

EXHIBIT A-3

SERVICE REQUIREMENTS AND PERFORMANCE MEASURES

Adult Services

I. SERVICE REQUIREMENTS

- A. Policies and Procedures.** Provider will maintain and comply with, a complete, current copy of BHSD –Substance Use Treatment Services Adult System of Care Policy and Procedure Manual and other policies and procedures as developed by the County throughout the fiscal year.
- B. Client Centered Services.** Provider will provide services that are based on the clients' individual needs, as identified on the multidimensional assessment. Providers shall integrate the principles of the Triple Aims by the Institute for Healthcare Improvement (IHI). The Triple Aims are:
- Improving the patient experience of care (including quality and satisfaction);
 - Improving the health of populations; and
 - Reducing the per capita cost of health care.
- C. Dual Diagnoses Capable Services.** All providers in BHSD- Substance Use Treatment Services Adult System of Care are expected to be Dual Diagnosis Capable Programs. The definition of Dual Diagnosis Capable Program includes: Routinely accepts dual diagnosed clients; is able to address the symptoms and functional impairment related to co-occurring illnesses of clients who are not so impaired as to substantially interfere with the clients' treatment; has groups to specifically address issues related to co-occurring illness; routinely seeks consultation with qualified professionals; trains and supervises standard addiction staff to deal with issues related to clients with co-occurring illness; and maintains a more flexible position on client relapses in either psychiatric or substance related areas. Relapse in either psychiatric or substance related areas is not an automatic reason for discharge,
- D. Referrals and Admissions.** Provider will accept all referrals, and will admit all clients, from Gateway Assessment Center and satellite assessment sites, Quality Improvement (QI) Division, and other BHSD-Substance Use Treatment Services Adult System of Care contract Providers. [Providers are expected to assess and refer beyond the initial referral.](#)
- E. Group Type and Size Standards.** Process groups should have no fewer than two, no more than twelve, participants. Psycho-educational groups may be larger than process groups. Programs will be expected to provide psycho-education groups to clients who score low severity on all ASAM dimensions and are not coming to treatment directly from jail or residential facility. Groups that routinely have greater than ~~twelve~~ participants should be recorded and documented as structured discovery groups or other

Comment [VL1]: Cheryl to add language re: score of 3 for DDCAT

type of psycho-educational groups.

- F. Caseload for Outpatient Counselors.** Actual caseloads may vary depending on the clinical need and intensity of services provided to clients.
- G. Clinical Standards.** Providers will be required to abide by clinical and productivity standards, including changes or modifications to standards that are promulgated by BHSD-Substance Use Treatment Services.
- H. Direct/Indirect Services Hours.** 65% of available staff hours is the minimum productivity standard with a minimum of 40% of face-to-face contact with clients. Providers will submit monthly reporting of available staff hours of staff providing individual and group services (direct services) to monitor this requirement.
- I. Transitional Housing Unit (THU).** THU providers must provide services in accordance with established procedures and standards as described in the Transitional Housing Unit (THU) Standards ([Appendix C](#), BHSD-Substance Use Treatment Services Adult System of Care Policy and Procedure Manual).
- J.** Providers providing service to pregnant and substance using or parenting and substance using, with children ages birth through 17 must comply with the Perinatal Services Network Guidelines as specified in the State DHCS contract with the county.
- K. Drug Testing.** Drug testing for SACPA clients is governed by a separate agreement.
- L. Residential Utilization.** Residential providers must submit a request to the Department's Quality Improvement ("QI") Division for approval of a length of stay beyond forty-five (45) days. Request must be submitted prior to the 35th day in residential treatment.

The following guidelines must be followed;

- Intakes will take place 7 days/week and include evening hours
- Missed initial intake appointments will be rescheduled by the program
- Empty beds will be filled within 24 hours (unless there are no referrals)
- During initial restriction clients will still be eligible for family visitation
- Programs will make every effort to arrange for storing and making available personal snack food of clients
- On family visiting days, families will be allowed to bring food to share with clients
- Programs will offer family educational component, minimum one time a month
- Programs must keep group sign in sheet

- M. National Provider Identifier (NPI).** As part of HIPAA compliance, all Drug Medi-Cal (DMC), Valley Health Plan (VHP), and other Health Plan providers must have an NPI number.
1. Agencies: Agencies that provide services are required to have an NPI number. For information on NPI and to apply for an NPI, go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>
 2. Individuals: Individuals that provide services are required to have an NPI number. For

information on NPI and to apply for an NPI, go to <https://nppes.cms.hhs.gov/NPPES/Welcome.do>

N. **VHP Credentialing.** Providers are required to obtain VHP credentialing for their counseling staff and/or anyone providing direct services a county based health program for Outpatient, Residential and THU services. All newly hired [licensed](#) clinical staff must have an NPI number and obtain VHP credentials before billable services can be provided.

