

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
INTEGRATED BEHAVIORAL HEALTH CARE COORDINATOR (IBHCC) SERVICES**

<b>Contractor Name</b>	Account NameContractor Legal Name
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*See Applicable Exhibit A Documents. Any additional specifications or variations in contracted service requirements applicable to this Exhibit A-SOW shall be contained herein.*

**I. PROGRAM NAME**

**Integrated Behavioral Health Care Coordinator (IBHCC) Services**

**Additional Specifications**

Program Name - Add Specs

**II. CONTRACTED SERVICES**

**IBHCC<sup>1</sup> Services**

**Additional Specifications**

Contracted Services - Add Specs

**III. PROGRAM INFORMATION AND REQUIREMENTS**

**A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Improve access and linkages to multiple social support services in Alameda County including those related to behavioral health, physical health, and housing resources operated by Alameda County and community-based organization (CBO) clinics through referrals, warm hand-offs, and follow up services;
- ii. Work with specialty behavioral health clients who are not accessing health services in an efficient manner to identify and remove barriers that can improve utilization of needed primary care and referrals to specialty;
- iii. Increase the capacity and effectiveness of primary care clinics to screen, assess, and treat mild to moderate behavioral health conditions;
- iv. Improve the capacity of primary care clinics to effectively treat the chronic medical conditions of individuals with moderate to severe behavioral illnesses;
- v. Enable timely monitoring of medical records and clinic appointment schedules to identify clients who face continuous barriers accessing and utilizing primary care and/or behavioral health services as reflected by their high no-show rates as well as by poor utilization of referral resources;

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<sup>1</sup> IBHCC's activities within the health care setting are the deliberate organization of a client's care and sharing of information among service providers that will assist a client in receiving the most efficient, appropriate, and timely care (Care Coordination. May 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>).

- vi. Enhance services through better tracking and improved accessibility to primary and behavioral health care services; and
- vii. Improve the monitoring and achievement of health and life outcomes among individuals served.

<b>Additional Specifications</b> Program Goals - Add Specs
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**B. Target Population**

Contractor shall provide services to the following populations:

**1. Service Groups**

Contractor shall provide care coordination services to low-income individuals who are in need of multiple social support services in areas such as behavioral health, physical health, and housing to address chronic and co-occurring physical and behavioral health conditions.

Within this identified population, Contractor shall make it a priority to serve individuals who:

- i. Are receiving primary care services in Contractor’s health clinics and are in need of behavioral health care services, including, but not limited to, individuals at risk of early onset of, or who have experienced, serious mental illness (SMI) and/or substance use disorder (SUD); and
- ii. Are eligible to be Contractor’s primary care client, but due to behavioral health conditions have not or have poorly utilized the primary care services.

<b>Additional Specifications</b> Service Groups - Add Specs
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**2. Referral Process to Program**

Contractor shall receive referrals from Contractor’s staff within Contractor’s primary care clinics, from Alameda County Behavioral Health Care Services (ACBH), and from ACBH-contracted behavioral health care providers.

<b>Additional Specifications</b> Referral Process to Program - Add Specs
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**3. Program Eligibility**

Contractor shall only serve Alameda County residents who:

- i. Have an annual income below 200 percent of the Federal Poverty Level (FPL); and
- ii. Are eligible for payment of services through Medicare, Medi-Cal, or HealthPAC.

<b>Additional Specifications</b> Program Eligibility - Add Specs
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#### 4. Limitations of Service

Not applicable.

