General Performance Specifications

These General performance specifications apply to all network providers at all levels of care. Additionally, **providers are held accountable to the service-specific performance specifications for each level of care for which they are contracted.** The requirements outlined within the service-specific performance specifications take precedence over these General performance specifications.

Philosophy

The provider network supports members of all ages and their families living with severe and persistent mental illness, emotional or behavioral issues, substance use disorders, and co-occurring disorders to improve their level of functioning and live successfully in their communities. In doing so, the provider network offers a broad continuum of care including emergency, inpatient, outpatient, and diversionary services, emphasizing the least-restrictive community-based services available whenever clinically appropriate. Recognizing that behavioral health and medical conditions co-exist, behavioral health providers incorporate both into the assessment and care planning processes and collaborate with medical providers to improve the outcome of the member's health. Providers of all levels of care must ensure that, in any setting in which behavioral health levels of care or both behavioral health and non-behavioral health levels of care are co-located, all performance specifications are met for the contracted level(s) of care.

All network providers incorporate wellness, resiliency, and recovery principles and practices into their care approaches and offer recovery-oriented services. Providers are accepting of members, both initially as well as upon return after any disruption in services, regardless of resources. Providers engage members in services as they are able to participate. Care focuses on increasing members' ability to successfully manage their conditions, symptoms and services; build recovery and resilience; and meet their personal goals. Programs are member- and family-driven, using a team approach with shared decision-making that facilitates the development of mutually agreed-upon care plans. With member consent, active family/guardian/natural supports involvement is integral to treatment and discharge planning unless contraindicated.

Additionally, network providers deliver behavioral health services in a manner which supports:

- Clinical excellence and innovation in the provision of care;
- Ethical care and professional integrity;
- Member accessibility;
- Integration of behavioral health and physical health throughout all service delivery processes;
- Coordination of care including integration with primary care providers (PCPs);
- Data-driven practice, including evidence-based practices, outcomes measurement, and utilization management;
- Technical competence and innovation; and
- Health equity principles.

Components of Service

Recovery and Wellness

1. All program policies and procedures are designed to promote acceptance of members into their contracted services within an atmosphere of trust:
    a. At all levels of motivation and readiness; and

   b. With any reasonable personal preferences.
   c. Additionally, it is considered best practice to have the capability to accept and treat members presenting with various co-morbid conditions.
2. Programs promote members' recovery, empowerment, and use of their strengths and their families' strengths in achieving their clinical, recovery, and wellness goals and improving their health outcomes.
3. Programs integrate peer/family support services whenever possible, within their own programming and/or through active linkages with community resources.
4. Programs complement and integrate their services with the following formal and informal resources and programs:
   a. Recovery-oriented and peer-operated services and supports;
   b. Wellness programs that promote skill-building, vocational assistance, supported employment, and full competitive employment;
   c. Natural community supports for members and their families;
   d. Self-help including Anonymous recovery programs (e.g., 12-step programs) for members and their families; and
   e. Consumer/family/advocacy organizations that provide support, education, and/or advocacy services, such as Parent/Professional Advocacy League (PPAL), the Federation of Children with Special Needs, Recovery Learning Communities (RLCs), Clubhouses, the National Alliance on Mental Illness (NAMI), etc.
5. Programs provide ongoing, documented in-service training that includes principles of wellness, recovery, and resilience pertaining directly to the population served.
6. Programs incorporate recovery principles and practices in their ongoing service delivery as well as in quality improvement activities.

Cultural Competence

1. The program provides services that accommodate the member's individual needs, consider the member's family and community contexts, and build on the member's strengths to meet their behavioral health, social, and physical needs.
2. The program staff has the skills to recognize and respect the behaviors, ideas, thoughts, communications, attitudes, values, beliefs, customs, language, rituals, ceremonies, and practices characteristic of the population served. To ensure that effective care is provided, program staff, supervisors, and administrators seek consultation and additional services, when necessary, to overcome barriers obstructing the delivery of care and to further support cultural and linguistic competence.
3. The provider makes best efforts to ensure access to qualified clinicians able to meet the cultural, linguistic, ethnic, and other unique needs of all members served in their local community, directly or by referral, including members of minority groups, those who are homeless, members who are disabled, members who are deaf or hard of hearing, and other populations with special needs.
   a. Providers ask members' language of choice.
   b. Because clinical staff with linguistic capacity is preferable to interpreters/translators, providers offer the member a clinician who speaks their language of choice whenever possible, or refers them to a provider who can do so.
   c. The provider has access to qualified interpreters/translators and translation services, experienced in behavioral healthcare, appropriate to the needs of the population served. If the program must seek interpreter/translation services outside of the agency, it maintains a list of qualified interpreters/translators to provide this service, as well as relevant resources. Interpreter/translator services are provided at a level which enables a member to participate fully in the provider's clinical program.
4. Any written documentation is made available for members in a manner, format, and language

that can be easily understood by those with limited English proficiency. Such materials, especially discharge documents, are translated into languages considered prevalent. It is considered best practice to have the capability to translate such materials into the member's preferred language when requested by the member.
5. Programs provide ongoing in-service training that includes cultural and linguistic competency issues pertaining directly to the population served, to ensure its staff demonstrate an understanding of and respect for members' diverse cultural, linguistic, and other unique needs.
6. Programs include cultural and linguistic competence in their ongoing quality assessment and improvement activities, including identifying and reducing the existence of healthcare disparities.

Consent for Treatment

1. The provider identifies the member's custodial status and obtains all consent forms and releases of information in compliance with that status.
2. The provider obtains a consent-to-treatment form signed by the member or parent/guardian/caregiver.
3. The provider obtains appropriate consent for information sharing in order to coordinate care.
4. The provider is in compliance with current laws and standards regarding consent and release of information and conducts staff training as changes occur.
5. If the member or parent/guardian/caregiver of a minor declines or restricts the consent for coordination, the provider documents this as such in the member's health record. Attempts are continually made and documented to engage the member in giving consent, as appropriate to their treatment plan.

Quality Management (QM)

1. The provider has a responsibility to meet with Carelon staff for purposes of care management, provider quality management, and/or utilization management upon request by Carelon staff.