SACRAMENTO COUNTY

Sacramento County Department of Health Services
Mental Health Contractor Minimum Qualifications (MQ):
Foster Family Intervention, Resources, Services, and Treatment (FFIRST)

The Sacramento County Department of Health Services (DHS), Behavioral Health Services (BHS), has developed the following MQs. These MQs are required for Foster Family Agencies (FFA) or Short-Term Residential Treatment Programs (STRTP) , to request from BHS a mental health contract to provide intensive, highly coordinated, trauma-informed, and individualized Specialty Mental Health Services (SMHS) for youth placed in their FFA or STRTP homes. FFAs /STRTP must also have a current Memorandum of Understanding (MOU) with Department of Child, Family, Adult Services (DCFAS) County Child Protective Services (CPS) and/or Probation. The design of this program will consist of tiered services to allow a youth to flow through different mental health and Wraparound services depending on need. For example, a youth may begin with Wraparound-level services to assist in the transition from a Short-Term Residential Treatment Program (STRTP) to an FFA home. As the youth's behavior stabilizes and adapts to the home's routines, the Child and Family Team (CFT) may determine that Flexible Integrated Services (FIT)-level services are more appropriate. The CFT may also recommend Therapeutic Behavioral Services (TBS) which may be implemented on a short-term basis throughout placement to assist with one or two specific problem behaviors that affect placement stability. With the exception of TBS staff, mental health staff must be cross trained to allow for the same staff to maintain continuity with the client. FIT and Wraparound services are a broader range of therapies and interventions whereas TBS is intensive, targeted and specialized service. TBS requires staff to work one to one with the child in the location where the behavioral concern exists as many hours as necessary to have an impact on the behavior. TBS staff must have specialized training that includes applied behavioral analysis and conducting functional assessment/analyses.

FFA/STRTPs must be pre-approved by the County and have the capability to provide high fidelity Wraparound services and the full array of outpatient FIT SMHS, including mental health therapy and non-therapy services, medication support, case management, peer supports, intensive care coordination, intensive home-based services, and crisis intervention and when necessary, adjunctive TBS. Upon meeting all the MQs below, an FFA/STRTP may request a mental health contract with Sacramento County DHS BHS to be reimbursed for medically necessary outpatient SMHS (including FIT and TBS) and Wraparound provided during a youth's foster care stay. All contracts begin upon execution of the contract and continue until June 30th each fiscal year. No services, billing or claiming may occur without an executed contract and Medi-Cal certification. SMHS are limited to treatment and peer services and shall not cover the cost of board and care or other placement related services for which the FFA/STRTP is reimbursed through the placing agency. FFA/STRTPs are required to time study to ensure staff are coding only mental health services by qualified staff.

Services Outline

SMHS are divided into three types of service models based on the intensity and needs. FFA/STRTPs must be able to provide all three types of services and determine the appropriate level of service for the youth in agreement with the CFT. Service models include FIT, TBS, and Wraparound services. FFA/STRTPs that meet minimum qualifications must provide appropriate

level of care in all three models as determined by the child's CFT.

Flexible integrated Treatment (FIT) Contracting Requirements

1. **Program Description**: FFA/STRTPs will provide strength-based, culturally competent, flexible and integrated, child/youth-centered, family driven, effective quality mental health services. Services will include client and family (as defined by the client and not disallowed by the courts) voice and choice and be provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth. Client and client defined family will have a high level of decision-making power and be encouraged to use their natural supports. Services will begin with the goal of wellness.

2. **Individuals Served:** All eligible children and youth, as defined by the Sacramento County, BHS, Policy and Procedure QM-01-07 Determination for Medical Necessity and Target Population identified who need FIT, wraparound and/or TBS by the assigned FFA/STRTP. These children and youth will be involved with the child welfare system and/or juvenile justice system. Youth involved in Adoption Assistance Program (AAP) are not eligible for the services under this MQ as they are eligible for other services per AAP regulation.

