Exhibit A. Scope of Work

I. Overview

Provider Name: **Program Name:**	**Contact Person & Information:** Name: _____ Title: _____ Address: _____ Phone: _____ Email: _____
Head of Service and License Type: Head of Service Name: LE#: Program NPI # Reporting Unit(s):	**Physical Address of Medi-Cal Certified Site(s):** Site also provides services through: Field: Yes ☐ No ☐ Telehealth: Yes ☐ No ☐ Telehealth: Yes ☐ No ☐ (with pre-approval)
Ages Accepted:	**Website:**
Language Capacity:	**Mailing (Remit) Address:**
Specialty Service/Cultural Capabilities:	**Conducts Initial Assessments?** Yes ☐ No ☐ Only when authorized ☐
Geographic Areas Served: ☐ Central County (Santa Rosa) ☐ North County ☐ South County ☐ East County ☐ West County	**Services Provided:** ☐ Adult Residential ☐ Case Management ☐ Crisis Intervention ☐ Crisis Residential ☐ Intensive Home Based Services ☐ Mental Health Services ☐ Therapeutic Behavioral Services ☐ Peer Support ☐ Psychiatric Health Facility ☐ SMHS Outpatient Services Medication Support ☐ Other:

Sonoma County Contract Contact Person(s):

Contract Manager: Name: _____ Phone: _____ Email: _____

II. Program Description

A. Program Description

B. Hours of Operation

C. Expected Number of Beneficiaries Served

1. Number of beneficiaries served per year, and/or units of service per year:

2. Contractor shall provide as much specialty mental health services as the Department of Health Services – Behavioral Health Division (DHS-BHD) authorizes up to the maximum of contract as listed in Article 2 - Maximum Payment Obligation.
3. Contractor shall prioritize the allocation of services to maintain quality programming, high beneficiary satisfaction, and enhanced opportunities for stepping down to lower level of services whenever clinically indicated. Beneficiary and service levels will be reviewed, at minimum, once a quarter at monitoring meeting between DHS-BHD and Contractor.

III. Service Description

A. Specialty Mental Health Services Descriptions

Contractor shall operate as, and meet all standards required of, an organizational provider of Early and Periodic Screening, Diagnosis and Treatment Supplemental Specialty Mental Health Services as defined in CCR Title 22, Chapter 11 Section 51184.

- Mental Health Services means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Services activities may include but are not limited to assessment, plan development, therapy, and rehabilitation.
    - Assessment means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.
    - Plan Development means a service activity which consists of development of treatment plans, approval of treatment plans, and/or monitoring of a beneficiary's progress.
    - Therapy means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments.

Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

- Rehabilitation is a service activity which includes assistance in improving, maintaining, or restoring an individual's or group of individuals' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and/or medication education.
    - Intensive Home Based Mental Health Services (IHBS) are Mental Health Rehabilitation services provided to eligible youth. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/ youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community and improving the child/youth's family ability to help the child/youth successfully function in the home and community.

- Medication Support Services means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.
- Crisis Intervention means services addressing acute/critical situations with the goal of restoring the beneficiary to their previous level of functioning, increasing coping skills, and decreasing or eliminating the negative impact of the crisis situation. Contractor staff will provide crisis services 18-24 hours a day, and will link beneficiaries to necessary resources including CSU, and will notify county PSC or other service provider of crisis situations.
- Adult Residential means
- Crisis Residential means
- Therapeutic Behavioral Services means an intensive, one-to-one, short-term, outpatient treatment intervention for beneficiaries under age 21 with serious emotional problems or mental illness who are experiencing a stressful transition or like crisis and need additional short-term specific support services. TBS must be needed to prevent placement in a group home at Rate Classification Level (RCL) 12 through 14, or a locked facility for the treatment of mental health needs, or to enable a transition from any of those levels to a lower level of residential care.
    - The person providing TBS is available on-site to provide individualized one-to-one behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having the staff person on-site and immediately available to intervene for a specified period of time. The expectation is that the staff person would be with the child/youth in accordance with the treatment plan, which would be reimbursable. These designated time

      periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth.

