

AMENDMENT II TO AGREEMENT

THIS AMENDMENT TO AGREEMENT (hereinafter "Amendment II") is made and entered into this 25th day of May, 2021, by and between COUNTY OF FRESNO, a Political Subdivision of the State of California, Fresno, California (hereinafter "COUNTY"), and, **BEACON HEALTH OPTIONS OF CALIFORNIA, INC.**, a California For-Profit Corporation, whose address is 5665 Plaza Drive, Suite 400 Cypress, CA 90630, (hereinafter "CONTRACTOR"). Reference in this Agreement to "party" or "parties" shall be understood to refer to COUNTY and CONTRACTOR, unless otherwise specified.

WITNESSETH:

WHEREAS, COUNTY and CONTRACTOR entered into that certain Agreement, identified as COUNTY Agreement No. 18-685, effective December 11, 2018, and Amendment I, No. 18-685-1, effective April 28th, 2020 (hereinafter collectively referred to as the "Agreement"), pursuant to which CONTRACTOR agreed to provide certain 24/7 Substance Use Disorder (SUD) Access Line, SUD Residential Authorizations services to COUNTY'S Department of Behavioral Health (DBH); and

WHEREAS, COUNTY and CONTRACTOR now desire to amend the Agreement, regarding changes as stated below.

NOW, THEREFORE, in consideration of the mutual covenants, terms and conditions herein contained, COUNTY and CONTRACTOR agree as follows:

1. That Exhibit A, "Scope of Work," to the Agreement shall be replaced with "Exhibit A-1," which is attached hereto and incorporated herein by reference.

2. That all references in the Agreement to "Exhibit A" shall be changed to read "Exhibit A-1."

3. That the Agreement, Section Two (2) "Term", on Page Three (3), shall be deleted in its entirety and replaced with the following:

"This Agreement shall become effective upon execution and shall continue through June 30, 2020. This Agreement shall be extended for an additional two (2) twelve month periods, beginning July 1, 2020 through June 30, 2022, unless otherwise terminated pursuant to the terms set forth herein."

4. That the Agreement, Section Four (4) "COMPENSATION", Subsection A, shall be

1 deleted in its entirety and replaced with the following:

2 "A. Contingent upon confirmation of funding by the California Department of Health Care
3 Services, COUNTY agrees to pay CONTRACTOR and CONTRACTOR agrees to receive
4 compensation in accordance with Exhibit B-2, "Budget" attached hereto and by this reference
5 incorporated herein, for each term of the Agreement. Monthly invoices shall be submitted in
6 accordance with Section Five (5), INVOICING, of this Agreement.

7 The maximum compensation amount under this Agreement for the initial term through
8 December 31, 2018 shall not exceed Two Hundred Two Thousand and No/100 Dollars
9 (\$202,000.00).

10 The maximum compensation amount under this Agreement for the term January 1, 2019
11 through June 30, 2019 shall not exceed One Million Three Hundred Thousand and No/100
12 Dollars (\$1,300,000.00).

13 The maximum compensation amount under this Agreement for the term July 1, 2019 through
14 June 30, 2020 shall not exceed Two Million Six Hundred Thousand and No/100 Dollars
15 (\$2,600,000.00).

16 The maximum compensation amount under this Agreement for the term July 1, 2020 through
17 June 30, 2021 shall not exceed One Million, Two Hundred Thirty-Two Thousand, Nine Hundred
18 Twenty-Eight and No/100 Dollars (\$1,232,928.00).

19 The maximum compensation amount under this Agreement for the term July 1, 2021
20 through June 30, 2022 shall not exceed One Million, Two Hundred Thirty-Two Thousand, Nine
21 Hundred Twenty-Eight and No/100 Dollars (\$1,232,928.00).

22 The maximum compensation amount under this Agreement for the term December 11,
23 2018 through June 30, 2022 shall not exceed Six Million, Five Hundred Sixty-Seven Thousand, Eight
24 Hundred Fifty-Six and No/100 Dollars (\$6,567,856.00)."

25 5. That Exhibit B-1, "Budget," to the Agreement shall be replaced with "Exhibit B-2," which
26 is attached hereto and incorporated herein by reference.

