County of Los Angeles
CHIEF EXECUTIVE OFFICE
713 KENNETH HAHN HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-1101
http://ceo.lacounty.gov

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

YVONNE B. BURKE
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

May 6, 2008

The Honorable Board of Supervisors
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

DEPARTMENT OF MENTAL HEALTH: APPROVAL TO AMEND AN EXISTING LEGAL ENTITY AGREEMENT WITH TRANSITIONAL LIVING CENTERS FOR LOS ANGELES COUNTY, INC. FOR FISCAL YEARS 2007-08, 2008-09, AND 2009-10 (SUPERVISORIAL DISTRICT 2) (3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

1. Approve and instruct the Director of Mental Health, or his designee, to prepare, sign, and execute Amendment No. 3, substantially similar to Attachment 1, to the existing Department of Mental Health (DMH) Legal Entity (LE) Agreement No. MH120179 with Transitional Living Centers for Los Angeles County, Inc. (TLC) for the provision of non-Medi-Cal reimbursable services and a Wellness Center in Fiscal Year (FY) 2007-08 through the term of the Agreement. This Amendment increases the Maximum Contract Amount (MCA) by $558,300 from $1,106,018 to $1,664,318. This Amendment will be effective upon Board approval and is fully funded by County General Funds and Mental Health Services Act (MHSA) funds in FY 2007-08, and by MHSA funds in FY 2008-09 and 2009-10.

2. Delegate authority to the Director of Mental Health, or his designee, to prepare, sign, and execute future amendments to the LE Agreement and establish a new MCA, the aggregate of the original Agreement and all amendments through and including this Amendment, provided that: 1) the County's total payments to the contractor for each fiscal year shall not exceed a change of 20 percent from the applicable revised MCA; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) the Board of Supervisors has appropriated sufficient funds for all changes; 4) approval of County Counsel

and the Chief Executive Officer (CEO), or their designee, is obtained prior to any such Amendment; 5) County and contractor may by written amendments reduce programs or services without reference to the 20 percent limitation and revise the applicable MCA; and 6) the Director of Mental Health shall notify the Board of Supervisors of Agreement changes in writing within 30 days after execution of each Amendment.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Amendment No. 3, which increases TLC's MCA by $558,300 for 2007-08, exceeds delegated authority as it represents a greater than 20 percent increase in the MCA previously approved by your Board on June 12, 2007 for this Contractor.

Board approval of the requested actions will enable TLC to restore funding for the appropriate level of non-Medi-Cal reimbursable services and to implement a Wellness Center in keeping with the MHSA Community Services and Supports (CSS) Plan approved by your Board on October 11, 2005. The TLC Wellness Center is designed to serve clients, primarily in TLC's residential programs that are ready to take increasing responsibility for their own wellness and recovery.

In addition to furthering the goals of the MHSA, the recommended actions will enhance the Department's ability to fill a longstanding gap in the service delivery system by serving clients that are in advanced stages of recovery, thus offering a cost-effective alternative to ongoing day treatments or maintenance visits at outpatient clinics. The ultimate goal of all Wellness Centers is to reduce reliance on the mental health system by building a sustaining network of community-based support systems for clients no longer requiring more traditional care.

Implementation of Strategic Plan Goals

The recommended Board action is consistent with the principles of the Countywide Strategic Plan's Organizational Goal No. 1, "Service Excellence," Goal No. 3, "Organizational Effectiveness," and Programmatic Goal No. 7, "Health and Mental Health." TLC's Wellness Center services are expected to improve the delivery, efficiency, and effectiveness of mental health operations.

FISCAL IMPACT/FINANCING

There is no increase in net County cost for the Department's 2007-08 budget.

This amendment increases the MCA by $558,300, from $1,106,018 to $1,664,318 for 2007-08 to provide funding to support services at TLC for 2007-08 in the amount of $221,860 in County General Funds (CGF) and $336,440 in MHSA funds for a total augmentation of $558,300 and a revised MCA of $1,664,318.

This amendment will enable DMH to provide TLC non-Medi-Cal CGF in the amount of $221,860 for 2007-08 to restore TLC's level of non-Medi-Cal reimbursable services, including residential services, pending implementation of the proposed TLC Wellness Center.

This amendment will also enable DMH to provide MHSA funds in the amount of $336,440, in 2007-08, for TLC to implement a Wellness Center, including covering one-time start-up costs. Consistent with State guidelines and specialized program requirements for Wellness Centers, the Department will approve $93,000 of the total funding to be utilized by TLC for allowable one-time costs in 2007-08. These costs are detailed in the attachment to Amendment No. 3. The Department will provide any amount of the $336,440 not utilized in 2007-08 as an increase to the MCA for 2008-09 only. This roll-over amount will only utilized for services provided to consumers during 2008-09.

For 2008-09 and 2009-10, the annualized amount of $558,300 in MHSA funds will be requested by the Department during the budget process for the respective years.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

TLC is located at 15342 Hawthorne Boulevard, Suite 102, Lawndale, California 90260, in Supervisorial District 2. TLC has traditionally provided culturally and linguistically appropriate services to adults through two residential programs and outpatient and day treatment services.

In 2004-05, due to a deficit in County General Funds (CGF), it was necessary for DMH to plan for reductions to achieve a balanced budget. After an extensive planning process involving hundreds of clients, providers of services, community representatives

and other stakeholders, a plan was developed to curtail various services, including non-categorical CGF-supported day treatment, in light of emerging best practices in mental health care that instead focus on recovery activities that are community and culturally responsive. During 2006-07, the Department began implementing the curtailment plan by working with impacted agencies to transform these day treatment services into new, recovery-oriented programs, such as Wellness Centers, consistent with the models developed through the stakeholder planning process and contained in the County's CSS Plan. These Wellness Centers support the health of the whole person, both physical and mental; education and employment needs; stability in housing; and clients' involvement in their own recovery and that of others as well as in community activities. As noted in the CSS Plan, the Centers are managed by professional staff, with at least 50 percent mental health consumer staffing, and provide client-run services with adjunctive professional support.

Planning for the transformation of TLC's day treatment services was not completed during 2006-07, resulting in a reduction in TLC's MCA for 2007-08 related to the curtailment of day treatment services, without the concomitant increase in MCA and MHSA funds for the Wellness Center. Amendment No. 3 will provide the funding necessary to implement TLC's plan for a Wellness Center, including CGF for a transition from day treatment services to Wellness Center activities, and restore funds for services, such as residential, inadvertently affected by the reduction in the MCA for 2007-08.

The attached Amendment format has been approved as to form by County Counsel. Clinical and administrative staff of DMH will continue to administer and supervise the Agreement, evaluate programs to ensure that quality services are being provided to clients, and ensure that Agreement provisions and Departmental policies are being followed.

IMPACT ON CURRENT SERVICES

This action brings to a conclusion the extensive planning process engaged in by the Department and contractor to facilitate the transformation of their CGF funded day treatment program to a MHSA Wellness Center. Implementation of TLC's Wellness Center program will improve the efficiency and effectiveness of mental health operations. Through the Center, the focus of services for many clients will be shifted from outpatient clinics or day treatment services to community involvement. In addition to fostering clients' community integration and achievement of quality of life goals, the Wellness Center will contribute to a significant reduction in the number of clients served by the outpatient clinics.

CONCLUSION

The Department of Mental Health will need one copy of the adopted Board actions. It is requested that the Executive Officer, Board of Supervisors, notify the Department of Mental Health, Contracts Development and Administration Division, at (213) 738-4684 when this document is available.

