ATTACHMENT II

EXHIBIT A - 1

SERVICE EXHIBIT

1115 WAIVER DEMONSTRATION PROJECT
HEALTHY WAY LA TIER II SPECIALTY MENTAL HEALTH SERVICES FOR ADULTS (19-64 YEARS OF AGE)

1. **GENERAL** On November 2, 2010, the Centers for Medicare and Medicaid Services and the State of California (State) entered into a Medicaid Demonstration, commonly referred to as California's Bridge to Reform 1115 Waiver Comprehensive Demonstration Project (1115 Waiver or 1115 Waiver Demonstration Project). The 1115 Waiver Demonstration Project provides the framework to progress towards federal Health Care Reform in 2014 by permitting: health care coverage expansion; continued funding for public hospitals' uncompensated costs; new funding for delivery system improvements at public hospitals; Medi-Cal managed care for seniors and persons with disabilities; and federalization of State-only funded programs.

   The 1115 Waiver establishes the Low Income Health Program (LIHP), which consists of two components, the Medicaid Coverage Expansion (MCE) and the Health Care Coverage Initiative (HCCI). The MCE is not subject to a federal funding cap and provides a broader range of health care services than the HCCI to MCE enrollees who are adults ages 19-64 with a family income at or below 133% of the Federal Poverty Level (FPL) and who meet certain citizenship or legal residency requirements.

   The 1115 Waiver stipulates that mental health services must be integrated into this broader range of services; MCE enrollees must receive an evidence-based benefit package of mental health services in community-based settings with an emphasis on prevention and early intervention. The current mechanism for MCE

in the County of Los Angeles (County) is the "Healthy Way LA Health Care Initiative" (HWLA) Program, which is managed by the County's Department of Health Services (DHS).

2. **PREVENTION AND EARLY INTERVENTION AND MENTAL HEALTH INTEGRATION PROGRAM MODEL** The Prevention and Early Intervention (PEI) Plan, the second largest component of the State's Mental Health Services Act (MHSA), focuses on evidence-based services, education, support, and outreach to help inform and identify those who may be affected by some level of mental health issue. Consistent with the focus of the PEI Plan, an early intervention model of care, the Mental Health Integration Program (MHIP), which incorporates an evidence-based practice (EBP), is chosen as the primary model for delivery of mental health services within primary care facilities serving adults ages 19-64 who are enrolled in the HWLA program. The use of the MHIP model provides a time-limited, cost-effective, integrated, evidence-based treatment approach for depressive disorders, anxiety disorders, and trauma-exposed adults through the linkage of health and mental health systems of care.

The intent of the MHIP model is to identify adults with early symptoms of anxiety, depression, and trauma, and to streamline their access to treatments for these symptoms in order to mitigate risks and decrease factors that could lead to a more dysfunctional condition. The MHIP model is also intended to improve medication adherence when medication has been prescribed, as well as, increase levels of functioning.

Primary Care Providers (PCP) are often the first point of contact for individuals experiencing a depressive episode or even just a few symptoms of depression or anxiety prior to an episode. As such, integrating mental health services within primary care facilities places mental health resources and psychiatric consultation within easy reach of these practitioners and will allow an intervention to occur as soon as possible. MHIP utilizes a collaborative stepped-care

approach in which Care Managers (CM) work with PCPs to develop a course of treatment for individuals with symptoms indicative of depression, anxiety, and/or trauma. Through MHIP, clients may receive psycho-educational materials, medication, or interventions aimed at improving problem-solving and other coping skills. Following a successful response to treatment, clients are counseled on ways of avoiding a relapse in symptoms. MHIP helps PCPs and mental health providers integrate early identification, assessment, and treatment within the same clinic setting.

3. **PERSONS TO BE SERVED/ELIGIBLE CLIENTS** Contractor shall provide treatment using the MHIP model to adults who: 1) are ages 19-64 with a family income at or below 133% of the FPL 2) meet certain citizenship or legal residency requirements; 3) are either enrolled in the HWLA Matched Program, or meet criteria as Matched Program Pending clients; 4) meet HWLA Tier II Specialty Mental Health Medical Necessity criteria; and 5) would benefit from and are willing to participate in short-term treatment/early interventions.