- Targeted Case Management means service activities related to locating, coordinating and monitoring necessary and appropriate services for a beneficiary related to their treatment. Targeted Case Management services must be provided in close coordination with other service providers to ensure each provider is focusing their work on a specific aspect of each individual's goals and/or objectives.
    - Intensive Care Coordination (ICC) is a targeted case management (TCM) service that includes activities such as assessment, service planning, monitoring, adapting, and transitioning. ICC services are designed to ensure beneficiaries are connected to all necessary and appropriate services related to their treatment. ICC services must be provided in conjunction with the input and guidance of the Child and Family Team.

B. Treatment Model/Evidence Based Practices

C. Referral Protocols

1. DHS-BHD Youth Access Team/Access Team shall:
2. Contractor shall:

D. Coordination of Services:

1. DHS-BHD shall:
2. Contractor shall:

E. Telehealth Services

Telehealth services have been added to this contract with the expectation that contractor will contact the DHS-BHD contract manager, in writing, prior to any telehealth service delivery, and receive approval to provide services via telehealth.

1. Contractor may use telehealth, when it deems clinically appropriate, as a mode of delivering behavioral health services in accordance with all applicable County, state, and federal requirements, including those related to privacy and security, efficiency, and standards of care. Such services will conform to the definitions and meet the requirements included in the Medi-Cal Provider Manual: Telehealth, available in the DHCS Telehealth Resources page at: DHCS Telehealth Resources
2. Telehealth services shall not commence until after contractor completes, and the County HIPAA Privacy Officer approves, the County's "Telehealth Provider Privacy and Security Self-Assessment Questionnaire and Attestation Tool". Contractor shall ensure that all telehealth equipment and service locations maintain client confidentiality.
3. Licensed providers and non-licensed staff may provide services via telephone and telehealth as long as the service is within their scope of practice.
4. Medical records for clients served by Contractor under this Agreement must include documentation of written or verbal consent for telehealth or telephone services if suchservices are provided by Contractor. Such consent must be obtained at least once prior to initiating applicable health care services and consent must include all elements as specified in BHIN 22-019.
5. County may at any time audit Contractor's telehealth practices, and Contractor must allow access to all materials needed to adequately monitor Contractor's

adherence to telehealth standards and requirements.

F. Interpreter Services

1. Interpreter services required by Section 1367.04 of the California Health & Safety Code and Section 1300.67.04 of Title 28 of the California Code of Regulations shall be coordinated with scheduled appointments for health care services in a manner that ensures the provision of interpreter services at the time of the appointment.
2. Contractor is permitted to utilize County's translation and interpretation services. Contractor will notify members of the interpreter and translation services that are available to them at no cost. Notification is done in a variety of ways including but not limited to: County public website, brochures, member newsletters, and Evidence of Coverage documents. County will provide access to interpreter services at all points of medical contact at no cost through its contracted vendors as detailed in the following:
    i. Contractor notifies County liaison of interpreter services request.
    ii. County liaison will contact appropriate interpreter services provider to coordinate services.
    iii. County liaison will then inform Contractor of interpreter services provider contact information. Contractor will then reach interpreter services provider and commence services for beneficiary.
3. Should the beneficiary refuse interpreter services, documentation of the beneficiary's refusal shall be documented in the medical record or plan file, as applicable.
4. Contractor shall document all applicable translation services in the Electronic Health Record (E.H.R.). Contractor shall not be compensated for any translation services provided to the beneficiary.

G. Assessments & Problem Lists

1. Contractor shall:
2. DHS-BHD shall provide Contractor with all applicable standards for the delivery and accurate documentation of services. County shall make ongoing technical assistance available in the form of direct consultation to the contractor upon Contractor's request to the extent that County has capacity and capability to provide this assistance. In so doing County is not relieving Contractor of its duty to provide training and supervision to its staff or to ensure that its activities comply with applicable regulations and other requirements included in the terms and conditions of this agreement. Any requests for technical assistance by Contractor regarding any part of this agreement shall be directed to the County's designated contract monitor.