3. **Service Requirements:**
   FFA/STRTPs shall:
   a. Provide, document and claim outpatient specialty mental health services that includes codes outlined in Sacramento County's Procedure Code Manuals which includes: Assessment Codes, Crisis Intervention Codes, Medication Support Codes – Evaluation and Management (E&M), Peer Support Service Codes, Plan Development Codes, Referral Codes, Rehabilitation Codes, Supplemental Service Codes, Therapy Codes. These codes are provided by BHS Quality Management trainings and policies.
   b. Identify and use at least 1 evidence-based intervention and practice(s), community defined practice(s), and/or promising practice(s) and will register the practice with Sacramento County, BHS, Quality Management (QM).
   c. Provide services within conventional mental health treatment or treatments that are intended for use with the age or developmental level of the client.
   d. Provide Intensive Care Coordination (ICC) and Intensive Home-Based Services (IHBS) in alignment with the Medi-Cal Manual for Medi-Cal beneficiaries.
   e. Have the Licensed Practitioner of the Healing Arts (LPHA)/LPHA Waived staff conduct intervention review meetings every 30 days to discuss progress and identify solutions to improve behaviors and functioning with the team members who implement interventions for children/youth receiving IHBS and/or TBS services. Intervention review meetings may occur more frequently depending on the child/youth's need and intensity of services.
   f. Have the LPHA/LPHA Waived staff provide at minimum quarterly face-to-face coaching to caregivers and other team members providing IHBS to provide intervention support and feedback.
   g. Transition all services and facilitate an appropriate discharge and linkages when the youth and family or Transition Age Youth (TAY) can function more independently, and generalization of skills has been sustained. Consideration shall be made regarding

the child's new habits and patterns of behavior and if the family can implement the interventions and sustain new skills, in coordination with the CFT.

h. Facilitate CFT Meetings in accordance with the Continuum of Care Reform requirements and in compliance with BHS policy, MH 04-10 Child and Family Team

4. FFA/STRTPs shall assess for level of service need and provide treatment appropriate to the presenting symptoms and impairment, developmental age and at a frequency and therapeutic intensity to have an impact on the target behaviors and as agreed to by the CFT.

a. Assessment and Client Plans:

i. Assess level of service needs, contractor will complete Child and Adolescent Needs and Strengths (CANS) assessment for all youth ages 6-20 years within 60 days of beginning services, but prior to the treatment plan completion date, and then every six (6) months from the admit date or more often, if clinically indicated, and at discharge.

ii. Complete the Pediatric Symptom Checklist 35 (PSC 35) or other required measurement tool within 60 days of beginning services, but prior to the treatment plan completion date, and then every six (6) months from the admit date or more often, if clinically indicated, and at discharge.

iii. Ensure that the individualized treatment plans reflect treatment objectives and goals and level of service needs, and are completed annually or more often, if needed, to reflect changes in accordance with Sacramento County requirements or child/youth need. Individualized treatment plans include information of a child/youth's natural support systems including, but not limited to family members, caregivers, peers, employers, or teachers.

b. Provide integrated treatment

i. Include educational services and support partners.

ii. Provide co-occurring substance use services

iii. Collaborate with physical health care systems

iv. Partner with Child Welfare and Probation in accordance with Continuum of Care Reform

v. Include natural supports in all aspects of treatment

vi. Compliment, not supplant, necessary Regional Center Services

c. FFAs will ensure that Mental Health Rehabilitation Specialist (MHRS) and/or Other Qualified Professional (OQP) staff providing supportive in-home services receive clinical supervision on plan development and implementation of interventions. Therefore, FFA/STRTPs will have one (1) LPHA/LPHA Waived staff for every six (6) to eight (8) MHRS and/or OQP Full Time Equivalent (FTE)'s.

Therapeutic Behavioral Services Contracting Requirements

1. Program Description: TBS is a supplemental program designed to complement an ongoing SMHS for youth enrolled in Wraparound and/or FIT. TBS interventions are intensive, short-term, home, virtual, school or placement-based, and are 1:1 behavioral

interventions. Trained behavioral staff teach the child, caregivers, educators, and/or TAY youth effective skills to improve functioning and address specific target behaviors that place the youth at risk of a placement disruption. Interventions are strength-based, individualized, short term, culturally responsive and affirming of sexual orientation, gender identity and expression (SOGIE). Individualized support helps families recognize and expand their own strengths, allowing the family to stabilize and improve overall functioning.

