractor shall designate a contact person for the County to contact regarding complaints, appeals, and grievances that are filed with the County.

Contractor shall adhere to the standards established by and shall cooperate with and participate in the County's Quality Management and Improvement program, as standards may be amended from time to time.

Contractor understands that its services under this Agreement shall be reviewed by County's ACBH Quality Management and Improvement program for monitoring and evaluating accessibility of care, including but not limited to, waiting time and appointments for outpatient services. Contractor shall cooperate with County in any review and the ongoing program.

Contractor must comply with all applicable quality management activities identified by ACBH. Contractor shall work collaboratively and cooperatively with HCSA, ACBH, and other agencies and contractors to establish, maintain, and/or enhance the quality management activities to improve the service delivery system for patients with chronic disease. Contractor shall participate in ACBH, Alameda Health Consortium, and other meetings and trainings, and other work to promote quality improvement efforts.

Contractor shall participate in meetings, assessments, outcome reporting, program evaluations, targeted trainings, and surveys conducted by ACBH, Alameda Health Consortium or the State/Federal government, including all in which County requests Contractor to participate and attend.

The County shall conduct annual site visits, with additional visits if needed, to determine progress toward achieving the medical home model. Contractor shall cooperate with County and provide assistance as requested by County for site visits and Clinical Chart Review.

Contractor shall maintain case files for all IBH patients documenting their care/case management plan. ACBH may conduct random audits of these plans.

Contractor shall adhere to all policies and procedures approved by the Alameda County Board of Supervisors for quality assurance and utilization management of indigent medical services.