Respectfully submitted,

WILLIAM T FUJIOKA
Chief Executive Officer

WTF:SRH:SAS
MLM:JS:yb

Attachment

c: County Counsel
Director, Department of Mental Health
Chairperson, Mental Health Commission

050608_DMH_TLC

ATTACHMENT

CONTRACT NO. **MH120179**

AMENDMENT NO. **3**

THIS AMENDMENT is made and entered into this 6th day of May, 2008, by and between the COUNTY OF LOS ANGELES (hereafter "County") and **Transitional Living Centers for L.A. County, Inc.** (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated **June 12, 2007**, identified as County Agreement No. **MH120179**, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2007-08, 2008-09, and 2009-10, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, the Mental Health Services Act (MHSA), adopted by the California electorate on November 2, 2004, creates a new permanent revenue source, administered by the State Department of Mental Health (SDMH), for the transformation and expanded delivery of mental health services provided by State and County agencies and requires the development of integrated plans for prevention, innovation, and system of care services; and

WHEREAS, for FY 2007-08 only, County and Contractor intend to amend Agreement **to add** MHSA Wellness Centers – Non Client Run funds in the amount of $**336,440** to the Maximum Contract Amount (MCA); and

WHEREAS, for FY 2007-08 only, County and Contractor intend to amend Agreement to **increase** Local Mental Health Plan Non-Medi-Cal Plan funds – County General Funds (CGF) in the amount of $**221,860**; and

WHEREAS, for FYs 2008-09 and 2009-10, County and Contractor intend to amend Agreement **to add** MHSA Wellness Centers – Non Client Run funds in the amount of $**558,300** to the Maximum Contract Amount (MCA); and

ONE-TIME COSTS:

WHEREAS, for FY 2007-08 only, County and Contractor intend to amend Agreement whereby in FY 2007-08, MHSA funds totaling $**93,000** can be used to cover MHSA allowable Wellness Centers – Non Client Run one-time costs. SDMH has not defined MHSA allowable one-time costs. Accordingly, anticipated MHSA allowable costs are identified in "One-Time Expenses Associated with starting a new MHSA Program" Service Exhibit, which represents County's best effort to identify allowable one-time costs. Such costs may ultimately be subject to disallowance by SDMH; and

WHEREAS, if Contractor terminates its Agreement within 24 months of the effective date of this Amendment or execution of an Agreement that includes MHSA allowable one-time costs, any or all of MHSA allowable one-time funds received by Contractor from County may be due by Contractor to County at the sole discretion of Director; and

WHEREAS, Contractor shall comply with all statutes, regulations, and directives pertaining to MHSA allowable one-time costs as they currently exist or as they may be modified by the State or County, and in no event shall County be obligated to pay contractor for one-time costs not claimable to the MHSA.

MHSA FUNDS:

WHEREAS, for FYs 2007-08, 2008-09, and 2009-10, County and Contractor intend to amend Agreement to add Paragraph V. (1) under Financial Exhibit A

(FINANCIAL PROVISIONS), Attachment II, to include whereby in the event MHSA funds are not available to pay MHSA claims or if the State denies any or all of the MHSA claims submitted by County on behalf of Contractor, County is not responsible for any substantive payment obligation; and

REDUCTION/REALLOCATION OF MHSA FUNDS:

WHEREAS, not withstanding the provisions set forth in Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph U (Delegated Authority) of this Agreement, County shall evaluate Contractor utilization of MHSA funding allocated under this Agreement and shall adjust and reallocate amounts to any one or a combination of the following: 1) another Legal Entity contractor, 2) DMH directly operated clinics, and/or 3) the County DMH reserve of unallocated funding for MHSA services. Amounts to be reduced and reallocated will be based on County's projected underutilization of such MHSA funds; and

WHEREAS, County will perform its utilization review after the initial MHSA amendments are executed and annually thereafter, or as deemed necessary by County based on County's review of utilization of such MHSA funds under this Agreement. Notification of such actions to Contractor will follow timeframes prescribed in Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph U (Delegated Authority); and

WHEREAS, for FYs 2007-08, 2008-09, and 2009-10, County and Contractor intend to amend Agreement **to change** the name of the service delivery site located at 15342 Hawthorne Boulevard Suite 102, Lawndale, CA 90260 **from Transitional Living Centers for L.A. County, Inc. (Provider Number 7162) to TLC Wellness Center**.

This site will provide both aftercare and Mental Health Services Act (MHSA) services; and

WHEREAS, for FYs 2007-08, 2008-09, and 2009-10, County and Contractor intend to amend Agreement **to add** the following Non-Medi-Cal services: **Community Client Services (Mode 45, Service Function Code 20) at a rate of $51.70; and Client Supportive Services (Mode 60, Service Function Code 64, 70-79) to Provider Number 7162**; and

WHEREAS, for FYs 2007-08, 2008-09, and 2009-10, the total MCA will be increased by $**558,300** with a revised MCA of $**1,664,318**, **$1,667,600**, **$1,667,600** respectively.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph B (Reimbursement For Initial Period) shall be deleted in their entirety and the following substituted therefor:

"B. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed **ONE MILLION SIX HUNDRED SIXTY-FOUR THOUSAND THREE HUNDRED EIGHTEEN** DOLLARS ($**1,664,318**) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary.

C. Reimbursement If Agreement Is Automatically Renewed:

(1) Reimbursement For First Automatic Renewal Period: The Maximum Contract Amount for the First Automatic Renewal Period of this

Agreement as described in Paragraph 1 (TERM) shall not exceed **ONE MILLION SIX HUNDRED SIXTY-SEVEN THOUSAND SIX HUNDRED** DOLLARS (**$1,667,600**) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary."

(2) Reimbursement For Second Automatic Renewal Period: The Maximum Contract Amount for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed **ONE MILLION SIX HUNDRED SIXTY-SEVEN THOUSAND SIX HUNDRED** DOLLARS (**$1,667,600**) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary."

2. For FYs 2007-08, 2008-09, and 2009-10, Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraph V (MHSA Funds) shall be added in its entirety:

"V: Mental Health Services Act (MHSA) Funds:

(1) In the event MHSA funds are not made available by State or if the State denies any or all of the MHSA claims submitted by County on behalf of Contractor, County is not responsible for any substantive payment obligation and, accordingly, Contractor shall not seek any payment from County and shall indemnify and hold harmless County from any and all liability for payment of any or all of the denied MHSA claims or claims for which MHSA funds are not made available."

(2) Payments to Contractor may be suspended if Director, for good cause, determines that Contractor is in default under any of the provisions of this

Agreement. In the event that Contractor's Agreement is terminated within 24 months of the effective date of this Amendment or execution of an Agreement that includes MHSA one-time funds or all of MHSA one-time funds received by Contractor from County shall be due by Contractor to County."

3. Financial Summary – **2** for Fiscal Year 2007-08 shall be deleted in its entirety and replaced with Financial Summary – **3** for Fiscal Year 2007-08, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – **2** for Fiscal Year 2007-08 shall be deemed amended to state "Financial Summary – **3** for Fiscal Year 2007-08."

4. Financial Summary – **2** for Fiscal Year 2008-09 shall be deleted in its entirety and replaced with Financial Summary – **3** for Fiscal Year 2008-09, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – **2** for Fiscal Year 2008-09 shall be deemed amended to state "Financial Summary – **3** for Fiscal Year 2008-09."