Some of the common outcomes that help prevent youth from entering higher levels of care or allow for step down from higher levels of care are:

a. Reduce tantrums & aggressive behaviors
b. Reduce rigidity & increase resilience and coping
c. Increase community safety
d. Reduce power struggles & improve parenting skills and/or caregiver harmony
e. Improve communication
f. Adapt behaviors that adversely affect quality of life

Interventions may include but are not limited to: behavioral assessment, development of a plan and inclusion of family members, caregiver and significant support persons in services provided to individuals and skill building.

Family members/caregivers share responsibility for the success of the TBS services. It is critical that programs have family members/caregivers participate with TBS to learn new skills to support and sustain positive behaviors.

2. Service Requirements:

FFA/STRTPs shall:

a. Provide one on one, time limited community-based, family-centered support services for families who have a child/youth with severe emotional disturbances. Services will include short-term interventions necessary to maintain the child/youth in their home or step them down from a higher level of care.
b. Provide professional one to one interventions that meet the principles of a behavioral model that includes the goal of seeking to change targeted behavior(s) to a meaningful degree.
c. Services begin with a comprehensive functional assessment and safety planning. Assessments must be completed in a timely manner while safety planning is conducted and completed in parallel. Assessments involve interviews with client, caregivers, support persons and teachers. Observable events where the functional impairment exists should be quantified and classified.
d. Help the resource family identify outside resources that support sustained change in a targeted behavior (when appropriate), and work on skills development with the youth, caregiver and other natural supports to further support sustained change in a targeted behavior.
e. Participate and contribute to family driven CFTs to develop, monitor, identify solutions and provide updates about client care. During and between CFT meetings, timely

collaboration and coordination with all members of the CFT are an essential component to TBS.

f. Include assisting the family to recognize and build their strengths with psycho-education in areas such as: positive behavioral supports, developmental stages, importance of consistency and persistence, self-empowerment and how to live life outside of crises. Services include but not limited to:
    i. Identify strengths, competencies, resources, and options
    ii. Determining the function of a specific target behavior
    iii. Teach new and adaptive behaviors that support the identified function of the behavior
    iv. Generalize skills to multiple settings
    v. Examine with the family the impediments to achieving their goals
    vi. Identify additional services and support, when needed
g. TBS is not a crisis response program. However, contractors will be responsible for managing a crisis if one arises during a session.

3. **Individuals Served:** To be eligible for children's TBS under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit, the child/youth must be under the age of 21, and meet the following eligibility criteria per California Department of Health Care Services (DHCS) letter DMH 99-03:
    a. Full-scope Medi-Cal beneficiary
    b. Currently receiving other Sacramento County SMHS including FIT or wraparound
    c. Highly likely that, without additional support:
        i. Child/youth may need higher level of residential care or acute care
        ii. Child/youth may not successfully transition to lower level of care.

And at least one of the following:

- Placed in a STRTP or a treatment facility for mental health needs or stepping down from these facilities to an FFA.

or

- Being considered for placement in these facilities.

or

- Has had or is at risk of having at least one psychiatric hospitalization related to their current presenting disability within the past 24 months.

or

- Previously received TBS and needs it again, if clinically appropriate.

or

- At risk of hospitalization in a psychiatric facility or if the behavior could result in hospitalization.

4. **TBS Staffing:**
Due to the expected frequency and intensity of TBS, the recommended client to staff ratio is one FTE direct service staff for every five clients. This may vary depending on stage of treatment and individual client needs. FFAs are expected to have staff necessary to meet the needs of the child/youth and family at their stage of treatment and demonstrate how

that staffing fits within the model of care the contractor will deliver. The staffing composition may include paraprofessionals to licensed clinicians. TBS staff must meet Medi-Cal documentation standards. Program staff will be reflective of the cultural, racial, ethnic and linguistic diversity of Sacramento County whenever possible.