27 6. That all references in the Agreement to "Exhibit B-1" shall be changed to read "Exhibit
28 B-2."

1 7. The parties agree that this Amendment may be executed by electronic signature as
2 provided in this section. An “electronic signature” means any symbol or process intended by an
3 individual signing this Amendment to represent their signature, including but not limited to (1) a digital
4 signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and
5 transmitted (for example by PDF document) of a handwritten signature. Each electronic signature
6 affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten
7 signature of the person signing this Amendment for all purposes, including but not limited to
8 evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as
9 the valid original handwritten signature of that person. The provisions of this section satisfy the
10 requirements of Civil Code section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act
11 (Civil Code, Division 3, Part 2, Title 2.5, beginning with section 1633.1). Each party using a digital
12 signature represents that it has undertaken and satisfied the requirements of Government Code
13 section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely
14 upon that representation. This Amendment is not conditioned upon the parties conducting the
15 transactions under it by electronic means and either party may sign this Amendment with an original
16 handwritten signature.

17 COUNTY and CONTRACTOR agree that this Amendment is sufficient to amend the
18 Agreement and, that upon execution of this Amendment, the Agreement, Amendment I and this
19 Amendment II together shall be considered the Agreement.

20 The Agreement, as hereby amended, is ratified, and continued. All provisions, terms,
21 covenants, conditions, and promises contained in the Agreement and not amended herein shall
22 remain in full force and effect.

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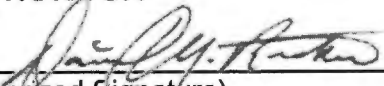
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IN WITNESS WHEREOF, the parties hereto have executed this Amendment II to Agreement as of the day and year first hereinabove written.

CONTRACTOR

COUNTY OF FRESNO



(Authorized Signature)

Steve Brandau, Chairman of the Board of Supervisors of the County of Fresno

Daniel M. Risku / EVP & General Counsel

Print Name & Title

200 State Street, Suite 302

Boston, MA 02109

Mailing Address

ATTEST:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By:  Deputy

FOR ACCOUNTING USE ONLY:

Fund: 0001
Subclass: 10000
ORG: 56302081
Account: 7295

**Administrative Services Organization
Service Authorizations and Access Line Services
Scope of Work**

Organization: Beacon Health Options of California, Inc.

Service Address: 12898 Towne Center Drive, Cerritos, CA 90730

Program Director: Neil Collins, Account Partnerships Director

Contract Period: Implementation: Upon contract execution-December 31, 2018
January 1, 2019 – June 30, 2022

1.0 BACKGROUND:

1.1 Access Line (1-800-654-3937)

The Drug Medi-Cal Organized Delivery System (DMC – ODS) Waiver requires the establishment of a 24/7 Access Line to respond to substance use disorder (SUD) calls from county beneficiaries. The Access Line is required to log all calls including at a minimum the following: date of call, caller name, and disposition. The Access line is required to be HIPAA compliant and provide for language line capabilities to all callers. A database will be developed and implemented to provide for a written call log and measurable data required by DHCS, Fresno County DMC-ODS, and External Quality Review Organization (EQRO – Mental Health/Substance Use Disorders) and local measurable outcomes for system improvements.

1.2 Service Authorizations

The DMC – ODS Waiver requires that counties provide prior authorization for residential services within 24 hours of the prior authorization request being submitted by providers. Beacon Health Options of California, Inc. (“Beacon”) will provide this service on behalf of Fresno County. Beacon will review the Diagnostic and Statistical Manual of Mental Disorders (DSM -5) and American Society of Addiction Medicine (ASAM) criteria to ensure that the beneficiary meets the requirements for service. Beacon shall have written policies and procedures for processing requests for initial and continuing authorization of services.

Beacon must have a mechanism in place to ensure that there is consistent application of review criteria for authorization decisions and shall consult with the requesting provider when appropriate. Beacon is to meet the established timelines for decisions for service authorizations to be made within 24 hours of facility request. Counties are required to track the number, percentage of denied, and timeliness of requests for authorization for all DMC-ODS services that are submitted, processed, approved, and denied. This prior authorization for residential services is compliant with the Medicaid-applicable parity requirements established by

the Mental Health Parity and Addiction Equity Act. Non-residential services shall not require prior authorization.