~~O. **Reporting Requirements for Measure A.** Below are the requirements for Measure A funding. The information should be submitted and emailed by the specific dates below to: tammy.ramsey@hhs.seegov.org~~

Comment [VL2]: Will be done internally

- ~~1. Number of clients served~~
- ~~2. Number of bed days provided~~
- ~~3. Percentage of bed days utilized versus contracted bed days~~
- ~~4. Demographics—age, gender, and ethnicity~~
- ~~5. Residential Performance Measures & Outcomes~~
 - ~~a. Unsuccessful discharge~~
 - ~~b. Successful discharge~~
 - ~~c. Reduced use/abstinence at the time of discharge~~
 - ~~d. 10% vacancy rate~~

~~Due Dates~~

~~Quarter 1: Not Applicable~~

~~Quarter 2: Not Applicable~~

~~Quarter 3: January to March—Due Date: May 15, 2016~~

~~Quarter 4: April to June—Due Date August 15, 2016~~

II. PERFORMANCE REQUIREMENTS

A. Performance Evaluation.

Performance of providers will be monitored by the QIDS Division, on a quarterly and annual basis. QIDS staff track, collect, record and analyze data, and run reports to monitor provider performance on contractual requirements. Provider performance may be monitored on a more frequent schedule if warranted by system performance data or if required by an assessment tool to measure performance of any aspect of treatment.

Quarterly performance monitoring: The QI Division's quarterly POP (Provider Overall Performance) report will be replaced by a revised report with new data elements. However, the function of the revised provider performance report will be similar. This report is designed as a tool for providers to track their own performance and make adjustments throughout the fiscal year. (See next section for more details)

Annual performance monitoring: The QIDS Division & the Research & Outcome Measurement (ROM) unit will conduct an annual performance measurement audit of all

providers in the system. Standard performance measures on different aspects of treatment including retention/drop-out, service frequency and discharge status will be measured. (See next section for more details)

1. PERFORMANCE MEASURES

Annual performance monitoring: Performance will be assessed on a quarterly and yearly basis, using monthly data averaged over a 12-month period. Data required for performance measures will be transmitted to BHSD-Substance Use Treatment Services each month. Annual performance will be measured against a baseline, which will be calculated using data from fiscal year 2014. For detoxification and transitional housing services, the baseline will be developed based on FY 2015 figures. The table below shows the list of measures that will be monitored and the minimum performance level associated with each item. The section entitled ‘All-agencies-Outcomes’ lists the set of performance measures that are common to all modalities. Separate performance measures will be required for residential, outpatient, detoxification and transitional housing services. The purpose of the performance measures is to produce a system view of how the Continuum of Care is operating at any given time. The performance measures will be piloted before they are finalized.

Performance Measures	Performance standard	In Annual Performance Audit
All agencies-Outcomes		
Monthly admissions to treatment	Compared to contracted capacity	Yes
Monthly discharges from treatment	Required to track discharge status	Yes
% of administrative discharges	10% below FY 14	Yes
% of treatment completions at discharge	10% above FY 14	Yes
Number of open clients	Active clients > 90% of contracted capacity	Yes
Timely data entry admissions & services	Same day as service	Yes
Timely submission of required reports	As specified by QICs	Yes
# days to record a successful discharge	10% below FY 14	Yes
Attendance at required meetings	90%	Yes
Residential Treatment Agencies		
% drop out (within < 9 days of admission)	10% below FY 14	Yes
% of clients transferred to OP	10% above FY 14	Yes
% vacancy rate, based on daily bed occupancy	10% below FY 14	Yes

