



NEW MEGA REGS POLICY & PROCEDURE (P&P) APPROVAL REQUEST FORM

I. P&P INFORMATION

Assigned Policy Name: Evidence-Based Practice

Assigned Policy Number: 13100

Mega Regs Policy Area(s): Mark All That Apply

- | | |
|--|--|
| <input type="checkbox"/> Plan Administration and Organization | <input type="checkbox"/> Provider Network |
| <input type="checkbox"/> Scope of Services | <input type="checkbox"/> Documentation Requirements |
| <input type="checkbox"/> Financial Reporting Requirements | <input type="checkbox"/> Coordination and Continuity of Care |
| <input type="checkbox"/> Management Information Systems | <input type="checkbox"/> Beneficiary Rights |
| <input checked="" type="checkbox"/> Quality Improvement System | <input type="checkbox"/> Beneficiary Problem Resolution |
| <input type="checkbox"/> Utilization Management Program | <input type="checkbox"/> Program Integrity |
| <input type="checkbox"/> Access and Availability of Services | <input type="checkbox"/> Reporting Requirements |

Submitted by: victor Ibabao Date: 3/29/2018

Policy developed by: Larry Powell

Attach P&P Document For Review In this Section



II. APPROVAL

Section A: HHS Compliance and County Counsel

HHS Compliance: DocuSigned by: Victoria Phan Date: 4/2/2018

County Counsel: 3527B4B4F12742C... DocuSigned by: Lorraine Van Kirk Date: 4/3/2018

Section B: BHSD Executive Director

BHSD Executive Director: DocuSigned by: Toni Tullys Date: 4/5/2018

Note - A copy of the Approved Mega Regs P&P Form will be emailed to: BHSD Compliance Unit



Policy & Procedure Number: BHSD # 13100

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | BHSD County Staff |
| <input checked="" type="checkbox"/> | Contract Providers |
| <input checked="" type="checkbox"/> | Specialty Mental Health |
| <input checked="" type="checkbox"/> | Specialty Substance Use Treatment Services |

Title: EVIDENCE BASED PRACTICES

Approved/Issue Date:	Behavioral Health Services Director:	
Last Review/Revision Date:	Next Review Date:	Inactive Date:

- REFERENCE:**
- 42 CFR §438.330 (a)(1-3)(b)(c). Quality Assessment and Performance Improvement Program
 - Intergovernmental Agreement for Substance Use Disorder Services for Fiscal Year (FY) 2016-17 through FY 2018-19.

POLICY:

The Behavioral Health Services Department (BHSD) will integrate current evidence-based knowledge into the provision of services to support continued beneficiary outcome improvement. This will include training in evidenced-based practices; clinical supervision to support and develop practices including fidelity monitoring as appropriate for the beneficiary; and monitoring of training, supervision, and practice use.

The purpose of this policy is to provide services that are consistent with current evidence-based knowledge and implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.

DEFINITIONS:

Beneficiary. A Medi-Cal recipient who is currently receiving services from BHSD or a BHSD contracted provider.

Provider. A person or entity who is licensed, certified, or otherwise recognized or authorized under state law governing the healing arts to provide specialty mental health services and who meets the standards for participation in the Medi-Cal program as described in California Code of Regulations, title 9, Division 1, Chapters 10 or 11 and in Division 3, Subdivision 1 of Title 22, beginning with Section 50000. Provider includes but is not limited to licensed mental health professionals, clinics,



Policy & Procedure Number: BHSD # 13100

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: EVIDENCE BASED PRACTICES

hospital outpatient departments, certified day treatment facilities, certified residential treatment facilities, skilled nursing facilities, psychiatric health facilities, general acute care hospitals, and acute psychiatric hospitals. The MHP is a provider when direct services are provided to beneficiaries by employees of the Mental Health Plan.

<u>PROCEDURE</u>	
Responsible Party	Action Required
PROVIDERS:	<ol style="list-style-type: none"> 1. Implement the use of Motivational Interviewing and one additional BHSD Supported EBP from the list above into the provision of services to beneficiaries within twelve months of contract initiation. 2. Training: <ol style="list-style-type: none"> a. Clinical staff and clinical supervisors will be trained in the two implemented EBPs. b. Ensure new staff receive EBP training within twelve months of hiring. c. Ensure direct service staff receive ongoing EBP training d. Maintain EBP training certificates in each staff's personnel record. 3. Documentation: <ol style="list-style-type: none"> a. The use of EBPs shall be documented in progress notes and/or care plans when employed and used. 4. Clinical Supervision <ol style="list-style-type: none"> a. Will address EBP use and support of EBPs. 5. Direct service providers <ol style="list-style-type: none"> a. Shall ensure that treatment/services are individualized and the appropriate EBP or EBPs are selected to work with the specific beneficiaries served. <p>Providers may also implement other EBPs or promising practices in addition to those listed above</p>



Policy & Procedure Number: BHSD # 13100

<input checked="" type="checkbox"/>	BHSD County Staff
<input checked="" type="checkbox"/>	Contract Providers
<input checked="" type="checkbox"/>	Specialty Mental Health
<input checked="" type="checkbox"/>	Specialty Substance Use Treatment Services

Title: EVIDENCE BASED PRACTICES

BHSD Contract Monitor	Will ensure that providers have identified at least two required EBPs for their agency and their respective programs in their executed contract.
BHSD QA	When conducting record reviews, will look for notes and plans to reflect use of EBPs
Attachments:	