5. Financial Summary – **2** for Fiscal Year 2009-10 shall be deleted in its entirety and replaced with Financial Summary – **3** for Fiscal Year 2009-10, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary – **2** for Fiscal Year 2009-10 shall be deemed amended to state "Financial Summary – **3** for Fiscal Year 2009-10."

6. Attachment IV, Service Delivery Site Exhibit, shall be deleted in its entirety and replaced with the revised Attachment IV, Service Delivery Site Exhibit. All

references in Agreement to Attachment IV, Service Delivery Site Exhibit shall be deemed amended to state Attachment IV, Service Delivery Site Exhibit.

7. Attachment V, Service Exhibits Listing, shall be deleted in its entirety and replaced with the revised Attachment V, Service Exhibits Listing. All references in Agreement to Attachment V, Service Exhibits Listing shall be deemed amended to state Attachment V, Service Exhibits Listing.

8. Service Exhibit for "One-Time Expenses Associated With Starting A New Mental Health Services Act Program" shall be added to this Agreement.

9. Contractor shall provide services in accordance with the Contractor's Fiscal Year 2007-08 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.

10. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Agreement to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Agreement to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

APPROVED AS TO FORM:
OFFICE OF THE COUNTY COUNSEL

By _____
Deputy County Counsel

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

Transitional Living Centers for L.A. County, Inc.
CONTRACTOR

By _____

Name Kenneth Parker, Ph.D.

Title Pres./CEO

(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO CONTRACT ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

RC: TLC Amendment 3

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity Number: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2007-08

DMH Legal Entity Agreement
Attachment III
The Financial Summary - 3
Amendment No. 3

LINE #	COLUMNS / DESCRIPTION	1 MAXIMUM CONTRACT ALLOCATION TOTALS	2 LOCAL MHP NON MEDI-CAL	3 DCFS STOP SGF 70% County Local 30%	4 MAA and NON-EPSDT MEDI-CAL PROGRAMS FFP 50% County Local 50%	5 EPSDT MEDI-CAL PROGRAM FFP 50% SGF - EPSDT 42.68% County Local 7.32%	6 HEALTHY FAMILIES FFP 65% County Local 35%
		Sum of 2 + 3 + 4 + 5 + 6 = 1					
				Categorical Restricted CGF	Local Match share for claiming Certified Public Expenditure Categorically Restricted Local Funds** (see footnote)		
1	A. Contractual Limitation By Responsible Financial Party:						
2	CGF*	$ 910,936	$ 542,478	-	364,300	4,158	-
3	CGF - Psychiatric Emergency Services (PES) (NCC)	-					
4	CGF - Transitional Residential Program (NCC)	-					
5	SAMHSA, CFDA #93.958	-					
6	SAMHSA - Child Mental Health Initiative, CFDA #93.104	-					
7	SAMHSA - Targeted Capacity Expansion, CFDA #93.243	-					
8	PATH, CFDA #93.150	-					
9	CalWORKs - Flex Fund	-					
10	CalWORKs - Mental Health Services (MHS)	-					
11	CalWORKs - Community Outreach Services (COS)	-					
12	CalWORKs - Families Project - Client Support Services	-					
13	CalWORKs - Families Project - MHS & Targeted Case Management	-					
14	CalWORKs - Families Project - COS	-					
15	DPSS - GROW	-					
16	DCFS AB 2994	-					
17	DCFS Family Preservation	-					
18	DCFS Star View Life Support PHF	-					
19	DCFS Independent Living	-					
20	DCFS STOP (70%)	-		-			
21	DCFS Medical Hubs	-					
22	DCFS Basic MH Services - Enhanced Specialized Foster Care	-					
23	DCFS Intensive In-Home - Enhanced Specialized Foster Care	-					
24	DCFS-Multidisciplinary Assessment Team (MAT)-Enhanced Spec Foster Car	-					
25	DCFS Basic - Katie A	-					
26	DCFS Intensive In-Home - Katie A.	-					
27	DCFS - Multidisciplinary Assessment Team (MAT) - Katie A.	-					
28	DCFS - Wraparound	-					
29	Probation - Mentally Ill Offender Crime Reduction Program (MIOCR)	-					
30	Probation - Substance Abuse/Co-Occurring Disorder Services	-					
31	Probation - Neurobehavioral Demonstration Pilot Project	-					
32	Schiff-Cardenas - M.H. Screening, Assessment, and Treatment (MHSAT)	-					
33	Schiff-Cardenas - Multi-Systemic Therapy Program (MST)	-					
34	Sheriff Dept - Mentally Ill Offender Crime Reduction Program (MIOCR)	-					
35	AB 34/AB 2034 (MHSA Conversion)	-					
36	ADPA AB 34/AB 2034 Housing	-					
37	DHS-OAPP HIV/AIDS	-					
38	DHS Dual Diagnosis	-					
39	DHS Social Model Recovery	-					
40	DHS LAMP	-					
41	HIV AIDS	-					
42	IDEA (AB 3632 - SEP), CFDA #84.027	-					
43	SB 90 (AB 3632 - SEP)	-					
44	AB3632 - SEP (SB 1807)	-					
45	FFS State Allocation	-					
46	Mental Health Services Act (MHSA)	-					
47	Mental Health Services Act (MHSA) - FSP						
48	A. Child						
49	One Time Cost	-					
50	Client Supportive Services (Flex Funds)	-					
51	Mental Health Services	-					
52	B. TAY						
53	One Time Cost	-					
54	Client Supportive Services (Flex Funds)	-					
55	Mental Health Services	-					
56	C. Adult						
57	One Time Cost	-					
58	Client Supportive Services (Flex Funds)	-					
59	Mental Health Services	-					
60	D. Older Adult						
61	One Time Cost	-					
62	Client Supportive Services (Flex Funds)	-					
63	Mental Health Services	-					

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity Number: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2007-08

DMH Legal Entity Agreement
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The Financial Summary - 3
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LINE #	COLUMNS / DESCRIPTION	1 MAXIMUM CONTRACT ALLOCATION TOTALS	2 LOCAL MHP NON MEDI-CAL	3 DCFS STOP SGF 70% County Local 30% Categorical Restricted CGF	4 MAA and NON-EPSDT MEDI-CAL PROGRAMS FFP 50% County Local 50% Local Match share for claiming Certified Public Expenditure Categorically Restricted Local Funds** (see footnote)	5 EPSDT MEDI-CAL PROGRAM FFP 50% SGF - EPSDT 42.68% County Local 7.32%	6 HEALTHY FAMILIES FFP 65% County Local 35%
				Sum of 2 + 3 + 4 + 5+ 6 = 1			
64	Mental Health Services Act (MHSA) - Non FSP						
65	A. Child						
66	Integrated MH/COD Services	-					
67	Family Crisis Services - Respite Care	-					
68	One Time Cost	-					
69	B. TAY						
70	Drop-In Centers	-					
71	Probation Camps	-					
72	One Time Cost	-					
73	C. Adult						
74	IMD Step Down	-					
75	Safe Haven	-					
76	One Time Cost	-					
77	D. Older Adult						
78	Older Adult Service Extenders	-					
79	Older Adult Training	-					
80	One Time Cost	-					
81	E. Cross-Cutting						
82	Urgent Care	-					
83	Enriched Residential Services	-					
84	One Time Cost	-					
85	Mental Health Services Act (MHSA) - Family Supportive Services (FSS)	-					
86	Mental Health Services Act (MHSA) - Wellness Centers						
87	One Time Cost	93,000	93,000				
88	Wellness Centers	243,440	243,440				
89	Wellness Centers - Client Run	-					
90	Mental Health Services Act (MHSA) - AB 2034 Services	-					
91	Mental Health Services Act (MHSA) - Field Capable Clinical Services						
92	One Time Cost	-					
93	Client Supportive Services (Flex Funds)	-					
94	Mental Health Services	-					
95	Mental Health Services Act (MHSA) - Jail Linkage Services	-					
96	Mental Health Services Act (MHSA) - One Time Funding						
97	Workforce Training	-					
98	Outreach and Engagement	-					
99	Medi-Cal, Healthy Families, or MAA FFP	392,700			364,300	28,400	-
100	SGF - EPSDT	24,242				24,242	
101							
102	***Maximum Contract Amount (A)***	$ 1,664,318	878,918		$ 728,600	56,800	
103					0.50	0.50	
104	**B. Third Party:**						
105	Medicare	-					
106	Patient Fees	-					
107	Insurance	-					
108	Other	-					
109		-					
110	***Total Third Party (B)***	-	-	-	-	-	-
111							
112	GROSS PROGRAM BUDGET (A+B)	$ 1,664,318	878,918	-	728,600	56,800	-