4. **SERVICE DELIVERY SITE** Contractor shall provide services at the service delivery sites set forth in the Agreement as provided in Attachment IV (Service Delivery Site Exhibit). Contractor shall request approval from DMH in writing a minimum of 30 business days before terminating services at any of the service delivery sites listed in Attachment IV and/or before commencing services at any location(s) not previously approved in writing by DMH. All service delivery sites listed in Attachment IV shall be operational within 30 business days of the commencement of Agreement.

5. **PROGRAM ELEMENTS AND SERVICES** Utilizing the MHIP model, Contractor shall provide the specialty mental health services set forth below. County shall reimburse Contractor, as more fully described in Exhibit B (Attachment III, Claiming and Reimbursement), for a single billable visit, as set forth in Section 5.2 below.

5.1 Culturally and Linguistically Appropriate Services: Services under this Agreement shall be delivered by professional staff members in a culturally competent manner. Contractor shall understand and utilize the strengths of culture in service delivery and incorporate the languages and cultures of their clients into the services that provide the most effective outcomes.

5.2 Contractor shall provide one or more of the following described services following claiming guidelines stipulated in Exhibit B (Attachment III, Claiming and Reimbursement):

5.2.1 Assessment: Services provided at intake and when additional clinical analysis of the client is appropriate and medically necessary utilizing the MHIP model. As part of MHIP model guidelines, one or more screening tools [the Patient Health Questionnaire (PHQ) 9, General Anxiety Disorder (GAD) 7, and/or the PTSD Checklist – Civilian Form (PCL-C)] are used session-to-session to determine the severity of symptoms. The screening tool(s) scores are tracked and recorded for outcome measures.

5.2.2 Individual Therapy: Services provided to individual clients utilizing the MHIP model and following the treatment protocols contained within the MHIP materials. As part of treatment protocol and general EBP guidelines to track and record outcome measures, one or more of the following screening tools are used during each Individual Therapy session: PHQ -9, GAD-7, and/or the PCL-C.

5.2.3 Targeted Case Management: Services to assist clients in keeping engaged with treatment or connected with other ancillary services.

5.2.4 Psychiatric Services:

5.2.4.1 Psychiatric Consultation with the MHIP Team: Psychiatric consultation shall be provided to the MHIP team weekly and/or as clinically appropriate. Consultation may include, but not be limited to: case reviews on all patients who are not improving clinically or require additional assessment and/or support towards the development of a treatment plan. Contractor shall bill and receive reimbursement for Psychiatric Consultation in accordance with Exhibit B (Attachment III, Claiming and Reimbursement) Paragraph B (CLAIMING), Subparagraph 3 (a).

5.2.4.2 Psychiatric Consultation with the PCP: Psychiatric consultation with the PCP for the purpose of assessing medication and treatment needs and developing appropriate plans for the clients. Contractor shall bill and receive reimbursement for Psychiatric Consultation with the PCP in accordance with Exhibit B (Attachment III, Claiming and Reimbursement) Paragraph A (BILLABLE VISIT), Subparagraph 5. The Psychiatric Consultation with the PCP will count toward the six (6)-visit threshold.

5.2.4.3 Psychiatric Evaluation: A face-to-face psychiatric evaluation between the CP and the client to allow the CP to evaluate the client and provide detailed feedback to the PCP and/or MHIP treatment team to better determine the client's needs. This service is provided when the client:

a) Is not showing positive responses to medications prescribed; or

b) Is not making the anticipated progress toward therapeutic goals after adequate treatment adjustments have been attempted; and/or

c) As determined by the Consulting Psychiatrist to be medically necessary.