2.0 TARGET POPULATION:

2.1 Access Line

The 24/7 Access Line will be available to all callers, regardless of benefit coverage, who are residents of Fresno County and are seeking information or SUD treatment and prevention services.

2.2 Service Authorizations as initiated by a SUD Service Provider

Service authorizations will be made for Fresno County SUD clients seeking treatment at a Fresno County DBH– contracted SUD residential treatment program. Beacon will receive necessary information from the residential treatment program including but not limited to ASAM level of care assessment and DSM 5 diagnosis. Upon receipt of all necessary information, Beacon will make a decision as to authorization for residential treatment services based on ASAM level of care, DSM 5 diagnosis, and other criteria as specified by Fresno County DBH, DHCS, or CMS. An approval or denial of the request will be provided to the SUD contracted provider and the beneficiary as required by DHCS.

3.0 LOCATION OF SERVICES:

3.1 Access Line

The physical location of the 24/7 Access Line will be in California, with the address of the location provided to Fresno County by Beacon.

3.2 Service Authorizations

The physical location of the service authorization offices will be in California, with the address of the location provided to Fresno County by Beacon.

4.0 DESCRIPTION OF SERVICES:

4.1 Access Line

The 24/7 Access Line for DMC-ODS services will be the same toll free number currently used for mental health access for Fresno County DBH: 1-800-654-3937. Beacon will understand the requirements of the Drug Medi-Cal Organized Delivery System 1115 Waiver as they relate to the operation of the 24/7 Access Line and work with DBH to ensure all requirements are met. A “phone tree” or other mechanism will be established to route calls to the appropriate access line operator depending on whether the call is for mental health services or SUD services.

All counties are required to have a 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services. In order to ensure timely access to services, client flow is designed with a “No Wrong Door” approach. Any member of the community may contact Fresno County through its 24/7 Access Line. The 24/7 Access Line will be staffed by licensed practitioners of

the healing arts (LPHA) as defined by DHCS/Special Terms and Conditions and/or certified counselors. Clinical staff will utilize a standardized ASAM Criteria screening tool (approved by DBH) to assist clients in accessing the most appropriate level of care. All Access Line services will be made available in all languages through the use of telephonic interpreting and for the hard of hearing through TTY. During the initial screening, immediate clinical needs are determined following an assessment for potential risk and safety issues. Callers presenting with emergent conditions or who are in crisis will be connected to emergency services immediately. Licensed or credentialed Access Line operators will be trained in SUD/ASAM and will use the results of the standardized ASAM screening tool to make referrals to treatment providers.

When making referrals to providers after ASAM screenings, Access Line staff will consider distance traveled, (no more than 60 miles for outpatient and 45 miles for Opioid Treatment Providers), language capability, and client preference. Telehealth options will also be provided for rural area residents where available and appropriate. Access Line staff will offer to make an appointment for callers who are determined eligible. Appointments will be scheduled according to timeliness to service standards. Appointments must be made using DBH's electronic health record (EHR), once the EHR becomes available to Beacon for this function. Initial appointments available to clients in need of urgent services will be made within 48 hours. Priority populations, such as pregnant IV users, pregnant or parenting users, and IV drug users, will be considered to have an urgent need for treatment. First service appointments for non-urgent services will be offered within 10 days.

The Access Line will provide afterhours (Monday through Sunday 5pm-8am) care to community members by triaging calls and determining if emergency services are necessary or referring to available SUD services as necessary.

All calls will be logged within 24 hours within a DBH approved database. The log will record information of all calls made to the access line. The database will be reviewed by DBH to ensure compliance with all local, state, and federal requirements. DBH may also use the database to follow up on calls requesting additional information, grievances, or other requests which could not be immediately resolved at the access line.

Access line staff will screen callers for Medi-Cal eligibility. Should a caller not have Medi-Cal or out-of-county Medi-Cal and request services they will be directed as follows:

- To the Urgent Care Wellness Center, Youth Wellness Center, or an SUD contracted provider for SUD services;
- To emergency services if they have an emergent condition;
- To the Fresno County Department of Social Services (DSS) if they would like to address their Medi-Cal eligibility;

- Should a caller have out-of-county Medi-Cal, the caller will be directed to either DSS to transfer their Medi-Cal to Fresno County or be connected to the client's county-of-residence access line.