Outpatient Treatment Agencies		
Average operational capacity	10% above FY 14	Yes
Wait time between a client's intake date and first treatment session	< 14 days	Yes
The number of clients who fail to show for scheduled tx session (no show rate)	10% below FY 14	Yes
Number days closed to referrals	< 12 days per yr (1 day per 30 days)	Yes
% of clients with a service within 14 days of intake	10% above FY14	
# of services per month (At least 2 services every 14 days or 4 services every 30 days)	10% above FY14	Yes
% clients with no services in 30 days	10% below FY14	Yes
<u>% of services provided with family</u>	<u>TBD for Medi-Cal Waiver</u>	
Productivity – time spent in direct services	40%	Yes
Productivity – time spent in indirect services	25%	Yes
Detoxification Services Agencies		
# of days to entry into services	Baseline to be established for FY 2015	Yes
# of clients calls for admission to services	Baseline to be established for FY 2015	Yes
# of clients admitted to the Continuum of Care	Baseline to be established for FY 2015	Yes
Transitional Housing Agencies		
% of administrative discharges	Baseline to be established for FY 2015	Yes
% clients not in tx after 30 days of admission	Baseline to be established for FY 2015	Yes

Social Model Detox Services

- a. Clinical Index Withdrawal Assessment (CIWA) completed.
- b. Documentation reflects client was given information on continuing care.
- c. Documentation reflects assessment of stabilization.

Transitional Housing Unit

- a. Clients referred to THU placement who accept the referral, will be placed within two (2) working days from the time THU provider receives paperwork from THU Care Coordinator.
- b. Client will sign the Complete Orientation Summary to THU Services and Rules within two (2) working days of placement.
- c. Client will complete a housing exit plan prior to discharge.
- d. Clients will have a THU Client Status Reporting Form (THU CSR) completed at intake, discharge, and at any change of status as specified in the Audit Guide.
- e. Required documents and/or signatures are present in the chart.

2. CLINICAL PERFORMANCE MEASURES

~~This year is a "Back to Basics" audit; subsequent audits will most likely change in structure and content.~~ Clinical Performance Measure Audits will occur annually. The FY 2016/2017 will encompass the following ~~basic~~ measures:

Comment [VL3]: Cheryl to add a section re: expected to provide a minimum of two EBPs

Problem Statements On Treatment Plans Are Individualized

- The Problem Statement(s) are related to ASAM dimensions rated moderate to high intensity
- The Problem Statement identifies an area of impairment or distress related to substance use
- The Problem Statement is correctly matched with appropriate Dimension
- The client's Stage of Change is noted by each Problem Statement on the ~~Treatment~~ Plan

a. **The Goal addresses the Problem Statement and matches the Stage of Change**

b. **Action Steps On Treatment Plans Are Individualized**

- Action Steps help achieve the goal
- Action Steps must be stated in measurable terms (SMART—i.e., Specific, Measureable, Attainable, Realistic and Time-Limited)
- Action Steps must match the Stage of Change for that Problem

c. **Progress Notes**

- Each note must demonstrate treatment progress or lack thereof based on Action Steps

- Counselor’s interventions must be noted with client’s response –i.e., what ~~was~~did the client’s ~~get out of the~~response to the intervention and/or their response to the Action Steps

Formatted: List Paragraph, No bullets or numbering

- Counselor must enter note within 48 business hours of the occurrence of the service/activity

d. Assessment–Audit Criterion

- Each chart will be expected to meet the above minimum guidelines
- For each chart not meeting the above minimum guidelines a “Corrective Action Plan” will be submitted to the auditor within 30 days.

3. CLINICAL SUPERVISION MEASURES

Supervision is necessary in the substance abuse treatment field to improve client care, develop the professionalism of clinical personnel, and impart and maintain ethical standards in the field.

Clinical supervision that is both adequate and based on “best practices” is critical to a program’s effectiveness as an SUD treatment program. Therefore, it is the expectation that all providers have:

- a. a policy and procedure regarding clinical supervision
- b. a system of administering regular clinical supervision
- c. clinical supervision to be carried out by a fully licensed or credentialed staff member (as identified in section 5b. below)
- d. offered as group and/or individual supervision on a semimonthly basis
- e. included a staff sign in sheet with date, time and topic; capture content that is directly related to clinical aspects of the counselor’s performance.

