

Exhibit A Language Changes Summary (FY 14-15) Mental Health

I. Ex A - Standard Changes

- Changed HealthPac to HealthPac County
- Added 'Site' under Certification/Licensure section to make the distinction versus that of Staff Certification/Licensure
- New language under 'Entirety of Agreement' section – The new contract will supersede and merge any prior understanding and all other agreements
- Changed INSYST to data collection and claiming system approved by BHCS Information Systems (IS)
- Family Therapy and/or Collateral Family Group – Family Engagement (an umbrella term which includes Family Therapy, Collateral Family Therapy, Collateral Family Groups, Multi-Family Groups, and any other new codes specified by BHCS)

II. Ex A - Changes by Modality or Program Type

Adult Level III

- For most providers, the language will remain the same. BHCS Leadership is in the process of reviewing and discussing the Adult Level III Program Model, and it is likely that additional changes may be requested for FY 14/15. If that is the case, the BHCS Network Office will follow-up with your organization to complete a FY 14/15 Contract Amendment after the changes have been more formally announced and discussed with providers.

Service Team

- **Program Goals**
 - Added: Graduating at least five percent of clients to a less intensive level of service such as a wellness center or primary care.
- **Referral Process**
 - Re-worded: Clients may be referred to Contractor's Service Team by self, family members, BHCS Acute Crisis Care and Evaluation for System-wide Services (ACCESS), behavioral health providers, primary care providers, and psychiatric hospitals. BHCS Crisis Response Program (CRP) must authorize Adult Service Team assignments for all clients.
- **Outcome Measures**
 - Removed: Contractor shall graduate at least five percent of clients from Contractor's Service Team who have been on Contractor's Service Team for one year or longer.

Full Service Partnership (FSP)

- **Program Goals**
 - Added: Graduating **at least five percent** of clients to a less intensive level of service such as a wellness center or primary care.
- **Referral Process**
 - Re-worded: Clients may be referred to Contractor’s FSP by self, family members, BHCS Acute Crisis Care and Evaluation for System-wide Services (ACCESS), behavioral health providers, primary care providers, and psychiatric hospitals. BHCS Crisis Response Program (CRP) must authorize Adult Service Team assignments for all clients.
- **Consumer/Client Flow**
 - Changed: Update of Treatment Plan and Intervention from every six months to annually (for Adult and Older Adult Programs only)
- **Outcome Measures**
 - Pared down to:
 1. At least 85 percent of clients (50% for TAY) shall have a last visit date with primary care at their medical home within 12 months of enrollment.
 2. 80 percent of clients shall be in long-term, stable housing within 24 months of enrollment.
 3. 90 percent of the clients who enter the program shall have Medi-Cal within three months of program enrollment.
80 percent (60% for TAY) of the clients who enter the program shall have Supplemental Security Income (SSI), or an open application for SSI, within six months of program enrollment.
 4. Client use of psychiatric hospitalizations and emergency services shall decrease 50 percent post-enrollment, compared to data for 12 months prior to enrollment.
 5. Individual incarceration shall decrease 60 percent within 12 months of enrollment, compared to 12 months prior to enrollment.

Homeless Level II

- **Referral Process**
 - Changed to: Eligible clients shall be identified via the Home Stretch list, a permanent supportive housing interest list maintained by the Alameda County Health Care Services Agency. All clients must be approved for assignment by BHCS Crisis Response Program (CRP) and must meet specific program eligibility criteria.
- **Program Eligibility**
 - Removed: Diagnosis as the criteria and replaced it with “meet medical necessity for specialty mental health services and BHCS standards for Level II services.”

- **Process Measures**
 - Deleted contract deliverable on collecting information related to psychiatry/medication support visits during the 12 month period.