Beacon will maintain a resource guide available to callers seeking mental health, substance use disorders, and other community resources.

Beacon will be granted access to DBH's EHR and database. Any documentation to be submitted into DBH's EHR will not occur until DBH's EHR is available to Beacon will be required to establish a "tickler" that will identify calls that need a call back by either DBH staff or Beacon must use a system that allows for multiple users simultaneously. Scripts will be developed by Beacon and DBH and approved by DBH and will address substance use disorders, mental health, psychiatric crises, and Multi Agency Access Points. Beacon must ensure that their phone system is capable of connecting to emergency services. Beacon will categorize the types of calls received. Beacon will record all necessary demographic information.

Information on the grievance, appeal, expedited appeal will be provided through the Access Line. Beneficiaries will be informed by DBH of their right to access Patient's Rights Advocacy services for assistance and representation in the appeals process. Access Line staff will log the grievance, appeal, and expedited appeal to be tracked and appropriately triaged. The caller may choose to be directly connected to DBH's Managed Care division to file grievances, appeals, expedited appeals, and state fair hearings or they may choose to receive the contact information to DBH's Managed Care division.

Data collected for DMC-ODS requests for service will be determined by DBH, DHCS, and CMS on an on-going basis. Periodic surveys referred to as "test calls" are conducted by DBH staff and designated beneficiaries posing as service seekers to determine timeliness of response, language accessibility, and satisfaction with service quality. A minimum of seven test calls will be made by DBH per month with at least two calls in threshold languages. Summaries of the test calls will be reported at the Quality Improvement Committee and Access Committee monthly meetings to help initiate necessary training and correct deficiencies. These test calls will be monitored for the following:

- Accurate name, date, phone number logged;
- Whether the caller was assessed for crisis;
- Whether the appropriate information was given on how to access SUD services;
- Whether free language assistance was offered.

A report of all findings related to the test calls will be provided to Beacon to complete and return a corrective action plan to DBH for approval. The corrective action plan will detail steps Beacon will take to remedy any issues related to service delivery.

The Access Line will also participate in any Performance Improvement Project (PIP) that affects access to behavioral health services as determined by DBH. Additional information to be tracked is included in the “Program Objectives and Outcomes Section” of this scope of work. All calls will be logged in a DBH-approved system in a form determined by DBH. The phone system utilized to field calls will have the capability to capture and record all data required by County DBH, DHCS, and CMS.

Fresno County’s Quality Improvement Committee (QIC) will set standards, review performance, and monitor phone response and waiting times to ensure that the Access Line is appropriately meeting the needs of the community. Beacon representatives will participate in the monthly QIC meetings and its subcommittees, including the Access committee, in-person, by phone, or by teleconference. Beacon will attend the QIC meetings in-person on a quarterly basis with exact dates determined by DBH.

Data collected and maintained by Beacon related to the services described herein will be provided to DBH in a form approved by DBH on a monthly basis during the term of this agreement or as needed to ensure compliance with reporting requirements. The process by which data is provided will be approved by DBH to help facilitate reporting requirements.

4.2 Service Authorizations

DBH SUD – contracted providers will be required to submit service authorizations for residential services telephonically, which may include electronic submission of appropriate documentation/information supporting medical necessity for the recommended ASAM level of care. Residential services consist of ASAM levels 3.1, 3.3, 3.5 and 3.2-WM. Should County add ASAM levels 3.7 and 4.0, Beacon will also process those service requests. Service authorizations for residential services will be processed within 24 hours of a complete request being submitted. A complete request will consist of a completed assessment and initial determination of diagnosis form and STAR form. Beacon will review each service request for accuracy, client eligibility, eligible diagnosis, and ensure ASAM criteria and medical necessity is met. Beacon will be responsible for notifying providers and DBH of approval/denial electronically. Beacon will be responsible for developing and implementing an appeals process for denied service authorizations. The appeals process will consist of the service request being reviewed by a licensed clinician (different from the original reviewer) or medical director who may communicate directly with the provider and/or client to gather more information if necessary.