Contractor shall bill and receive reimbursement for Psychiatric Evaluation in accordance with Exhibit B (Attachment III, Claiming and Reimbursement) Paragraph A (BILLABLE VISIT), Subparagraph 3.

5.2.5 Some additional services, such as crisis intervention, which are not formal aspects of the MHIP model, may also be offered during the course of treatment in order to provide for emergent client needs. Clients requiring additional care or more intensive treatment should be referred to specialty mental health services for longer-term or more intensive interventions. MHIP providers retain clinical oversight for such cases until they are successfully transitioned.

6. STAFFING

6.1 Minimum Staffing Requirements, Roles and Responsibilities

6.1.1 Care Manager (CM): Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes that have mental health within their scope of project must utilize a Licensed Clinical Psychologist, Licensed Clinical Social Worker (LCSW), or Psychiatric Mental Health Nurse Practitioner (PMHNP) to provide services under this Agreement. FQHCs and FQHC Look-Alikes that do not have mental health within their scope of project and non-FQHCs may utilize a Licensed or Waivered Clinical Psychologist; Licensed or Registered Social Worker and/or Marriage and Family Therapist (MFT), or PMHNP. The CM shall have primary responsibility for each client's initial assessment, providing psycho-education, and conducting problem-solving treatment or other clinically appropriate EBPs. The CM shall coordinate the initial treatment process with the client and his/her PCP at the primary care clinic and follow each client until he or she achieves a clinically significant improvement. When a client's symptoms of depression and/or anxiety are in remission, the CM shall complete a relapse prevention plan. The CM shall also participate in weekly team meetings with the PCP to review his or her existing caseload and to discuss new and ongoing clients. In addition, the CM shall facilitate treatment referrals to higher levels of care as needed.

6.1.2 Consulting Psychiatrist (CP): Contractor shall utilize a licensed and Board Certified Medical Doctor (MD) or Doctor of Osteopathy (DO) as a CP. The CP shall be responsible for providing psychiatric services (as outlined in Section 5, PROGRAM ELEMENTS AND SERVICES, subsection 5.2.4, Psychiatric Services) to the PCP

and/or the treatment team to review cases in which clients are not progressing, revise treatment plans when necessary, and/or to discuss any client-related psychiatric questions or emergencies. Contractor must retain a CP and such CP shall be available at all times during regular business hours.

7. TRAINING

MHIP Training:

7.1 Types of MHIP Training:

(a) A two-day MHIP Skills Training

(b) Problem-solving Treatment (PST) Case Supervision – Certification as PST Practitioner

(c) MHIP Booster Training

7.2. Contractor shall select and assign staff members who possess the necessary professional qualifications and are most likely to provide direct services or supervise the direct service delivery of the MHIP model, consistent with subparagraph 6.1 (Minimum Staffing Requirements, Roles and Responsibilities), under this Agreement to attend the above-stated training offered by County. Additionally, selection of staff for MHIP training by agencies also designated as FQHCs and FQHC Look-Alikes should be done in such a manner as to comply with any and all regulations governing provision and reimbursement for services provided by said staff consistent with Exhibit B (Attachment III, Claiming and Reimbursement), Paragraph A (Billable Visit), Subparagraph 1 (a) and (b) (Specialty Mental Health Providers).

8. SERVICE GOALS AND OUTCOMES Contractor shall track all outcomes related to the MHIP model. All outcomes must be implemented, scored, stored,

and transferred in a manner consistent with guidelines established by DMH at intervals determined by DMH. Additionally, any and all outcomes, measurement instruments, and procedures may be supplemented, revised, or deleted by DMH at any time during the course of this Agreement. The outcomes identified for the MHIP program include the PHQ 2 and PHQ 4 (as utilized by the PCPs) for initial screening. Based upon the results of this initial screening, the PHQ 9 or GAD 7 will be used and, for trauma-exposed adults, the PCL-C will be used.

9. CONTRACTOR'S OBLIGATIONS AND DATA COLLECTION

9.1 Service and Other Obligations. Contractor shall:

9.1.1 Provide specialty mental health services to eligible HWLA clients, utilizing the MHIP model as set forth in this Service Exhibit.