Wraparound Contracting Requirements

1. **Program Description:** FFA/STRTPs are expected to provide High Fidelity Wraparound (HFW) services that are strength-based, culturally competent, trauma informed, flexible, integrated, child/youth-centered, family driven, developmentally appropriate, and cost-effective to all eligible beneficiaries, to include those with serious emotional disturbance, and at-risk eligible children and youth under the age of 21. Services will be designed to address placement stability and permanency in family style settings and decrease utilization of congregate care, inpatient hospitalization, juvenile justice and out of home placement. Families have a high level of decision-making power at every level of the Wraparound process. Services will include family voice and choice and be provided in collaboration with child serving systems, agencies and other individuals involved with the child/youth (such as schools, probation, child welfare, health care, etc.). Families will be encouraged to use their natural supports. Wraparound efforts are based in the community and encourage the family's use of their natural supports and resources. Wraparound plans include a balance of formal services and informal community and family resources, with greater reliance on informal supports over time. Services will begin with the goal of wellness and permanency. Services will incorporate temporary, short-term homelessness interventions, as appropriate. The Wraparound process is culturally relevant, building on the unique values, preferences, and strengths of children, youth, and families, and their communities. Team members are persevering in their commitment to the child and family. Outcomes are determined and measured for the system, for the program, and for the individual child, youth and family. Wraparound teams have adequate and flexible funding. FFA/STRTPs may take up to **12** months from the date of an executed contract with BHS to be fully trained in HFW and may provide Wraparound services during that time. Appropriate supervision to staff in the HFW model must be provided during that time to ensure fidelity to the model. The program will have as the ultimate goal, certification in HFW by the National Wraparound Institute or by the State when that certification becomes available.

2. **Service Requirements**:
   FFA/STRTPs shall:
   a. Promote recovery and optimize community functioning (community, home, and school) by utilizing the HFW Model.
   b. Decrease utilization of and support transitions from congregate care, inpatient hospitalization, juvenile justice, and out of home placement.
   c. Improve permanency and family and foster care stability.
   d. Provide timely and appropriate linkage and coordination with key services impacting the client's health and well-being (e.g. Primary Care, Education, Child Welfare,

Probation, etc.).

e. Promote child, youth and parent involvement through family voice, choice and preference.
f. Use a community-based service delivery system.
g. Provide non Medi-Cal billable flexible services and supports "Sac Codes" using the most recent version of the Sacramento BHS Procedure Code Manual when appropriate to maximize the benefit to youths and families.
h. Enhance individual strengths by creating intervention plans that reflect and build on the child, youth, and family strengths.
i. Approach service delivery through an integrated system.
j. Create independence and stability.
k. Provide interventions that meet a child, youth, and family's identified needs, and fit with their culture and preferences.
l. Create an individualized plan to coordinate responses in all life domains.
m. Focus on achieving goals through collaboration.
n. Access flexible funding to support the child, youth, and family team goals and to address stressors.
o. Stabilize or transition children and youth to a family setting.
p. Support children, youth, and families in meeting court mandates.
q. Enhance safety, permanency, and well-being.
r. Integrate trauma-informed practices.
s. Support, achieve, and measure positive outcomes.
t. Support access to other community-based services that are necessary to ameliorate the mental health condition that may be outside of the scope of this program in coordination with the CFT and in accordance with BHS policies and procedures and training materials provided through the BHS quality management team.
u. Aftercare Requirements:
    i. Per BHIN 21-062, all youth in the placement and care responsibility of child welfare or probation, and who are transitioning from a STRTP to a family-based setting, shall receive at least six months of aftercare services.
    ii. Aftercare services will be provided consistent with California's HFW model, and programs will fully comply with the California Wraparound Service Standards, per ACIN I-52-15 or current All County Letter (ACL). The All County Information Notice (ACIN) provides copious detail of the standards. FFA/STRTPs will embrace the program goals noted above and will also adhere to the HFW Principles contained in the ACIN.

Youth Eligibility:

1. Clients must be under 20 years old and have full scope Medi-Cal.
2. Each youth's referral for eligibility is evaluated individually.
3. Wraparound clients have the highest level of need in terms of behavioral health intervention.
4. Clients may have a history of multiple placements/failed placements.
5. Wraparound clients are provided at least six months of Wraparound aftercare upon discharge from a STRTP unless the client declines.
6. Wraparound services are indicated to assist a youth in adjusting to a home-based

environment of care, when transitioning from a STRTP, or from another home-based setting.