If a service authorization request is denied, Beacon will be responsible for sending all required Notice of Adverse Benefit Determination (NOABD) forms to the beneficiary requesting services and to the treatment provider. The beneficiary (or treatment provider on behalf of the beneficiary) may appeal the denial. Beacon will submit documentation of the appeals process for review to DBH for approval prior to implementation. The appeals process may be modified, with DBH approval, from time to time to meet local, state, or federal requirements, or

for improvements. A log of all appeals including provider information, beneficiary information, and disposition will be provided to DBH on a monthly basis for review.

DBH will monitor the number, percentage and time period of treatment service authorization requests approved or denied by Beacon.

County DBH will conduct reviews of service authorization functions, either in-person or remotely, on a quarterly basis each fiscal year and semiannually thereafter. The reviews will encompass the following to ensure compliance with DBH, DHCS, and CMS requirements:

- Staff qualifications and trainings
- Procedures for approval/denials of service requests
- Confidentiality and privacy of beneficiary information
- Adherence to rules and regulations to DBH, DHCS, and CMS requirements
- Timeliness
- Contract compliance
- Correct placement of ASAM level of care

Data collected and maintained by Beacon related to the services described herein will be provided to DBH in a form approved by DBH on a monthly basis during the term of this agreement or as needed to ensure compliance with reporting requirements. The process by which data is provided will be approved by DBH to help facilitate reporting requirements.

4.3 Concurrent Reviews of Mental Health Inpatient Treatment Authorizations

Upon the issuance of final direction from DHCS, Beacon will work in good faith with DBH to develop and implement a comprehensive scope of work to meet DHCS requirements for concurrent reviews on inpatient mental health treatment authorizations. Upon final written agreement to terms, the scope of work will become part of this agreement, with a revised budget accounting for the additional service, through an amendment to this agreement that is approved by Beacon and the County of Fresno.

5.0 STAFFING:

5.1 Access Line

The 24/7 Access Line will be staffed by licensed practitioners of the healing arts (LPHA) as defined by DHCS/Special Terms and Conditions and/or certified AOD counselors. Staff will be trained in ASAM and utilize a standardized ASAM criteria screening tool (approved by Fresno DBH) to assist beneficiaries in accessing the most appropriate level of service. Non-clinical staff may be utilized to support clinical staff with administrative duties such as data entering, Medi-Cal eligibility determination, and other general clerical functions.

Job descriptions for each staff position will be provided to DBH for review prior to project implementation.

5.2 Service Authorizations

The service authorization function will be staffed by licensed practitioners of the healing arts as defined by DHCS/Special Terms and Conditions. Staff will be trained in ASAM and will review a standardized ASAM assessment and medical diagnosis form (approved by DBH) for approval/denial of service authorization requests. Non-clinical staff may be utilized to support clinical staff with administrative duties such as data entering, Medi-Cal eligibility determination, and other general administrative functions.

Job descriptions for each staff position will be provided to DBH for review prior to project implementation.

5.3 Staff Training

Staff will be trained with a client-centered approach. Ongoing training will include topics such as:

- Administrative, operational, human resource, and information technology areas
- Cultural competency, including cultural awareness and responsiveness
- Motivational interviewing
- One of the following four evidence-based practices (EBP): Psycho-education, trauma informed treatment, cognitive behavioral therapy, relapse prevention
- Specialized clinical training (ASAM training must be provided)
- Health and wellness promotion, illness and harm prevention, and stigma reduction
- Staff will be trained to become familiar with County DBH's EHR

A training plan for each staff member shall be submitted to DBH quarterly listing all trainings completed and pending/planned for each fiscal year.

6.0 HOURS OF OPERATION:

6.1 Access Line

Beacon will operate a state-mandated toll-free access line twenty-four (24) hours per day, seven (7) days per week.

6.2 Service Authorizations

Monday – Sunday: 8:00AM – 5:00PM. Hours may change to accommodate the volume of service authorizations being requested by DBH SUD contracted providers with DBH approval.

Service authorizations will be provided on a schedule that allows Beacon to process all requests for SUD residential services within County, DHCS, and CMS timeliness requirements.

Requests for SUD residential services must be approved/denied within 24 hours of the request being made. Additionally, Beacon may temporarily extend office hours in order to accommodate the volume of service authorizations received.