Footnote

* The Department is developing the parameters for authorizing the shift of CGF among the various programs identified in columns 2, 3, 4, 5, and 6. These parameters will be incorporated by a separate contract amendment during the year.

** These Local Funds are restricted in compliance with specific statutory, regulatory, and contractual requirements and obligations that are conditions for Medi-Cal reimbursement of Short-Doyle Medi-Cal claims. California Code of Regulations Title 9, Division 1, Chapter 11, Subchapter 4, Article 1, paragraph 1840.112 MHP Claims Certification and Program Integrity and Federal Code of Regulations, Title 42, Section 438.608.

Revised:4/9/08

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity No.: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2007-08

DMH Legal Entity Agreement
The Rate Summary 3
Amendment No. 3

MENTAL HEALTH SERVICES		Mode of Service	Service Function Code (SFC) Range	Provisional Rates Negotiated NR	Provisional Rates Cost Reimb. CR	Provider Numbers
A. 24 - HOUR SERVICES:						
Hospital Inpatient		05	10 - 18			
Hospital Administrative Day		05	19			
Psychiatric Health Facility (PHF)		05	20 - 29			
SNF Intensive		05	30 - 34			
IMD/STP Basic (No Patch)	Beds 1-59	05	35			
	Beds 60 & over	05	35			
Patch for IMD		05	36 - 39			
Mentally Ill Offenders	Regular	05	36 - 39			
	Indigent	05	36 - 39			
IMD - Like		05	36 - 39			
IMD (w/Patch) Sub-Acute (60 days)		05	38			
Adult Crisis Residential		05	40 - 49			
Residential Other		05	60 - 64			
Adult Residential		05	65 - 79	$109.15		6816 7223
Semi - Supervised Living		05	80 - 84	$45.21		7163
Independent Living		05	85 - 89			
MH Rehab Centers		05	90 - 94			
B. DAY SERVICES:						
Vocational Services		10	30 - 39	$51.37		7162
Socialization		10	40 - 49	$41.50		6816
SNF Augmentation		10	60 - 69			
Day Treatment Intensive: Half Day		10	81 - 84			
Day Treatment Intensive: Full Day		10	85 - 89			
Day Rehabilitative: Half Day		10	91 - 94			
Day Rehabilitative: Full Day		10	95 - 99			
C. OUTPATIENT SERVICES:						
Targeted Case Management Services (TCMS), formerly Case Management Brokerage		15	01 - 09	$1.60		7223 7162
Mental Health Services		15	10 - 19/ 30 - 59	$1.98		7223 7162
Therapeutic Behavioral Services (TBS)		15	58			
Medication Support		15	60 - 69	$3.67		7223 7162
Crisis Intervention		15	70 - 79		$2.35	7223 7162
D. OUTREACH SERVICES:						
Mental Health Promotion		45	10 - 19			
Community Client Services		45	20 - 29	$51.70		6816 7223
E. SUPPORT SERVICES:						
Life Support/Board & Care		60	40 - 49	$27.50		6816 7223
Case Management Support		60	60 - 69			
Client Supportive Services (Cost Reimbursement)		60	64 70 - 79			7162
F. Medi-Cal Administrative Activities (MAA):						
MAA		55	01 - 35			

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity Number: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2008-09

DMH Legal Entity Agreement
Attachment III
The Financial Summary - 3
Amendment No. 3

	COLUMNS	1	2	3	4	5	6
					Sum of 2 + 3 + 4 + 5+ 6 = 1		
LINE #	DESCRIPTION	MAXIMUM CONTRACT ALLOCATION TOTALS	LOCAL MHP NON MEDI-CAL	DCFS STOP SGF 70% County Local 30%	MAA and NON-EPSDT MEDI-CAL PROGRAMS FFP 50% County Local 50%	EPSDT MEDI-CAL PROGRAM FFP 50% SGF - EPSDT 42.68% County Local 7.32%	HEALTHY FAMILIES FFP 65% County Local 35%
				Categorical Restricted CGF	Local Match share for claiming Certified Public Expenditure Categorically Restricted Local Funds** (see footnote)		
1	A. Contractual Limitation By Responsible Financial Party:						
2	CGF*	$ 692,358	$ 323,900	-	364,300	4,158	-
3	CGF - Psychiatric Emergency Services (PES) (NCC)	-					
4	CGF - Transitional Residential Program (NCC)	-					
5	SAMHSA, CFDA #93.958	-					
6	SAMHSA - Child Mental Health Initiative, CFDA #93.104	-					
7	SAMHSA - Targeted Capacity Expansion, CFDA #93.243	-					
8	PATH, CFDA #93.150	-					
9	CalWORKs - Flex Fund	-					
10	CalWORKs - Mental Health Services (MHS)	-					
11	CalWORKs - Community Outreach Services (COS)	-					
12	CalWORKs - Families Project - Client Support Services	-					
13	CalWORKs - Families Project - MHS & Targeted Case Management	-					
14	CalWORKs - Families Project - COS	-					
15	DPSS - GROW	-					
16	DCFS AB 2994	-					
17	DCFS Family Preservation	-					
18	DCFS Star View Life Support PHF	-					
19	DCFS Independent Living	-					
20	DCFS STOP (70%)	-		-			
21	DCFS Medical Hubs	-					
22	DCFS Basic MH Services - Enhanced Specialized Foster Care	-					
23	DCFS Intensive In-Home - Enhanced Specialized Foster Care	-					
24	DCFS-Multidisciplinary Assessment Team (MAT)-Enhanced Spec Foster Car	-					
25	DCFS Basic - Katie A	-					
26	DCFS Intensive In-Home - Katie A.	-					
27	DCFS - Multidisciplinary Assessment Team (MAT) - Katie A.	-					
28	DCFS - Wraparound	-					
29	Probation - Mentally Ill Offender Crime Reduction Program (MIOCR)	-					
30	Probation - Substance Abuse/Co-Occurring Disorder Services	-					
31	Probation - Neurobehavioral Demonstration Pilot Project	-					
32	Schiff-Cardenas - M.H. Screening, Assessment, and Treatment (MHSAT)	-					
33	Schiff-Cardenas - Multi-Systemic Therapy Program (MST)	-					
34	Sheriff Dept - Mentally Ill Offender Crime Reduction Program (MIOCR)	-					
35	AB 34/AB 2034 (MHSA Conversion)	-					
36	ADPA AB 34/AB 2034 Housing	-					
37	DHS-OAPP HIV/AIDS	-					
38	DHS Dual Diagnosis	-					
39	DHS Social Model Recovery	-					
40	DHS LAMP	-					
41	HIV AIDS	-					
42	IDEA (AB 3632 - SEP), CFDA #84.027	-					
43	SB 90 (AB 3632 - SEP)	-					
44	AB3632 - SEP (SB 1807)	-					
45	FFS State Allocation	-					
46	Mental Health Services Act (MHSA)	-					
47	Mental Health Services Act (MHSA) - FSP						
48	A. Child						
49	One Time Cost	-					
50	Client Supportive Services (Flex Funds)	-					
51	Mental Health Services	-					
52	B. TAY						
53	One Time Cost	-					
54	Client Supportive Services (Flex Funds)	-					
55	Mental Health Services	-					
56	C. Adult						
57	One Time Cost	-					
58	Client Supportive Services (Flex Funds)	-					
59	Mental Health Services	-					
60	D. Older Adult						
61	One Time Cost	-					
62	Client Supportive Services (Flex Funds)	-					
63	Mental Health Services	-					