- **Outcome Measures**
 - Pared down to:
 1. Improved functional status (a DLA score increase of six or more points) every 12 months as documented in the Daily Living Assessment-20 (or other alternate assessment tools).
 2. At least 90 percent of clients shall maintain health insurance and have an established medical home at graduation from the program.
 3. At least 80 percent of clients graduate from the program with permanent housing.
 4. At least 80 percent of clients exit from the program with an increase in their average monthly income from intake.
 5. At least 90 percent of clients graduate from the program to a known destination

- **Reporting Requirements**
 - Added: Contractor shall input client status related to housing, income and insurance at episode opening, closing and in between as changes occur via an electronic data collection and claiming system approved by BHCS IS. Contractor shall also input client discharge status at closing.

Katie A

- **Service Groups**
 - Added Katie A subclass definition as follows: Contractor shall make it a priority to serve <children/youth> who are members of the subclass described in the settlement agreement in *Katie A., Et Al., v. Diana Bonta, et al*, Case No. CV-02-05662AHM[SHX], which is described in the September 9, 2013 All-County Letter No. 13-73 from the State of California Health and Human Services Agency as children and youth who are eligible for full scope Medi-Cal, have an open child welfare case, meet the medical necessity criteria for Specialty Mental Health Services, and meet one of the following criteria:
 - Currently in or being considered for Wraparound, therapeutic foster care, or other intensive services, therapeutic behavioral services, a specialized care rate due to behavioral health needs, or crisis stabilization intervention; or
 - Currently in, or being considered for placement in, a group home at a rate classification level ten or above, a psychiatric hospital or 24 hour mental health treatment facility, or has experienced three or more placements within 24 months due to behavioral health needs.

- **Program Design**
 - Added: Contractor shall contact BHCS Katie A Coordinator for questions on Alameda County's implementation policy and procedure.

Nathan Hobbs at (510) 567-8127 or Lori Delay at (510) 483-3030 x331

Intensive Counseling-Enriched Special Day Class (I-CESDC)

- **Program Name**
 - Added: Non-Public School (NPS) if the program is associated with an NPS
- **Contracted Services**
 - Included: Crisis Intervention only if it's an I-CESDC program associated to an NPS.
- **Program Design**
 - Added: Contractor shall also provide crisis intervention and/or medication support to EPSDT clients only.
- **Reporting Requirements**
 - Contractor shall submit a CESDC Placement Notification to BHCS Children's Specialized Services (CSS) within five days of opening an episode in an electronic data collection and claiming system approved by BHCS IS for the purpose of monitoring ERMHS eligibility and ERMHS authorization. (not a QA Documentation requirement)

Counseling-Enriched Special Day Class (CESDC)

- New modality notes which applies only to OUSD and some of Seneca's school sites
- Contracted Services include Mental Health Services and Case Management/Brokerage only

Early Periodic Screening, Diagnosis and Testing (EPSDT)

- **Program Eligibility**
 - Contractor shall only serve Alameda County children and youth ages <enter program-specific age range up to 21 years> who <enter program-specific criteria if applicable>, have full-scope Medi-Cal, and meet medical necessity criteria to receive services under EPSDT (Early Periodic Screening, Diagnosis and Treatment).
 - For Foster Care programs, the following language is included:
Foster, kinship, or adopted children and youth with out-of-county Medi-Cal and residing in Alameda County are eligible for services under inter-county arrangements possible under SB 785.

Early Childhood Family Partner

- **Evaluation Requirements**
 - Contractor shall participate in the Early Connections Substance Abuse and Mental Health Services Administration (SAMHSA) National Evaluation **as some of** the funds for this contract are part of a federal grant.

Day Treatment

- **Program Design**

- Added: Service components shall include at minimum the following:
 - Daily Community Meetings;
 - Therapeutic Milieu;
 - Process Groups and/or Psychotherapy;
 - Skill Building Groups; and
 - Adjunctive Therapies.

Contractor shall provide *<state full-day or half-day>* intensive day treatment that shall consist of a structured, multi-disciplinary program of group and individual therapy. Contractor shall deliver a minimum of *<for full-day >* four hours or more *<for half-day>* three hours of continuous face-to-face services per day, up to five days per week. Continuous face-to-face services should be focused around delivering the required service components and should not focus on other areas such as academics or recreational activities.