7.0 AVERAGE CLIENT LENGTH OF STAY:***7.1 Access Line***

The Access Line for DMC-ODS services will provide 24/7 live answer by a Customer Services Representative (CSR). Callers will not receive an electronic message or be required to call back. The CSR will establish a beneficiary record in Beacon's EHR and ascertain the caller's needs with sufficient detail to appropriately triage the call. The time to complete this portion of the call is monitored and reported to ensure call handling efficiency is maintained. Calls identified as requiring urgent or emergent evaluation are immediately transferred to a licensed clinician.

All callers seeking access to SUD treatment will be warm transferred to a licensed clinician to complete an ASAM screening to ensure referral to an appropriate LOC. All callers screened and given referrals to SUD treatment are offered assistance linking to an available provider/facility, which will extend the length of the call. Total call length will vary considerably depending on the complexity of each beneficiary's need. Peak hours are expected to be from 8:00AM-5:00PM, but are subject to change.

7.2 Service Authorizations

Beacon will manage ALOS through collaboration with the DBH and residential facilities to support appropriate application of medical necessity criteria as part of the concurrent review process.

8.0 COUNTY'S CALLER SATISFACTION SURVEY:

Beacon will include collection and measurement of beneficiary satisfaction through an electronic application offered to callers at the conclusion of each call. The survey design and questions will be approved by DBH. Caller participation is voluntary.

The current survey tool used by Beacon inquires about important aspects of the Access Line services including quality of customer interaction, ease of access to information and overall satisfaction with services received. The questions target feedback that directly reflect the beneficiary's satisfaction with services received from Access Line. Responses are collected in the Beneficiary Survey report, reviewed by the Beacon clinical and quality program teams and evaluated to ensure survey results are no less than 70 percent satisfactory. Survey results will be reported to DBH at the quarterly QIC Meeting to support evaluation of services and for potential quality improvement. The implementation of the survey will be determined by DBH in collaboration with Beacon.

9.0 COUNTY RESPONSIBILITIES:

County Shall:

1. Provide oversight (through the County Department of Behavioral Health (DBH), Adult System of Care, Division Managers or designees) of the CONTRACTOR's Administrative Services Organization. In addition to contract monitoring of services, oversight includes, but is not limited to, coordination with the California Department of Health Care Services and the Center for Medicaid and Medicare Services in regard to program administration and outcomes.
2. Assist the CONTRACTOR in making linkages with the total behavioral health system; this will be accomplished through regularly scheduled meetings as well as formal and informal consultation.
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with the vendor staff and will be available to the CONTRACTOR for ongoing consultation.
4. Receive and analyze statistical data outcome information from vendor throughout the term of contract on a monthly basis. DBH will notify the vendor when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, client and staff interviews, chart reviews, and other methods of obtaining required information.
5. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the vendor's efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to vendor(s):
 - A. Technical assistance to vendor regarding cultural competency requirements and sexual orientation training.
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for DBH and vendor personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.
 - C. Technical assistance for vendor in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish and Hmong). Translation services and costs associated will be the responsibility of the vendor.

10.0 PROGRAM OBJECTIVES AND OUTCOMES:

Beacon shall utilize a computerized tracking system with which performance and outcome measures and other relevant client data, such as demographics, will be maintained. The data tracking system may be incorporated into Beacon' electronic health records (EHR) system or be a stand-alone database. Data will be transferred to DBH on a monthly basis or as determined by DBH. DBH may adjust the outcome measurements needed under these programs periodically, to best measure the success of clients and programs as determined by the County.

The following items listed below represent program goals to be tracked and achieved by the vendor during contract terms.