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity Number: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2008-09

DMH Legal Entity Agreement
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				Sum of 2 + 3 + 4 + 5+ 6 = 1			
64	Mental Health Services Act (MHSA) - Non FSP						
65	A. Child						
66	Integrated MH/COD Services	-					
67	Family Crisis Services - Respite Care	-					
68	One Time Cost	-					
69	B. TAY						
70	Drop-In Centers	-					
71	Probation Camps	-					
72	One Time Cost	-					
73	C. Adult						
74	IMD Step Down	-					
75	Safe Haven	-					
76	One Time Cost	-					
77	D. Older Adult						
78	Older Adult Service Extenders	-					
79	Older Adult Training	-					
80	One Time Cost	-					
81	E. Cross-Cutting						
82	Urgent Care	-					
83	Enriched Residential Services	-					
84	One Time Cost	-					
85	Mental Health Services Act (MHSA) - Family Supportive Services (FSS)	-					
86	Mental Health Services Act (MHSA) - Wellness Centers						
87	One Time Cost	-					
88	Wellness Centers	558,300	558,300				
89	Wellness Centers - Client Run	-					
90	Mental Health Services Act (MHSA) - AB 2034 Services	-					
91	Mental Health Services Act (MHSA) - Field Capable Clinical Services						
92	One Time Cost	-					
93	Client Supportive Services (Flex Funds)	-					
94	Mental Health Services	-					
95	Mental Health Services Act (MHSA) - Jail Linkage Services	-					
96	Mental Health Services Act (MHSA) - One Time Funding						
97	Workforce Training	-					
98	Outreach and Engagement	-					
99	Medi-Cal, Healthy Families, or MAA FFP	392,700			364,300	28,400	-
100	SGF - EPSDT	24,242				24,242	
101							
102	***Maximum Contract Amount (A)***	$ 1,667,600	882,200		$ 728,600	56,800	
103					0.50	0.50	
104	**B. Third Party:**						
105	Medicare	-					
106	Patient Fees	-					
107	Insurance	-					
108	Other	-					
109		-					
110	***Total Third Party (B)***	-	-	-	-	-	-
111							
112	**GROSS PROGRAM BUDGET (A+B)**	$ 1,667,600	882,200	-	728,600	56,800	-

Footnote

* The Department is developing the parameters for authorizing the shift of CGF among the various programs identified in columns 2, 3, 4, 5, and 6. These parameters will be incorporated by a separate contract amendment during the year.

** These Local Funds are restricted in compliance with specific statutory, regulatory, and contractual requirements and obligations that are conditions for Medi-Cal reimbursement of Short-Doyle Medi-Cal claims. California Code of Regulations Title 9, Division 1, Chapter 11, Subchapter 4, Article 1, paragraph 1840.112 MHP Claims Certification and Program Integrity and Federal Code of Regulations, Title 42, Section 438.608.

Revised:4/9/08

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity No.: 00219
Agreement Period: July 1, 2007 through June 30,2010
Fiscal Year: FY 2008-09

DMH Legal Entity Agreement
The Rate Summary 3
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MENTAL HEALTH SERVICES		Mode of Service	Service Function Code (SFC) Range	Provisional Rates Negotiated NR	Provisional Rates Cost Reimb. CR	Provider Numbers
A. 24 - HOUR SERVICES:						
Hospital Inpatient		05	10 - 18			
Hospital Administrative Day		05	19			
Psychiatric Health Facility (PHF)		05	20 - 29			
SNF Intensive		05	30 - 34			
IMD/STP Basic (No Patch)	Beds 1-59	05	35			
	Beds 60 & over	05	35			
Patch for IMD		05	36 - 39			
Mentally Ill Offenders	Regular	05	36 - 39			
	Indigent	05	36 - 39			
IMD - Like		05	36 - 39			
IMD (w/Patch) Sub-Acute (60 days)		05	38			
Adult Crisis Residential		05	40 - 49			
Residential Other		05	60 - 64			
Adult Residential		05	65 - 79	$109.15		6816 7223
Semi - Supervised Living		05	80 - 84	$45.21		7163
Independent Living		05	85 - 89			
MH Rehab Centers		05	90 - 94			
B. DAY SERVICES:						
Vocational Services		10	30 - 39	$51.37		7162
Socialization		10	40 - 49	$41.50		6816
SNF Augmentation		10	60 - 69			
Day Treatment Intensive: Half Day		10	81 - 84			
Day Treatment Intensive: Full Day		10	85 - 89			
Day Rehabilitative: Half Day		10	91 - 94			
Day Rehabilitative: Full Day		10	95 - 99			
C. OUTPATIENT SERVICES:						
Targeted Case Management Services (TCMS), formerly Case Management Brokerage		15	01 - 09	$1.60		7223 7162
Mental Health Services		15	10 - 19/ 30 - 59	$1.98		7223 7162
Therapeutic Behavioral Services (TBS)		15	58			
Medication Support		15	60 - 69	$3.67		7223 7162
Crisis Intervention		15	70 - 79		$2.35	7223 7162
D. OUTREACH SERVICES:						
Mental Health Promotion		45	10 - 19			
Community Client Services		45	20 - 29	$51.70		6816 7223
E. SUPPORT SERVICES:						
Life Support/Board & Care		60	40 - 49	$27.50		6816 7223
Case Management Support		60	60 - 69			
Client Supportive Services (Cost Reimbursement)		60	64 70 - 79			7162
F. Medi-cal Administrative Activities (MAA):						
MAA		55	01 - 35			

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity Number: 00219
Agreement Period: July 1, 2007 through June 30,2010
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19	DCFS Independent Living	-					
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22	DCFS Basic MH Services - Enhanced Specialized Foster Care	-					
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48	A. Child						
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50	Client Supportive Services (Flex Funds)	-					
51	Mental Health Services	-					
52	B. TAY						
53	One Time Cost	-					
54	Client Supportive Services (Flex Funds)	-					
55	Mental Health Services	-					
56	C. Adult						
57	One Time Cost	-					
58	Client Supportive Services (Flex Funds)	-					
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103					0.50	0.50	
104	**B. Third Party:**						
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106	Patient Fees	-					
107	Insurance	-					
108	Other	-					
109		-					
110	***Total Third Party (B)***	-	-	-	-	-	-
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Footnote