9.1.2 Make each client's initial appointment within 30 business days of referral request.

9.1.3 Follow all applicable DMH Policies and Procedures and utilize all forms, as identified by DMH.

9.1.4 Ensure that all mental health providers funded by or through DMH have been appropriately credentialed.

9.1.5 Follow the Community Partner Medical Home Screening Process: The PCP will utilize the self-administered PHQ 2, 4, or 9 to determine the severity of the client's symptoms. If the client is experiencing a new onset of mental health symptoms resulting in impairment and cannot be treated by primary care alone, the client should be referred for on-site specialty mental health services. If the mental health provider determines the client is experiencing

severe and persistent mental illness (SPMI) – Tier I, Contractor shall refer the client to a DMH Legal Entity Contractor with whom Contractor has an operational agreement or memorandum of understanding (MOU) for Tier I services.

9.2 Data Collection. Contractor shall:

9.2.1 Perform the PHQ 9, the GAD 7, and/or the PCL-C on a per-visit basis to determine the effectiveness of the intervention. Data from these outcomes measures will be entered into an Outcomes Measure Application (OMA) in a manner specified by DMH.

9.2.2 Input data into the DMH Integrated System (IS), on a daily basis, regarding clients served on that day.

9.2.3 Submit to DMH Office of Integrated Care, on a monthly basis, information regarding:

- The number of HWLA enrollees who were referred to Contractor for specialty mental health services;
- The number of individuals who were accepted for services by Contractor;
- The number of individuals who were declined mental health services by Contractor or who did not show for appointment;
- If Contractor was unable to contact an individual;
- If mental health services were not indicated at this time; and
- The time frame between the date of the referral request and the date of the initial appointment for each client.

10. PERFORMANCE-BASED CRITERIA

10.1 The Agreement includes four (4) performance-based criteria to measure Contractor's performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI Plan. These measures assess the Contractor's ability to provide the required services and to monitor the quality of the services.

10.2 Contractor shall collaborate with DMH to provide processes for systematically evaluating quality and performance indicators and outcomes at the program level. Should there be a change in federal, State and/or County policies/regulations, DMH, at its sole discretion, may amend these performance-based criteria via a contract amendment.

10.3 Contractor shall cooperate with DMH in the regularly-scheduled monitoring of the program, including review of Contractor and program records, site visits, telephonic conferences, correspondence, and attendance at Contractor meetings where the Contractor's adherence to the performance-based criteria will be evaluated.

10.4 Contractor shall maintain, at a minimum, the following documents that indicate the performance targets:

1. Completed referral forms;
2. Tracking log of referrals;
3. Completed evaluation tool for measuring ongoing client condition; and
4. Complete outcome measures to assess overall effectiveness of service.

10.5 The performance-based criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Contractor has a treatment team and multi-lingual staff to meet the needs of the population being served.	List of Treatment Staff and Language Capability.	Contractor has hired staff that meets the needs of the community and population being served.
2. Contractor accurately records and maintains tracking logs as required by DMH.	Review tracking logs on a monthly basis for accuracy and completeness.	Contractor maintains accurate and complete referral logs and submits to DMH on or before the 15th of the following month.
3. Clients referred for mental health services will receive an appointment within 30 business days of referral request.	Contractor will use tracking tool.	Individuals are seen for initial visit within 30 business days of referral request.
4. Contractor completes outcome measures identified in Section 9.	All measures are reported in accordance with DMH and MHIP requirements.	Appropriate screening tools are used initially, throughout treatment and at discharge.

11. **REQUIREMENT TO ADHERE TO UTILIZATION REVIEW STANDARDS AND POLICIES** Contractor shall conform to all requirements for utilization review and treatment authorization requests (TAR) as specified by DMH. This includes, but is not limited to, delivery of services to individuals that meet established medical necessity criteria, TAR for over-threshold services, and other documentation and quality of care standards.