

**EXHIBIT A(x)-SCOPE OF WORK (SOW):  
PROMOTING ACCESS TO HEALTH (PATH)**

<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**

Promoting Access to Health (PATH)

<b>Additional Specifications</b> Program Name - Add Specs
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**II. CONTRACTED SERVICES**

Primary Care Services

Medical Case Management Services

<b>Additional Specifications</b> Contracted Services - Add Specs
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**III. PROGRAM INFORMATION AND REQUIREMENTS**

**A. Program Goals**

Contractor shall provide services to accomplish the following goals:

- i. Ensure that Service Team clients<sup>1</sup> 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>Additional Specifications</b> Program Goals - Add Specs
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**B. Target Population**

Contractor shall provide services to the following populations:

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<sup>1</sup> The term "client" is used in this Exhibit A to describe an individual with behavioral health issues being served.

**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.

**Additional Specifications**  
Service Groups - Add Specs

**2. Referral Process to Program**

Clients shall be referred to the PATH Project by the CSC staff. Clients can also be referred by other Alameda County Behavioral Health Care Services (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 designee.

**Additional Specifications**  
Referral Process to Program - Add Specs

**3. Program Eligibility**

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 designee; **and**
- 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.

**Additional Specifications**  
Program Eligibility - Add Specs

**4. Limitations of Service**

Not applicable for program area.

**Additional Specifications**  
Limitations of Service - Add Specs

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

- iii. Weight/Height/Body Mass Index (BMI) – Each clinic visit or quarterly
- iv. Blood Pressure – Each clinic visit or quarterly
- v. Hemoglobin or HbA1c – Annually
- vi. 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 debriefings 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.

<b>Additional Specifications</b>
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Program Design - Add Specs
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## 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 the client 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.

<b>Additional Specifications</b> Discharge Criteria and Proc - Add Specs
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**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 identified hours of operation without prior written approval by ACBH.

Hours of Operation - Add Specs
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**4. Service Delivery Sites**

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

Service Delivery Sites - Add Specs
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**D. Minimum Staffing Qualifications**

Contractor shall maintain the following minimum direct service positions:<sup>2</sup>

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

**A. Process Objectives**

On an annual basis, Contractor shall deliver the following services/deliverables at each PATH site:

<b>Contractor Deliverables</b>	<b>Evidence of Task Completion</b>
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 schedules for clients.	Electronic/written appointment schedule maintained by Contractor's staff so that clients have timely health screenings and appointments

<sup>2</sup> The positions shall be maintained at the specified level or higher of direct FTE staff.

Contractor Deliverables	Evidence of Task Completion
Contractor shall assist patients with completing the PATH Client Survey on the designated platform as specified by ACBH.	Number of patients who successfully complete the survey

<b>Additional Specifications</b> Process Objectives - Add Specs
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**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"> <li>• Lipid Panel</li> <li>• Hemoglobin A1C</li> <li>• Blood Pressure</li> <li>• Body Mass Index</li> </ul>	At least 50%
Percent of PATH clients who have successfully engaged with provider by telehealth or phone call at least one time per month.	60%

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

<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 impact of services.

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

30<sup>th</sup> business day following the end of each quarter by uploading the completed report to the assigned and secure Alameda County Citrix ShareFile folder. Contractor shall submit these Quarterly Program 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 Program Report shall include information about Contractor’s progress in achieving the Contract Deliverables and Requirements.

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 Meeting 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.

<p><b>Additional Specifications</b> Reporting And Eval Req - Add Specs</p>
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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 the Health Care Services Agency (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 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 PATH 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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