

Scope of Work (SOW) Review Tool FY 21

<i>Provider Name:</i> El Futuro, Inc.	<i>Review Date:</i> December 2, 2020
<i>Service Type:</i> Clinical Services	<i>Annualized Budget:</i> \$ 46,000.00
<i>Years Contracted for this Service:</i> FY 2020-2021	<i>Remaining Budget at Time of Review:</i> \$38,333.34 as end of September 2020.
<i>Name(s) of Provider Representative Participating in Review:</i> Cindy Crawford, Clinical Director; Sarelli Rossi, Operations Director; Kerry Brock, Director of Advancement and Strategy; Ron Scott, PND Specialist	

REQUIRED ELEMENTS: <i>Each Element shall be Evaluated and given one of the following Designations:</i>	
<i>Exceeds Expectations (EE)</i>	<i>Provider has evidence that required element has been met, maintained and surpassed expectation</i>
<i>Meets Expectations (ME)</i>	<i>Provider has evidence that required element has been met and maintained</i>
<i>Fails to Meet Expectations (FME)</i>	<i>Provider has not met the required element. Or, if applicable, no progress has been made in response to corrective action/provision of technical assistance.</i>
<i>Revisions and/or Follow-up Required (RFR)</i>	<i>It has been determined that the Required Element needs to be updated, revisited, and/or reconsidered as it may no longer be applicable or capable of being monitored</i>

Required Elements (to be copied and pasted from Provider's SOW/Contract)	Designation	Evidence and Rationale for Designation
Contractor shall: <ul style="list-style-type: none">This funding is to only be used for non-billable individuals in outpatient therapy. The provider is also allowed to bill for any psychiatric services which include E&M codes for which they are contracted for.Deliver mental health treatment via telepsychiatry to non-Medicaid approved sites in conjunction with the provider's policy and procedure on the use of telepsychiatry.	ME ME	Provider showed evidence through PCP files and claims that consumers in program are not billable. Provider did show evidence of consumers being billed for psychiatric services which had E &M codes. Evidence was shown through PCP files of telepsychiatry/telehealth being conducted.

Scope of Work (SOW) Review Tool FY 21

<ul style="list-style-type: none"> • Delivery of mental health treatment to individuals who have exceeded their authorizations when re-authorization presents a challenge. • Delivery of group mental health treatment for indicated clients even without a full caseload in the group to support the activities fully through billing. • Clinical supervision of interns who provide mental health services to clients but who are not yet able to bill. <p>Target Population and Eligibility Criteria Durham County residents who are:</p> <ul style="list-style-type: none"> • The indigent adult and youth population without or under insured; • Have a diagnosis of a mental health and/or substance use disorder; 	<p>ME</p> <p>ME</p> <p>ME</p> <p>ME</p>	<p>Evidence was shown of policy & procedures on the use of telepsychiatry/telehealth.</p> <p>Provider showed evidence in PCP files of consumers claiming reauthorizations when services have been exceeded from prior services.</p> <p>Provider showed evidence of mental health treatment delivered. Current caseloads for clinicians show cases of service being delivered.</p> <p>Provider showed evidence of supervision to all interns currently on staff at agency.</p> <p>All individuals being served are Durham County residence. All individuals that are clients of Provider do not have to be insured to receive service. All individuals who are seeking service will receive treatment. All individuals who receive service has been deemed appropriate for that service.</p>
<p>Recommendations and Action Steps: None</p>		

Scope of Work (SOW) Review Tool FY 21

PROJECTED OUTCOMES: Each Outcome shall be Evaluated and given one of the following Designations:	
<i>Exceeds Expectations (EE)</i>	<i>Data reporting shows evidence that outcome has been exceeded at time of review</i>
<i>Meets Expectations (ME)</i>	<i>Data reporting shows evidence that outcome has been met at time of review</i>
<i>Fails to Meet Expectations (FME)</i>	<i>Data reporting shows evidence that outcome has not been met – may require Technical Assistance and/or additional intervention</i>
<i>Revisions and/or Follow-up Required (RFR)</i>	<i>It has been determined that outcome is not objectively measureable, needs updating, and/or program funding and/or functioning has changed that requires outcome to be updated</i>

Projected Outcomes (to be copied and pasted from Provider's SOW/Contract)	Designation	Evidence and Rationale for Designation
Process Indicators: <ul style="list-style-type: none"> A minimum of 90% of respondents (including parents, guardians if appropriate), will report overall satisfaction with services. 85% of respondents (including parents, guardians if appropriate) will identify that they have received the support needed while receiving services. 	N/A N/A	Projected outcomes cannot be measured at this time because these outcomes are based on satisfaction surveys and Alliance Health is not requesting those surveys due to COVID-19.