7. Clients are eligible for Wraparound if their placement is in jeopardy, or if placement stability is in question.

Program Training Requirements:

FIT, WRAP and TBS staff will receive training in:

a. Clinical characteristics of core target population, required services such as co-occurring substance use, service planning, risk assessments, safety planning, psychiatric rehabilitation, skill-based groups, Targeted Case Management, family education /intervention, crisis management, relapse prevention and reading of or orientation to Sacramento County policies relevant to the job description. Provide evidence in quarterly report that staff has completed such trainings. As appropriate for classification, designate staff to attend all County required trainings as identified by County.
b. A Crisis Intervention Training (e.g. Therapeutic Crisis Intervention Training, etc.)
c. CPR and First Aid. These certificates must stay current.
d. On Peer services and supports for clients engaging with services and for outpatient enrolled clients to support in meeting their individualized recovery goals. This includes informing clients about recovery and services, one-on-one peer counseling and crisis intervention, training, advocacy, connecting to resources, experiential sharing, building community, relationship building, group facilitation, skill building/mentoring/goal setting, socialization/self-esteem building, team communication and assistance with overcoming barriers to seeking services due to racial, ethnic, cultural or language barriers.

WRAP staff will be trained:

a. Wraparound Training Guidelines are contained in, ACIN I-52-15, and will be included as part of the HFW training curriculum.

TBS staff will be trained:

a. TBS personnel must complete the TBS Core Training.
    i. TBS Core Training must incorporate cultural competence skill sets within all education and training opportunities in the following areas:
        a) Best Practices
        b) Family Engagement
        c) Functional behavioral analysis
        d) Applied behavioral analysis
        e) Strength based assessments and service delivery
        f) Training TBS supervisors for fidelity adherence
        g) Behavioral coaching and support
        h) Case consultation
    ii. FFA/STRTPs are responsible for administering an appropriate posttest or certificate of completion from a reputable training entity to ensure mastery of the above material and follow up with supervision. A student must achieve a passing grade on each test to be certified. Failed modules can be repeated

according to agency training schedules.

Program Staffing:

There is no prescribed or predetermined standard client to staff ratio in FIT. TBS has a 1:5 staff to client ratio and WRAP has a 1:9 staff to client ratio. For all program service types FFA/STRTPs are expected to have staff necessary to meet the needs of the child/youth and family, which includes high intensity services. Program staff must meet Medi-Cal documentation standards, and will be representative of the cultural, racial, ethnic and linguistic diversity of Sacramento County. The following list is an example of a staffing composition for Outpatient level services:

1. LPHA conducts assessments and treatment planning, provides oversight and direction to the treatment team, individual and family therapy, crisis intervention, and family intervention and support.
2. MHRS performs a wide variety of duties including intensive care coordination services and social rehabilitation services with a wellness and recovery focus; assists and supports team members and youth. MHRS's will have broad knowledge of co-occurring disorders supports, employment resources, benefits and entitlements, community supports, etc.
3. OQP: provides social rehabilitation, models behaviors and teaches/demonstrates skills to client and family, provides feedback on interventions to the team, as well as crisis intervention and support, as a part of the coordinated treatment plan.
4. Peers utilize their lived experiences to support others, contributing to a comprehensive approach to mental health and wellness
    a. Youth Peer: Collaborates with treatment team, participates in treatment planning to help shape services that meet young people's needs effectively, empowers youth by providing mental health support, reducing isolation, and increasing self-help skills.
    b. Family Peer: Offers hope, guidance, advocacy, and camaraderie for parents and caregivers of children and youth. Provide education, information, and peer support based on their own experiences parenting children with challenges. Assist families in navigating complex child-serving systems and accessing resources.
5. Nurse Practitioner or Physician's Assistant: Provides psychiatric assessments, health screenings, develops medication plan, and coordinates follow up care. May prescribe medication per regulation and under physician supervision.
6. Licensed Vocational Nurse (LVN) / Licensed Psychiatric Technician (LPT) provides medical/medication training for staff, conducts health screenings, develops medication plan, provides medication education, and administers medications as prescribed and may act as a prescriber's proxy in refilling medication accordance with County policy.
7. Psychiatrist: Provides initial psychiatric assessment and evaluation, develops medication plan, prescribes medication, and coordinates follow-up care; provides oversight to medical staff.
8. TBS Facilitator: Implements interventions directly with the youth, educator or caregiver. At each review meeting, the TBS Facilitator will give feedback regarding how the previous month's plan was implemented and the responses. Based on feedback from the team, the behavioral plan will be updated each month. Due to the expertise required, these staff may not cross into other programs and must be exclusive to TBS unless pre-approved by BHS. TBS staff must follow the principles of behavioral work with the following:

a. ABA (Applied Behavior Analysis) are evidence-based techniques and interventions based on the principles of learning and behavior. These services aim to improve social, communication, and adaptive skills through systematic interventions that encourage positive behaviors and reduce those that may interfere with learning or engagement.
b. Functional Behavioral Analysis (FBA) is a process that seeks to identify and understand the purpose behind challenging behaviors. It will be used to create strategies that address and modify those behaviors, often within educational settings.