H. Staffing & Clinical Supervision Cultural Responsiveness

1. Services provided shall be culturally and linguistically appropriate. Specialty Mental Health Services will be provided in the language most comfortable to the Beneficiary and his/her family. Contractor will make oral interpretation and sign language services available free of charge to each beneficiary. This applies to all non-English languages, not just those identified as prevalent. Contractor will notify beneficiaries that oral/sign language interpretation is available for any language, and written information is available in prevalent languages, and be informed of how to access those services.

2. Services will be provided in the beneficiaries' preferred language. Interpretation services will be utilized for those beneficiaries who speak a different language than their provider. Family and friends shall never be used as interpreters.
3. Contractor will respond to the unique needs of diverse populations and are also sensitive to the ways in which people with mental health issues experience the world. Cultural competence must be a guiding principle, so that Specialty Mental Health Services are provided in a culturally sensitive manner.

IV. Administrative Requirements

A. Administrative paperwork requirements

1. Contractor shall provide selected documents/activities within SmartCare.

Document	Contractor
i. Client Programs Enrollment/Discharge	☐
ii. Client Clinical Problem List	☐
iii. Diagnosis Document	☐
iv. Batch Service Upload	☐

2. Contractor will be required, upon request, to submit progress notes and any other requested documentation for auditing purposes

B. Electronic Health Record (EHR) Requirement

1. Contractor shall utilize the County's Electronic Health Record (EHR) for all County Mental Health Plan (MHP) functions including, but not limited to, client demographics, services/charges, assessments, treatment plans and progress notes. Contractor has the right to choose not to use the County's EHR system but must comply with all necessary requirements involving electronic health information exchange between the Contractor and the County. The Contractor must submit a plan to the Contractor for approval demonstrating how the requirements will be met.

C. Outcome Goals

1. Contractor shall cooperate with any requirements established by the State of California regarding outcome measures.
2. Contractor is expected to meet the following:

Desired Outcome	Data Source
Describe in measurable terms what each goal is: *For example, "90% of youth serviced will not require psychiatric hospitalization"*	**Data Source/Measurement Tool:** *Describe where the data will come from that you are using to measure your goal. For example, satisfactions surveys, CANS/ANSA database, chart review, etc.*
Goal #1:	**Data Source for Goal #1:**
Goal #2:	**Data Source for Goal #2:**
Goal #3:	**Data Source for Goal #3:**

D. Reporting

1. Contractor shall provide data to DHS-BHD on a quarterly basis on performance and outcome goals using the "Medi-Cal Outcomes Quarterly Report" template located on the DHS-BHD web page "Forms and Materials for Behavioral Health Contractors": https://sonomacounty.ca.gov/health-and-human-services/health-services/divisions/behavioral-health/contractor-resources/forms-and-materials
2. Contractor shall email quarterly reports on or before the due dates to BHquarterlyreports@sonomacounty.gov
3. Failure to submit Quarterly Reports by the due dates may result in delay of payment.
4. Reporting Due Dates:

Quarter 1: July 1 – September 30	Report Due: October 31
Quarter 2: October 1 – December 31	Report Due: January 31
Quarter 3: January 1 – March 31	Report Due: April 30
Quarter 4: April 1 – June 30	Report Due: July 31

E. Results-Based Accountability (RBA) Plan

Upon execution of this contract, County and Contractor may collaboratively develop a Results-Based Accountability (RBA) evaluation plan to support program monitoring and continuous quality improvement. The plan will include performance measures that disaggregate data by client demographics to evaluate program effectiveness across all populations served.

As part of the RBA plan implementation, Contractor may be required to:

- Attend one RBA training session;
- Collect and submit performance measure data as specified; and
- Participate in periodic data review meetings with the County.