Recommendations and Actions Steps:
None

COLLABORATION: Can Provider show evidence of Collaboration with Alliance, community stakeholders, etc.?	Yes/No	Provide Rationale for Yes or No. If appropriate, offer guidance around what opportunities for collaboration are available
--	---------------	--

Scope of Work (SOW) Review Tool FY 21

<ul style="list-style-type: none"> Partnering with Alliance, the Contractor shall continue improving services for indigent Hispanic/Latino individuals and families. 	<p>Yes</p>	<p>Provider has increased services in the Hispanic community with innovative approach to person-centered care. Provider has increased telehealth education in the community.</p>
<ul style="list-style-type: none"> Contractor is expected to adhere to System of Care values and principles in providing a person-centered, strength-based and recovery-focused environment. 	<p>Yes</p>	<p>Provider performs: Supervision (weekly), Trainings (ongoing), and Chart-Reviews (quarterly).</p>
<ul style="list-style-type: none"> Contractor shall send a representative to the Alliance's quarterly All Provider meeting and the monthly Durham Provider Advisory Council meeting. 	<p>Yes</p>	<p>Lissette Guerrero attends Durham JJSAMHP meetings monthly, Sarelli Rossi attends Alliance All Provider Meetings.</p>
<ul style="list-style-type: none"> Contractor shall engage key invested parties to discuss needed changes in procedures, referral processes, appropriateness of services, etc. 	<p>Yes</p>	<p>Provider showed evidence of communication with local hospitals, Lincoln Clinic, and El Centro Clinic on referral processes for appropriate services within the Hispanic community.</p>
<ul style="list-style-type: none"> Contractor shall identify, outreach, and collaborate with key community partners 	<p>Yes</p>	<p>Provider showed evidence of communication with local hospitals, Lincoln Clinic, and El Centro Clinic on referral processes for appropriate services within the Hispanic community.</p>

Scope of Work (SOW) Review Tool FY 21

ADDITIONAL PROGRAMMATIC INFORMATION: Please note that this section pertains to Program Development aspects for Planning and Funding Considerations and is not directly related to the SOW being evaluated, and as such, has no bearing on the overall evaluation results:	
SERVICE DEMAND AND PROGRAM CAPACITY:	Notes/Action Items/Follow-up
<ul style="list-style-type: none"> • Is there a Current Waitlist for this Service? <ul style="list-style-type: none"> ○ If yes, how many individuals are on the waitlist and avg. wait time? ○ If no, what is current capacity? • What is the Current Wait Time between referral and intake? <ul style="list-style-type: none"> ○ If SA: Is it within 48 hours? ○ If MH: Is it within 14 days? ○ If Emergent: Is this within State Mandated Response Times? • Does provider have evidence of accommodating emergent, urgent, and/or State Hospital/ADATC discharges? <ul style="list-style-type: none"> ○ Yes, as evidenced by: ○ No, as evidenced by: ○ N/A – program does not have this responsibility 	<p>Yes. Walk-In clinic is not possible due to COVID-19 Waitlist is currently a month long. Demand for services has increased due to COVID-19.</p> <p>One Month (COVID-19)</p> <p>Yes. Due to COVID-19</p> <p>Yes. Carolina Outreach-BHUC, Durham Recovery Response Center</p>
TECHNICAL ASSISTANCE:	Notes/Action Items/Follow-up
<ul style="list-style-type: none"> • Is Technical Assistance required based upon recommendation by PN, UM, QM, CC, or Management Team? Other depts.? • Do results from SOW Review suggest a need for a Technical Assistance Plan (TAP) to be implemented? <ul style="list-style-type: none"> ○ If yes, when will TAP be introduced and what staff are to be involved? ○ If no, was Technical Assistance offered to improve program performance and/or coordination of services? 	<p>No</p> <p>No</p> <p>No</p>

DocuSigned by: Signature <i>[Signature]</i> Alliance Provider Network Development Specialist:	Date: 12/4/2020 9:31:25 AM EST
DocuSigned by: Signature <i>[Signature]</i> Alliance Provider Network Development Supervisor:	Date: 12/7/2020 11:37:19 AM EST
Date Results Sent to Provider: _____ (send copy to provider within 15 Days of Review)	