<b>Additional Specifications</b>
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Limitations of Service - Add Specs
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### C. Program Description

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

#### 1. Program Design

Contractor's IBHCC(s) shall:

- i. Work with Alameda County Health Care Services Agency (HCSA), ACBH, Alameda Health Consortium, and other training and consultation providers to ensure that Contractor's integrated care team<sup>2</sup> continues to receive training and technical assistance in implementing a care coordination model, as well as continuous training and technical assistance in implementing effective care coordination services that improve the effectiveness of the integrated care team's services and capacity to serve clients enrolled in ACBH Specialty Behavioral Health Services.
- ii. Deliver and document face-to-face care coordination services to primary care and behavioral health clients as well as primary care and behavioral health providers.
- iii. Provide the following support services to the primary care/mental health team:
  - a. Facilitate communication among integrated care team members, which may include case review and clinical meetings that support the integrated care team in identifying action steps that result in improved utilization of primary care and behavioral health care services by clients with co-occurring physical and behavioral health concerns;
  - b. Track, collect data, and collaborate in the generation of reports and identification of next steps to enhance program effectiveness, in areas including but not limited to:
  - c. Client attendance; and
  - d. Collaboration with the Primary Care Psychiatric Consultation Program (PCPCP).
  - e. Establish collaborative working relationships with:
    1. ACBH Primary Care Psychiatrist (PCP) serving as the site consultant;
    2. Specialty behavioral health providers in order to facilitate more warm hand-offs and successful engagement of clients who need assistance getting access to medical services in the primary care setting; and
    3. Housing and other support service providers to facilitate more warm hand-offs/supportive transitions and care coordination of clients who need assistance getting access to and/or maintaining housing and multiple support services.

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<sup>2</sup> The integrated care team includes the primary care provider, the behavioral health care specialist, the ACBH psychiatrist consultant, the IBHCC, and other medical and support staff.

- iv. Provide the following services to clients with behavioral health and chronic health conditions:
  - a. Follow up on no-shows to support and improve continuity of treatment by making phone calls to clients, case managers and their family members;
  - b. Work with the integrated care team to identify and implement strategies at primary care clinics to improve timely access to care and create a welcoming environment for clients with behavioral health conditions;
  - c. Work with the integrated primary care team to provide linkages and referrals to other health and supportive services such as substance use, specialty mental health and physical health care services, and housing support services, as needed;
  - d. Refer clients who are experiencing a crisis to appropriate crisis services; and
  - e. Refer clients who need a higher level of behavioral health care services to the ACBH Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) telephone service, Center Point, and/or the ACBH Substance Use Treatment and Referral Helpline.
- v. Collaborate with community partners to develop an IBHCC services sustainability plan.

These services shall complement Contractor's existing array of preventive, primary care, and chronic illness treatment services that are funded through other sources.

<p><b>Additional Specifications</b> Program Design - Add Specs</p>
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**2. Discharge Criteria and Process**

Not applicable.

<p><b>Additional Specifications</b> Discharge Criteria and Proc - Add Specs</p>
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**3. Hours of Operation**

Contractor shall maintain the minimum hours of operation required by the Federal Health Resources and Services Administration Bureau of Primary Health Care.

Contractor shall maintain the following hours of operation:

<p>Hours of Operation - Add Specs</p>
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**4. Service Delivery Sites**

Contractor shall provide services at the following location(s):

<p>Service Delivery Sites - Add Specs</p>
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**D. Minimum Staffing Qualifications**

Contractor shall maintain the following direct service IBHCC Adjunct Staff supervised by a health care manager who is a part of **the Federally Qualified Health Center (FQHC) behavioral health services.**

Minimum Staffing Qual - Add Specs
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#### IV. CONTRACT DELIVERABLES AND REQUIREMENTS