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Revised:4/9/08

Contractor Name: Transitional Living Centers for L.A. County, Inc.
Legal Entity No.: 00219
Agreement Period: July 1, 2007 through June 30,2010
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DMH Legal Entity Agreement
The Rate Summary 3
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	Beds 60 & over	05	35			
Patch for IMD		05	36 - 39			
Mentally Ill Offenders	Regular	05	36 - 39			
	Indigent	05	36 - 39			
IMD - Like		05	36 - 39			
IMD (w/Patch) Sub-Acute (60 days)		05	38			
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Residential Other		05	60 - 64			
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E. SUPPORT SERVICES:						
Life Support/Board & Care		60	40 - 49	$27.50		6816 7223
Case Management Support		60	60 - 69			
Client Supportive Services (Cost Reimbursement)		60	64 70 - 79			7162
F. Medi-Cal Administrative Activities (MAA):						
MAA		55	01 - 35			

DMH LEGAL ENTITY AGREEMENT

Service Delivery Site Exhibit

CONTRACTOR NAME: Transitional Living Centers for L.A. County, Inc.

LEGAL ENTITY NO.: 00219 **PERIOD:** July 1, 2007 through June 30, 2010

*DESIGNATED PROGRAM OFFICE	SERVICE EXHIBIT NO.	PROV. NO.	SERVICE DELIVERY SITE(S)	M.H. SERVICE AREA(S) SERVED	SITE SUP. DISTRICT
A	6,7 8,10	6816	16119 Prairie Avenue Lawndale, CA 90260	8	2
A	1,3,4,5 6,8,10	7223	16129 Prairie Avenue Lawndale, CA 90260	8	2
A	9	7163	4211 W. 147th Street Lawndale, CA 90260	8	2
A	1,2,3,4,5	7162	TLC Wellness Center 15342 Hawthorne Blvd., Suite 102 Lawndale, CA 90260	8	2
MHSA	1,2,3,4 5,6,10,11	7162	TLC Wellness Center 15342 Hawthorne Blvd., Suite 102 Lawndale, CA 90260	8	2

*Legend: Adult Systems of Care (A)
Child, Youth and Family Program Administration (C)
Critical Care (CC)
Court Programs (CP)
Older Adult Program (OA)
Transition Age Youth (TAY)
Homeless (H)
Managed Care (MC)

SERVICE EXHIBITS

A duplicate original of the Service Exhibit(s) will be on file in the Department of Mental Health's Contracts Development and Administration Division and is deemed incorporated herein by reference as though fully set forth, and will be made available to interested persons upon request.

DESCRIPTION	CODES	
Targeted Case Management Services (Rehab. Option)	104-A	1
Short-Term Crisis Residential Services (Forensic)	201	
Crisis Stabilization Services (Rehab. Option)	202-A	
Vocational Services	304-A	2
Day Rehabilitation Services (Adult) (Rehab. Option)	308-B	
Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)	309-B	
Day Treatment Intensive Services (Adult) (Rehab. Option)	310-B	
Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)	311-B	
Mental Health Services (Rehab. Option)	402	3
Medication Support Services (Rehab. Option)	403	4
Crisis Intervention Services (Rehab. Option)	404-A	5
Mental Health Service Treatment Patch (La Casa)	405	
Therapeutic Behavioral Services	406-A	
Outreach Services	501-A	6
Outreach Services (Suicide Prevention Services)	502-A	
Intensive Skilled Nursing Facility Services	601	
Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)	602	
Intensive Skilled Nursing Facility Services (La Paz)	603	
Intensive Skilled Nursing Facility Services Forensic Treatment	604	
Skilled Nursing Facilities (Psychiatric Services)	605	
Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)	608	
Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)	609	
Socialization Services	701-A	7
Life Support Service	801	8
Case Management Support Services	802-A	
Case Management Support Services (Forensic)	803-A	
Case Management Support Services (Children & Youth)	804-A	

1	Life Support Services (Forensic)	805	
2	Independent Living Services	901	
3	Local Hospital Services	902	
4	Semi-Supervised Living Services	904	9
5	Adult Residential Treatment Services (Transitional)	912	10
6	Adult Residential Treatment Services (Long Term)	913	
7	Non-Hospital Acute Inpatient Services (La Casa PHF)	914	
8	Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)	915	
9	Assertive Community Treatment Program (ACT)	921	
10	Psychiatric Inpatient Hospital Services	930	
11	Primary Linkage and Coordinating Program	1001	
12	AB 34 Housing and Personal/Incidental Services	1002	
13	Service Provisions (Organizational Provider Only)	1003	
14	Consumer Run/Employment Program	1005	
15	AB 2034 State Demonstration Program (Housing Expenses)	1008	
16	AB 2034 State Demonstration Program (Personal and Incidental Expenses)	1009	
17	Client Supportive Services (***Includes Attachment A Reimbursement Procedures***	1010-A	
18	***and Attachment B Monthly Claim for Cost Reimbursement***)		
19	Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services	1011	
20	Mental Health 24-Hour Services Children Under Age 18 Basic Services	1012	
21	Supportive Services – Residential Programs (***Includes Attachment A***	1013	
22	***(Reimbursement Procedures and Attachment B- (Monthly Claim for***		
23	***Cost Reimbursement)***		
24	Client Supportive Services-Mental Health Services Act Programs (***Includes***	1014-A	
25	***Attachment A - Reimbursement Procedures and Attachment B - (Monthly***		
26	***Claim for Cost Reimbursement)***		
27	Full Service Partnership (FSP)	1015	
28	Supportive Services – Intensive Residential Program (***Includes Attachment A-***	1016	
29	***Reimbursement Procedures and Attachment B - (Monthly Claim for***		
30	***Cost Reimbursement)***		
31	One-Time Expenses Associated with Starting a new MHSA Program (**Includes**	1017	11
32	***Attachment A-Reimbursement Procedures and Attachment B – Monthly***		
33	***Claim for Cost Reimbursement)***		
34	Client Supportive Services (New Directions) (***Includes Attachment A***	1018	

1	***Reimbursement Procedures and Attachment B Monthly Claim for Coat***		
2	***Reimbursement)***		
3	Family Support Services	1019	
4	Service Extender Stipend Program Mental Health Services Act Programs	1020	
5	***(Includes Attachment A Reimbursement Procedures and Attachment B***		
6	***Monthly Claim for Cost Reimbursement)***		
7	Client Supportive Services Field Capable Clinical Services (FCCS) for Older	1021	
8	Adults Mental Health Services Act Programs ***(Includes Attachment A***		
9	***Reimbursement Procedures and Attachment B Monthly Claim for Cost***		
10	***Reimbursement)***		
11			

SERVICE EXHIBIT 11

ONE-TIME EXPENSES ASSOCIATED WITH STARTING A NEW MENTAL HEALTH SERVICES ACT PROGRAM FOR TRANSITIONAL LIVING CENTERS FOR L.A. COUNTY, INC

I. OVERVIEW

The passage of Proposition 63, the Mental Health Services Act (MHSA), provides funding to transform California's mental health service delivery system into a client-driven, recovery-oriented system of care. In order for Los Angeles County to be eligible to receive MHSA funding, it is necessary to expand and transform the services it delivers. In response to the MHSA, the Department of Mental Health (DMH) has designed and implemented programs, contracts, policies, procedures and payment processes that support the provision of these services and fulfill the commitment to do "whatever it takes" to assist clients in improving their quality of life.