4. OTHER PERFORMANCE MEASURES (KB – Need to confirm that the EBPs go under this heading

Provider will comply with other performance measures as developed by the County throughout the fiscal year.

Providers will be required to demonstrate that they are using Evidence-based Practices (EBPs) for treatment. Therefore, it is expected that all providers:

- a. Will attest that counselors have been trained in at least two EBPs, from the Substance Abuse Mental Health Services Administration’s (SAMHSA) NREPP list (See Attachment? Link?)
- b. Will offer counselors at least two trainings annually in EBPs appropriate to the level of care and population served

Formatted: Numbered + Level: 1 + Numbering Style: a, b, c, ... + Start at: 1 + Alignment: Left + Aligned at: 1" + Indent at: 1.25"

Formatted: Underline

- c. Will record in their respective EHRs the evidence-based practice used in group and individual treatment sessions
- d. Will ensure that the progress note supports the EBP used in a particular group or individual treatment session

5. ENHANCED PERFORMANCE MEASURES FOR COST BASED CONTRACTS

In addition to the Provider Overall Performance monitoring and the annual Performance Measures Audit described above, the following performance measures may be audited (via data reports):

- a. Provider will maintain a turnover rate in counseling staff no greater than 25%. Exceptions must be reviewed and approved by the County.
- b. Provider certifies that they are in compliance with California Code of Regulations (CCR), Title 9, Division 4, Chapter 8 requires that individuals providing counseling services in SUD recovery and treatment programs must be in compliance with counselor certification requirements. An SUD counselor, at a minimum, must be registered and/or certified by one of the authorized certifying bodies identified by DHCS (i.e., California Consortium of Addiction Professionals and Programs (=CCAPP), California Association for Alcohol/Drug Educators, CAADE or California Association of DUI Treatment Programs (=CADTP) or a trainee registered with one of the three approved certifying bodies as parenthetically designated and under the supervision of a credentialed drug and alcohol counselor or a licensed therapist. Additionally, an SUD counselor could be an MFT/LCSW/Psychologist and/or a registered intern with the BBS. An agency may contract with a properly credentialed or licensed therapist in order for the registrant or intern to receive their clinical supervision.
- c. Individuals must be registered, certified or licensed as an intern with the BBS or Board of Psychology, or be a registrant of either CCAPP, CAADE or CADTP. All clinical staff, by state law, must be registered, credentialed and/or licensed by one of the following agencies: CCAPP, CAADE, CADTP, BBS or Board of Psychology.
- d. Registrants shall complete certification as an SUD counselor within five (5) years of the date of registration. New hires will have six (6) months to become registered with CCAPP, CAADE or CADTP.
- e. An individual who has not completed certification within the five year time period may not be an SUD counselor at any SUD program licensed and/or certified by DHCS. An SUD program licensed and/or certified by DHCS that allows an individual to provide services as an SUD counselor that is not a licensed professional, certified SUD counselor or has exceeded the five-year time limit as a registrant is out of compliance and will receive a deficiency citation from DHCS.
- f. Section 13010, Title 9, Division 4, Chapter 8, Subchapter 2, California Code of Regulations requires that, by April 1, 2010, at least thirty percent (30%) of staff providing counseling services in all SUD Programs Licensed and/or Certified by DHCS shall be licensed or certified pursuant to the requirements of this Chapter. Effective April 1, 2010, any SUD program licensed and/or certified by DHCS that

allows less than 30% licensed professionals and/or certified counselors will be cited by DHCS for non-compliance with Section 13010.

- g. For more information on counselor certification requirements please go to the State DHCS website www.dhcs.ca.gov

If provider fails to comply with the requirement set forth above, provider shall not receive any payments under this contract or under any renewal or new contract.

B. Continuing Education

Staff are required to attend the following continuing education trainings:

- a. ASAM & Stages of Change (must be taken by all new employees). Current staff may attend as a refresher. This training is for clinical staff and counselors and will be offered twice a year.
- b. Best Practices (must be taken by all new employees). Current staff may attend as a refresher. This training is for clinical staff and counselors and will be offered twice a year.
- c. Orientation to the System of Care (at least once upon hire). This will be offered twice a year.

Formatted: Normal, No bullets or numbering

€

Formatted: Normal, No bullets or numbering,
Tab stops: 5.85", Left