##### A. Process Objectives

**Contractor** shall deliver the following services/deliverables:

Deliverables	Data Source
<u>Measure #1:</u> Contractor shall retain the minimum FTE IBHCC dedicated to providing services per the program design.	Quarterly IBHCC Report
<u>Measure #2:</u> Contractor shall attend the IBHCC meetings of the primary care clinics facilitated by the Alameda Health Consortium. At least one key staff representative from each clinic shall attend. The IBHCC shall also attend any additional IBH Contractor meetings around data and reporting systems.	<ul style="list-style-type: none"> <li>a. Sign-in sheets for the Alameda Health Consortium meetings</li> <li>b. Sign-in sheets for additional IBHCC Contractor meetings</li> </ul>
<u>Measure #3</u> Contractor shall: <ul style="list-style-type: none"> <li>a. Deliver at least 100 care coordination services, per quarter, per IBHCC FTE, to eligible clients (about two care coordination services per work day through the IBHCC);</li> <li>b. Track service delivery data; and</li> <li>c. Submit/<b>upload quarterly</b> reports per specified requirements.</li> </ul>	<b>Quarterly IBHCC Reports</b>
<u>Measure # 4</u> Contractor shall: <ul style="list-style-type: none"> <li>a. <b>Collect the number of ACBH clients linked to primary care services by the IBHCC; and</b></li> <li>b. <b>Collect the number of patients enrolled in ACBH's ECM program being linked to primary care by IBHCC.</b></li> </ul>	<b>Quarterly IBHCC Reports</b> , and sharing of information at each regular IBH meeting to ensure other IBH providers are aware of services available through the various ACBH systems of care
<u>Measure # 5</u> Contractor shall: <ul style="list-style-type: none"> <li>a. <b>Collect percentage of patients who receive referral services from the IBHCC and were assisted in getting connected to services out of all patients who received care coordination services from the IBHCC.</b></li> </ul>	<b>Quarterly IBHCC Reports</b>

##### **Additional Specifications:**

Process Objectives - Add Specs
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**B. Quality Objectives**

Contractor shall provide services toward achieving the following quality objectives:

Quality Measures	Quality Objectives
Percent of clients who receive service referrals from the IBHCC and were assisted in getting connected to services out of all clients who received care coordination services from the IBHCC.	At least 60%
Percent of clients who are successfully connected to referred services out of all clients who receive service referrals from the IBHCC (i.e., IBHCC has connected client to a service or received confirmation that the client has engaged by phone or in person with at least one service to which they were referred).	At least 20%

Contractor shall provide services in accordance with the specifications of the IBHCC Job Description to maximize the percentage of clients in each of these Quality Objective areas.

<b>Additional Specifications</b> Quality Objectives - Add Specs
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**C. Impact Objectives**

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

<b>Additional Specifications</b> Impact Objectives - Add Specs
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**V. REPORTING AND EVALUATION REQUIREMENTS**

Quarterly Report

Contractor shall submit a IBHCC Quarterly Report in the ACBH-specified format by the 30<sup>th</sup> of the following month by uploading the completed report to the assigned and secure Alameda County Citrix ShareFile folder. Contractor shall submit Quarterly Reports in accordance with the following schedule:

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

Contractor's Quarterly Reports shall include documentation as described in the Contract Deliverables and Requirements, shall indicate whether there are sections where Contractor has no data to report for the current quarter, and shall include an update on Contractor's progress in building a sustainability plan to continue the IBHCC position(s).

Should Contractor need technical assistance around uploading the IBHCC Reports, Contractor shall email the designated **ACBH Staff assigned** to the ACBH Division on Integrated Health Care Services. Should Contractor have questions about the content of a report, Contractor shall email the ACBH Integrated Health Care Services Deputy Director.

#### Annual Report

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 submit an Annual Narrative Report describing the program sustainability plan into a platform as specified by ACBH Integrated Health Care Services Deputy Director within 30 days from the end of the contract period.

<b>Additional Specifications</b>
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Reporting And Eval Req - Add Specs
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## **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 of 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 and those developed by ACBH and HCSA, as well as 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 client 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 client may file a complaint, appeal, or grievance with the County or with Contractor. If the client files a complaint, appeal, or grievance with Contractor, the County delegates to Contractor the responsibility of handling that client's complaint, appeal, or grievance. At no time shall a client's medical condition be permitted to deteriorate because of delay in provision of care that Contractor disputes. Contractor shall designate a contact person for the County to contact regarding complaints, appeals, and grievances that are filed with the County.

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

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

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 the County in any review and the ongoing program.

Contractor shall 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 clients 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 the 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 the County and provide assistance as requested by the County for site visits and Clinical Chart Review.

Contractor shall maintain case files for all IBH clients 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.

<b>Additional Specifications</b> Additional Requirements - Add Specs
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