10.1 24/7 Access Line

The 24/7 Access Line will track all outcomes and data as required by the DMC-ODS 1115 Waiver. DBH may require additional outcomes and data to be tracked and reported. Measures are based on DBH's three "Value Driven" philosophies: engagement, timeliness, and matching client needs to appropriate services. DBH reflects the Commission on Accreditation of Rehabilitation Facilities (CARF) domains comprising of *Effectiveness, Efficient, Access, Satisfaction & Feedback of Persons Served & Stakeholders*. The Access Line will record at least the following information, based on the capability of the systems currently in place:

- Number of calls received
- Hold/wait times
- Number of dropped calls
- Length of calls
- Call abandonment
- Name of caller/date/initial disposition
- Time to answer calls
- Referrals to services
- Non-English calls
- Foreign language line request by language
- Beacon will assess client satisfaction (in the form of a survey)
- Reason for call (to be logged in database)
- Other requested performance indicators as specified by DBH, local, state, federal requirements

The core concept, *Integrated Service Experience*, is embedded within the Access Line. The Access Line allows for consumers and callers to connect with mental health and/or substance use disorder services based on consumer needs.

Measurable Performance Outcomes, CARF Domains (baseline performance based on 2017)

EFFECTIVENESS:

#	Performance Indicator	Numerator	Denominator	Baseline Performance	Goal
1	Call Documentation	# of Calls recorded on Call Log	Total # of Test Calls	96%	100 %
2	Name of beneficiary	# of accurate Names recorded	Total # of Test Calls	91%	100 %
3	Date of Request	# of accurate Dates recorded	Total # of Test Calls	96%	100 %
4	Initial Disposition Request	# of accurate Disposition recorded	Total # of Test Calls	95%	100 %
5	Phone Number	# of accurate Phone Number recorded	Total # of Test Calls	91%	100 %
6	Assessed for Crisis	# of Test Callers assessed for Crisis	Total # of Test Calls	97%	100 %
7	Foreign Language Line Connection	# of Callers successfully connected to language line	Total # of Test Calls	97%	100 %
8	Information on how to access Services	# of Callers informed how to access services	Total # of Test Calls	98%	100 %
9	Information about services needed to treat a beneficiary 'Urgent Condition'	# of Test Callers assessed for Crisis	Total # of Test Calls	97%	100 %
10	Information about how to use the beneficiary problem resolution and Fair Hearing process	# of Callers informed how to access services	Total # of Test Calls	98%	100 %

EFFICIENCY:

#	Performance Indicator	Numerator	Denominator	Baseline Performance	Goal
11	Call Documentation	# of Calls recorded on Call Log	Total # of Calls		
12	Time to answer	# of calls answered in 30 seconds or less	Total # of Calls	80%	>80 %
13	Average Speed to Answer	Total # of Seconds of all calls	Total # of Calls	-	< 30 secs.
14	Abandonment Rate	# of Abandoned Calls	Total # of Calls	< 2%	< 5%
15	Length of calls (with service representative)	Total # of Minutes/sec of all calls	Total # of Calls	-	Five (5) mins.
16	# of Dropped Calls	# of Calls Dropped	Total # of Calls	-	0%
17	Timely Determination	# of reviews meeting decision making	Total # of reviews	99.6%	>95 %

		timeliness standard of 24 hours from the time of request			
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ACCESS:

#	Performance Indicator	Numerator	Denominator	Baseline Performance	Goal
1	Name of beneficiary	# of calls in Access Log with accurate identification	Total # of Callers via Access Line	91%	100 %
2	Linked to Services	# of Callers Linked to Services	Total # of Callers via Access Line	-	70%
3	Referred to Services	# of Callers Referred to Services	Total # of Callers via Access Line	-	100 %

SATISFACTION:

#	Performance Indicator	Numerator	Denominator	Baseline Performance	Goal
1	Survey Call Respondents	Total # of caller participated	Total # of calls	51%	40%
2	Consumer Satisfaction	# of respondents who Strongly Agreed or Agreed to Satisfaction	Total # of respondents to satisfaction question	73%	70%
3	Consumer Resources provided to Caller	# of respondents who Strongly Agree or Agree to receiving appropriate resources	Total # of respondents to question	77%	70%

10.2 Service Authorizations

Beacon will track all outcomes and data as required by the DMC-ODS 1115 Waiver. DBH may require additional outcomes and data to be tracked and reported. Measures are based on DBH’s three “Value Driven” philosophies: engagement, timeliness, and matching client’s needs to appropriate services. DBH reflects the Commission of Accreditation of Rehabilitation Facilities (CARF) domains comprising of *Effectiveness, Efficiency, Access, Satisfaction & Feedback of Persons Served and Stakeholders*. Beacon will record at least the following:

- Number of service authorizations received, approved, and denied
 - By provider, modality, and priority
- Service authorization processing times
- Number of appeals related to denials of service authorizations, including timeliness of responses

List of Reports

File Name	Frequency	Due Date	Operational Area
4365.1.H1 - Fresno County Clinical Reviews - Previous Month	Monthly	15th of Month	Clinical
91739.1.01 - Percentage of Care Requests and Adverse Determinations	Monthly	15th of Month	Clinical
4363.5.H1 - Fresno County ASAM LOC	Monthly	15th of Month	Clinical
4371.5.H1 - Fresno County Access Line Log	Monthly	15th of Month	Clinical Member Services
4368.9.H1 - Fresno County Call Log	Monthly	15th of Month	Member Services
FRC_M3_Telephone_Access_Summary	Monthly	15th of Month	Member Services
Fresno County member lang calls MTD	Monthly	15th of Month	Operations
4345.1.H1 - Health Plan UM Timeliness - FRC (Detail)	Monthly	15th of Month	Clinical
4345.1.H1 - Health Plan UM Timeliness - FRC (Summary)	Monthly	15th of Month	Clinical
Daily Grievance Log	Daily	8am EST	FileConnects
Daily Callback Log	Daily	8am EST	FileConnects
Daily Appeal Log	Daily	8am EST	FileConnects

Beacon Health Options of California, Inc.*Budget**24/7 SUD Access Line and Prior/Concurrent Authorizations of SUD Residential Services*

Implementation Costs (Agreement Execution through December 31, 2018)	\$202,000
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January 1, 2019 - June 30, 2020

Monthly	Cost
Base Charge*	\$164,688
24/7 SUD Access Line**	\$28.80 /call
Prior/Concurrent Authorizations***	\$61.50/authorization
Electronic Health Record Charges****	See Exhibit D for rates

July 1, 2020 - June 30, 2021

Monthly	Cost
Base Charge*	\$100,244
24/7 SUD Access Line**	\$28.80 /call
Prior/Concurrent Authorizations***	\$61.50/authorization
Electronic Health Record Charges****	See Exhibit D for rates

July 1, 2021 - June 30, 2022

Monthly	Cost
Base Charge*	\$100,244
24/7 SUD Access Line**	\$28.80 /call
Prior/Concurrent Authorizations***	\$61.50/authorization
Electronic Health Record Charges****	See Exhibit D for rates

Annual maximums not to exceed	
Implementation Costs (Upon execution through December 31, 2018)	\$202,000
January 1, 2019 - June 30, 2019	\$1,300,000
July 1, 2019 - June 30, 2020	\$2,600,000
July 1, 2020 - June 30, 2021	\$1,232,928
July 1, 2021 - June 30, 2022	\$1,232,928
Total Agreement Maximum	\$6,567,856

January 1, 2019 - June 30, 2020

*Includes up to 700 calls made to the 24/7 SUD Access Line and up to 400 authorizations processed

**Per call received after initial 700 call volume has been reached

***Per authorization processed after initial 400 authorization has been reached

****Electronic Health Record charges are to be charged to COUNTY according to the rates set forth in Exhibit D

July 1, 2020 - June 30, 2021

*Includes up to 350 calls made to the 24/7 SUD Access Line and up to 150 admissions processed.

**Per call received after initial 350 call volume has been reached

***Per admission processed after initial 150 authorization has been reached

****Electronic Health Record charges are to be charged to COUNTY according to the rates set forth in Exhibit D

July 1, 2021 - June 30, 2022

*Includes up to 350 calls made to the 24/7 SUD Access Line and up to 150 admissions processed.

**Per call received after initial 350 call volume has been reached

***Per admission processed after initial 150 authorization has been reached

****Electronic Health Record charges are to be charged to COUNTY according to the rates set forth in Exhibit D

*****At the discretion of COUNTY with written authorization from both parties, the cost to implement a satisfaction survey may be billed to COUNTY by CONTRACTOR without exceeding the maximum annual compensation.

CONTRACTOR is to invoice COUNTY according to the COMPENSATION and INVOICING sections of this agreement based on the monthly charges included in this Exhibit B-2