Minimum Qualifications:
FFA/STRTPs must agree to the scope of services and staffing and meet ALL the criteria below and be able to successfully administer a successful FIT, WRAP and TBS program.

All FFA/STRTP providers requesting a contract with Sacramento County DHS BHS should respond to this FFA/STRTP Open Enrollment process by submitting MQ documentation for the first 3 MQs listed below and the 4th MQ if applicable to DHS-BHS-OE-FFIRST@saccounty.gov Interested providers may also inquire about the contracting process and request assistance in understanding the requirements by emailing this box.

1. Must have a current MOU with CPS as an Intensive Services Foster Care (ISFC) provider and submit a copy.
2. FFA/STRTP must submit a maximum of three pages, double spaced narrative describing how FFA/STRTP will deliver mental health services and supports that include FIT, TBS and Wraparound to children and families, including psychiatric services.
3. FFA/STRTP must submit a written policy that demonstrates a commitment to not refuse or discharge youth from services because of the severity or nature of their needs.
4. FFA/STRTPs will have at least three years of experience collaborating with Sacramento County Behavioral Health providers or three years of experience collaborating with Behavioral Health Providers in other counties. FFA/STRTPs that have experience collaborating with only other county providers, must submit a maximum of three pages, double spaced narrative that describes how that collaboration will support relationship building and provision of services in Sacramento County.
5. Adhere to the HFW Model and follow the HFW Wraparound Phases. Initiation of Certification training in the HFW model is required of programs, staff and managers within 6 months of contract execution and must be maintained while under contract with BHS.
    a) Utilize the Wraparound Fidelity Assessment System (WFAS).
    b) Will provide and enter data into the WrapStat system through the National Wraparound Implementation Center (NWIC) and the University of Washington (UW) databases, consistent with the agreements approved through DHS BHS, Probation and CPS, and FFA/STRTPs.
6. Homes serving Sacramento County foster youth must be located within Sacramento County. For homes outside of Sacramento County, the out of county home can claim Sacramento County Medi-Cal if the youth is a Sacramento County resident and the FFA/STRTP is Medi-Cal certified in alignment with Sacramento County BHS policies.
7. Obtain County approval in writing at the time of contract negotiation for subcontracting any portion of the work.
8. Have experience providing mental health and co-occurring mental health and substance

abuse services and/or ISFC services to youth under the age of 21 living with severe emotional disturbance and/or a serious mental illness and their families.

9. Have experience collaborating with school districts, child welfare, law enforcement, court systems, housing resources and health care systems.
10. Ensure outcomes include consistency and skills of staff facilitating Child and Family Team (CFT) meetings
11. FFA/STRTPs must be able to meet the following staffing requirements for the primary mental health services:
    - California Board Certified Child/Adolescent Psychiatrist on staff or under contract
    - Licensed clinical head of service (Ph.D., Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, Licensed Clinical Social Worker, etc.)
    - Designated quality management staff for continuous quality improvement and Medi- Cal billing/claiming integrity.
    - Clinical oversight/supervision manager
    - Additional clinical and Peer staffing requirements as stipulated by California DHCS
12. Must become Medi-Cal certified prior to any delivery, billing or claiming of Medi-Cal services.
13. Must have the technology infrastructure in place, per Sacramento County DHS guidelines, BHS Electronic Health Record to successfully bill and claim SMHS, using Sacramento County Smart Care.
14. Have the ability to submit, meet, and abide by any applicable state, federal, and county laws, statutes, regulations and certifications pertinent and necessary to the operations of an outpatient mental health program at the time of contract execution.
15. Comply with rigorous data collection, reporting, and audits, with the capability to implement program changes based on findings.
16. Must have the willingness to transition children and families currently in treatment to other levels of care as clinically appropriate.
17. Be in compliance with any outstanding corrective action plans.