DMH has developed this Service Exhibit to facilitate reimbursement of one-time expenses associated with starting new MHSA programs, which include non-Medi-Cal capital assets, recruitment, training and equipment. These expenses will only be permitted during the first year in which a program is initiated.

II. ALLOWABLE ONE-TIME COSTS

A. Service Function Code (SFC) 75: Non-Medi-Cal Capital Assets

SFC 75 applies to the one-time cost of capital assets dedicated solely to non Medi-Cal activities. These expenses must be $5,000 or greater; they may be claimed in the year purchased or depreciated over the useful life of the asset. Expenses that should be reported under SFC 75, provided such expenses are dedicated solely to non Medi-Cal activities, include:

- Vehicles (with prior LACDMH approval).

  Vehicles are needed to assist with client linkage to community activities such as classes, groups, recreational outings, and other community integration activities

Units of Service should not be reported for SFC 75.

The cost of capital assets included in the service costs per unit under Modes 05, 10 or 15 must be depreciated and should not be included in SFC 75. (Refer to the *Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (HIM-15) Part 1, Chapter 1,* for guidance on depreciation requirements.)

All fixed assets or real estate acquisitions purchased within the parameters of this exhibit require the Director's prior approval.

B. Service Function Code (SFC) 78: Other Non-Medi-Cal Client Support Expenditures

SFC 78 applies to one-time expenses associated with starting a new program that include general operating expenditures incurred in providing non-Medi-Cal client supports not otherwise reported in Treatment or Outreach Programs (Mode 05, 10, 15 or 55). Allowable expenses include equipment (e.g., computer hardware/software and printers) that is less than $5,000.

Computer hardware/software and printers for client use will facilitate recovery related to job training; learning of community events; self-advocacy needs; linkage to community, jobs and interests; and electronic mail communication to establish and maintain family and personal relationships.

III. REIMBURSEMENT

The procedures for reimbursement for One-Time Expenses Associated with Starting a New MHSA Program are provided in Attachment A.

ATTACHMENT A

ONE-TIME EXPENSES ASSOCIATED WITH STARTING A NEW MENTAL HEALTH SERVICES ACT PROGRAM REIMBURSEMENT PROCEDURES

The following procedures shall be used for reimbursement of One-Time MHSA expenditures:

1. ONE-TIME COSTS ELIGIBLE FOR REIMBURSEMENT

A. Service Function Code 75: One-Time Non-Medi-Cal Capital Assets >$5,000
B. Service Function Code 78: One-Time Non-Medi-Cal Client Support Expenditures <$5,000

2. REIMBURSEMENT GUIDELINES

The funds allocated for one-time costs shall be used only when no other non-Medi-Cal funds are available during the first year in which a new program is initiated.

3. DOCUMENTATION REQUIREMENTS FOR REIMBURSEMENT

The following supportive documentation shall be maintained on file in accordance with the Records and Audits paragraph of the Agreement:

a. Original receipts to support payment invoices. If an original receipt is not obtainable, a copy of the receipt or justification as to why the receipt was not obtained should be retained; and

b. Copies of signed checks issued.

4. SUBMISSION OF MONTHLY INVOICES

Contractor shall, on the last day of each month, complete a One-time MHSA Expenses invoice indicating the funding source name (e.g., MHSA Wellness Centers), categories of expenses (SFC 75 or 78) and the amount spent.. All claims are to be submitted by Contractor to DMH within sixty (60) days from the month in which the expenditure occurred.

The One-time MHSA Expenses Claim form(s) (Attachment B) shall be submitted to:

County of Los Angeles – Department of Mental Health
Long Beach/South Bay Geographic Initiative
100 Oceangate Avenue, Suite 550
Long Beach, CA 90802
ATTN: Cathy Warner, District Chief, Service Area 8

5. DMH REVIEW AND APPROVAL OF INVOICES

The above-designated DMH District Chief will review monthly invoices and sign to affirm that expenditures meet established procedures for One-time Expenses Associated with Starting a New MHSA Program. Approved invoices will be forwarded to the DMH Provider Reimbursment Unit for payment.

DMH shall process all completed requests for reimbursement on a monthly basis. The judgment of DMH as to the allowability of any expenditure shall be final.

6. MONTHLY RECONCILIATION REPORT

The amount of funds allocated for one-time MHSA expenditures associated with starting a new program must have been approved by the Department prior to the expenditures. Monthly disbursements reports will be generated by the Accounting Division for the Contractors and Program staff to ensure expenditures have not been exceeded. The County shall not be liable for reimbursement of any expenses claimable hereunder in the event that Contractor exceeds its allocation or violates the terms and conditions of these procedures or the Legal Entity Agreement.

ATTACHMENT B

County of Los Angeles-Department of Mental Health-Provider Reimbursement Division
Monthly Claim for Cost Reimbursement

SPECIAL HANDLING REQUIRED

Fiscal Year 2007-2008

SPECIAL HANDLING REQUIRED

One-Time MHSA Expenses

Funding Source Name: MHSA - Wellness Centers

Legal Entity Name: **Transitional Living Centers for Los Angeles County, Inc.**
Legal Entity Mailing Address: **16119 Prairie Avenue, Lawndale, CA 90260**
Billing Month(s): _____ Contract Amendment No.: **MH120179**
Provider Number(s): **7162**

1. One-Time Costs:
   - 1.1 A. SFC 75: Non Medi-Cal Capital Assets (1.1)
     One-time Assets >$5000
   - 1.2 B. SFC 78: Other Non Medi-Cal Client Support Expenditures (1.2)
     One-time Recruitment, Training, and Equipment <$5000

2. Total Expenditures (add lines 1.1 through 1.2) (2.0)
   Less Patient & Third Party Revenues
   - 2.1 Patient Fees (2.1)
   - 2.2 Patient Insurance (2.2)
   - 2.3 Medicare (2.3)
   - 2.4 Other: (2.4)

3. Total Revenues (add lines 2.1 through 2.4) (3.)

4. Expenditures less revenues (subtract line 3 from line 2) (4.)

5. **Net Payable** (5.)

Comments: _____

NOTE: CAPITAL DEVELOPMENT PROJECTS, INCLUDING ALL FIXED ASSETS OR REAL ESTATE ACQUISITIONS PURCHASED WITHIN THE PARAMETERS OF CLIENT SUPPORTIVE SERVICES, REQUIRE THE DIRECTOR'S PRIOR APPROVAL.

I hereby certify that all information contained above are services and costs eligible under the terms and conditions for reimbursement under Client Supportive Services and is true and correct to the best of my knowledge. All supporting documentation will be maintained in a separate file for the period specified under the provisions of the Mental Health Services Agreement - Legal Entity, Paragraph 12, Subparagraph A, Section (1), Sub-sections (1)(a) and (1)(b), Section (2), Section (3), and Section (4).

Signature: _____ Phone No.: _____

Title: _____ Date: _____

LAC-DMH Program Approval:

_____ _____
Approved By (signature) Date

_____ _____
Print Name Title

DMH Amendment Summary

LEGAL ENTITY NAME: Transitiional Living Centers for L.A. County, Inc.