Contractor shall maintain a written weekly schedule, a program description and mental health crisis protocol. Contractor's weekly schedule shall specify when and where the service components will be provided and by which staff and their qualifications.

Crisis intervention services shall be for those non-planned situations that demand the expertise of mental health staff, beyond that which can be provided by the milieu staff. Crisis intervention services shall be limited to stabilization of a presenting emergency. The provision of crisis intervention services shall not be used in lieu of bringing in additional childcare staff to manage the milieu.

Intensive Day Treatment

Services must be provided a one-to-eight staff to client ratio with only the following types of staff included in this ratio:

- Physicians
- Psychologists or related waived/registered professionals.
- Licensed Clinical Social Workers or related waived/registered professionals.
- Marriage, Family and Child Counselors or related waived/registered professionals.
- Registered Nurses
- Licensed Vocational Nurses
- Psychiatric Technicians
- Occupational Therapists
- Mental Health Rehabilitation Specialists as defined in Section 630.

Programs serving 12 or more clients shall have at least two staff from at least two of the staffing groups specified above.

Day Rehabilitation Treatment

Services must be provided at a one-to-ten staff to client ratio with only the following types of staff included in this ratio:

- Physicians
- Psychologists or related waived/registered professionals.
- Licensed Clinical Social Workers or related waived/registered professionals.
- Marriage, Family and Child Counselors or related waived/registered professionals.
- Registered Nurses
- Licensed Vocational Nurses
- Psychiatric Technicians
- Occupational Therapists
- Mental Health Rehabilitation Specialists as defined in Section 630.

Programs serving 12 or more clients shall have at least two staff from any of the staffing groups specified above, except only one of these staff can be an occupational therapist.

- **Minimum Staffing Qualifications**

- Added: Contractor shall ensure that at least one staff is available to the group in the therapeutic milieu for all scheduled hours of operation. Contractor shall maintain at least one full-time equivalent Licensed Practitioner of the Healing Arts or Waivered Clinical Staff per classroom. Psychotherapy and family therapy shall only be provided by licensed, registered or waived staff within their scope of practice. Crisis services shall only be provided by a LPHA or a Mental Health Rehabilitation Specialist within their scope of practice. Medication support shall only be provided by a psychiatrist or nurse within their scope of practice.

- **Process Measures**

- Added: Contractor shall provide family therapy up to four hours per client per month and medication support up to two hours per client per month. Urgent/emergent conditions do not require pre-authorization from BHCS to go beyond the maximum two hours per client per month for medication support, but unusual situations requiring ongoing visits in excess of two hours per client per month should be pre-authorized by BHCS.

Other Children System of Care Programs

- New modality notes to standardize contract language for the following :
 1. Child Level I
 2. Non-CESDC ERMHS
 3. Non-ERMHS School-Based

Underserved Ethnic and Language Population (UELP)

- **Program Design**
 - Added: Contactor shall maintain a Medi-Cal Administrative Activities (MAA) claim plan, and conduct outreach and engagement in a way which maximizes revenue generation through MAA.

- **Reporting Requirements**
 - Added: Contractor shall submit MAA (Medi-Cal Administrative Activities) Logs, which detail Contractor's Underserved Ethnic and Language Populations (UELP) Prevention activities, sorted in ascending order by staff and then by date, to the BHCS Finance Office Specialist Clerk by the first business day of the third week of the month for the prior month's activities.

III. Ex A-1 Changes

- **Housing/Living Situation and Co-Occurring Informed Practice**
 - Updated URL links
- **BHCS Tobacco Control, Education and Prevention Guidelines**
 - Update language to reference most recent policy and corresponding URL link where policy can be accessed
- **Continuity of Services**
 - Added program closing as also the Contractor's responsibility
- **Day Treatment Guidelines**
 - Deleted

IV. Ex A-2 Changes

- Added language: All of Contractor's QA staff and Clinical Supervisors shall attend BHCS Documentation Trainings and Continuous Quality Review Team (CQRT) Trainings annually.