Contract No.: MH120179 Legal Entity No.: 00219 Amendment No. 3

LIST OF FUNDING SOURCES

(Please check all applicable funding for Amendment only.)

1	CGF	X
2	CGF - Psychiatric Emergency Services (PES) (NCC)	
3	CGF – Transitional Residential Program (NCC)	
4	SAMHSA, CFDA #93.958	
5	SAMHSA – Child Mental Health Initiative, CFDA #93.104	
6	SAMHSA – Targeted Capacity Expansion, CFDA #93.243	
7	PATH, CFDA #93.150	
8	CalWORKs – Flex Fund	
9	CalWORKs – Mental Health Services (MHS)	
10	CalWORKs – Community Outreach Services (COS)	
11	CalWORKs – Families Project – Client Support Services	
12	CalWORKs – Families Project – MHS & Targeted Case Management	
13	CalWORKs – Families Project - COS	
14	DPSS – GROW	
15	DCFS AB 2994	
16	DCFS Family Preservation	
17	DCFS Star View Life Support PHF	
18	DCFS Independent Living	
19	DCFS STOP (70%)	
20	DCFS Medical Hubs	
21	DCFS Basic MH Services Enhanced Specialized Foster Care	
22	DCFS Intensive In–Home Enhanced Specialized Foster Care	
23	DCFS – Multidisciplinary Assessment Team (MAT) – Enhanced Specialized Foster Care	
24	DCFS Basic Katie A	
25	DCFS Intensive In-Home Katie A.	
26	DCFS – Multidisciplinary Assessment Team (MAT) Katie A.	
27	DCFS - Wraparound	
28	Probation – Mentally Ill Offender Crime Reduction Program (MIOCR)	
29	Probation – Substance Abuse/Co-Occurring Disorder Services	
30	Probation – Neurobehavioral Demonstration Pilot Project	
31	Schiff-Cardenas – M.H. Screening, Assessment, and Treatment (MHSAT)	
32	Schiff-Cardenas – Multi-Systemic Therapy	
44	FFS State Allocation	
45	Mental Health Services Act (MHSA)	
46	MHSA – FSP - Child – One Time Cost	
47	MHSA – FSP -Child – Client Supportive Services (Flex Funds)	
48	MHSA – FSP - Child – Mental Health Services	
49	MHSA – FSP - TAY – One Time Cost	
50	MHSA – FSP - TAY – Client Supportive Services (Flex Funds)	
51	MHSA – FSP - TAY – Mental Health Services	
52	MHSA – FSP - Adult – One Time Cost	
53	MHSA – FSP - Adult – Client Supportive Services (Flex Funds)	
54	MHSA – FSP - Adult – Mental Health Services	
55	MHSA – FSP - Older Adult – One Time Cost	
56	MHSA – FSP - Older Adult - Client Supportive Services (Flex Funds)	
57	MHSA – FSP - Older Adult - Mental Health Services	
58	MHSA – Non FSP - Child – Integrated MH/COD Services	
59	MHSA – Non FSP - Child - Family Crisis Services – Respite Care	
60	MHSA – Non FSP - Child - One Time Cost	
61	MHSA – Non FSP - TAY –Drop-In Centers	
62	MHSA – Non FSP - TAY – Probation Camps	
63	MHSA – Non FSP - TAY – One Time Cost	
64	MHSA – Non FSP - Adult - IMD Step Down	
65	MHSA – Non FSP - Adult – Safe Haven	
66	MHSA – Non FSP - Adult – One Time Cost	
67	MHSA – Non FSP - Older Adult –Service Extenders	
68	MHSA – Non FSP - Older Adult – Training	
69	MHSA – Non FSP - Older Adult – One Time Cost	
70	MHSA – Non FSP - Cross-Cutting – Urgent Care	
71	MHSA – Non FSP - Cross-Cutting – Enriched Residential Services	
72	MHSA – Non FSP - Cross-Cutting – One Time Cost	
73	Mental Health Services Act (MHSA) – Family Supportive Services (FSS)	
74	MHSA – Wellness Centers – One Time Cost	X
75	MHSA – Wellness Centers	X

DMH Amendment Summary

LEGAL ENTITY NAME: Transitiional Living Centers for L.A. County, Inc.

Contract No.: MH120179 Legal Entity No.: 00219 Amendment No. 3

	Program (MST)	
33	Sheriff Dept – Mentally Ill Offender Crime Reduction Program (MIOCR)	
34	AB 34/AB 2034 (MHSA Conversion)	
35	ADPA AB 34/AB 2034 Housing	
36	DHS-OAPP HIV/AIDS	
37	DHS Dual Diagnosis	
38	DHS Social Model Recovery	
39	DHS LAMP	
40	HIV AIDS	
41	IDEA (AB 3632 – SEP), CFDA #84.027	
42	SB 90 (AB 3632 – SEP)	
43	AB3632 – SEP (SB 1807)	

76	MHSA – Wellness Centers - Client run	
77	Mental Health Services Act (MHSA) – AB 2034 Services	
78	MHSA – FCCS – One Time Cost	
79	MHSA – FCCS – Client Supportive Services (Flex Funds)	
80	MHSA – FCCS – Mental Health Services	
81	Mental Health Services Act (MHSA) – Jail Linkage Servcies	
82	MHSA – One Time Funding	
83	MHSA –Workforce Training	
84	MHSA –Outreach and Engagement	
85	Medi-Cal, Healthy Families, or MAA FFP	
86	SGF - EPSDT	

FUNDING SOURCE(S) (Select from Funding Sources listed above for Amendment.)
OTHER CGF
MHSA Wellness Center
MHSA Wellness Center - One-Time Only

(See Financial Summary(ies) for funding details to MCA.)

AMOUNT Increase/Decrease	**FISCAL YEAR**	**MCA**
$221,860	FY 2007-08	$1,664,318
$243,440	FY 2008-09	$1,667,600
$93,000	FY 2009-10	$1,667,600

AMENDMENT ACTION(S): **BOARD ADOPTED DATE:** _____ **EFFECTIVE DATE:** _____

For FY 2007-08 only, County and Contractor intend to amend Agreement to add MHSA Wellness Centers funds in the amount of $336,440. MHSA funds totaling $93,000 can be used to cover MHSA allowable Wellness Centers one-time costs. In addition, $221,860 will be increased to Non-Medi-Cal Plan funds – CGF. For FY 2008-09 and 2009-10, the amendment intends to add MHSA Wellness funds in the amount of $ 558,300. The name of the service delivery site located at 15342 Hawthorne Boulevard Suite 102, Lawndale, CA 90260 will change from Transitional Living Centers for L.A. County, Inc. (Provider Number 7162) to TLC Wellness Center. Furthermore, the following Non-Medi-Cal services will be added: Community Client Services (Mode 45, Service Function Code 20) at a rate of $51.70; Client Supportive Services (Mode 60, Service Function Code 64, 70-79) to Provider Number 7162. For FY 2007-08, 2008-09, and 2009-10, the total MCA will be increased by $558,300 with a revised MCA of $1,664,318, $1,667,600, $1,667,600 respectively.

New Headquarters' (HQ) Address: _____ HQ Sup. District: _____

_____ Service Area(s): _____

ADD OR DELETE SERVICE SITE(S):

Name	Address	Sup. Dist.	Svc. Area(s)	Prov. No.

Deputy Director: Debbie Innes-Gomberg Lead Manager: Cathy Warner

Revised: FY 07-08 Agreement Summary 04-01-08