



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.  
Director  
ROBIN KAY, Ph.D.,  
Chief Deputy Director  
RODERICK SHANER, M.D.  
Medical Director

# ADOPTED

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

May 05, 2015

26 May 5, 2015

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

  
PATRICK OZAWA  
ACTING EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL TO AMEND LEGAL ENTITY AGREEMENT WITH  
TARZANA TREATMENT CENTERS, INC., TO EXPAND  
MENTAL HEALTH SERVICES ACT PROGRAMS  
(SUPERVISORIAL DISTRICTS 3, 4 AND 5)  
(3 VOTES)**

**SUBJECT**

Request approval to amend an existing Legal Entity Agreement with Tarzana Treatment Centers, Inc., to expand the Mental Health Services Act Programs, by implementing Field Capable Clinical Services and Wellness Center programs to provide mental health services to individuals under the Medicaid Coverage Expansion, authorized by the Patient Protection and Affordable Care Act.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an amendment, substantially similar to Attachment I, to the existing Department of Mental Health (DMH) Legal Entity (LE) Agreement with Tarzana Treatment Centers, Inc. (Tarzana), to expand its Mental Health Services Act (MHSA) services, by implementing Field Capable Clinical Services (FCCS) and Wellness Center programs for individuals under the Medicaid Coverage Expansion (MCE). The amendment will be effective upon the Board's approval and add \$330,000 for Fiscal Year (FY) 2014-15 and add \$990,000 for each FY 2015-16 and FY 2016-17, fully funded with Federal Financial Participation (FFP) Medi-Cal revenue under the Patient Protection and Affordable Care Act (ACA). The Maximum Contract Amounts (MCAs) for FY2014-15 will be \$8,136,142 and \$7,202,980 for FYs 2015-16 and 2016-17, respectively.
2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to Tarzana's LE Agreement and establish as a new MCA, the aggregate of the original

Agreement and all amendments provided that: 1) the County's total payment to this contract provider for each fiscal year will not exceed an increase of 20 percent from the applicable MCA which the Board is being asked to approve in Recommendation 1 above; 2) any such increase will be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval of County Counsel is obtained prior to any such amendment; 5) the County and Contractor may, by written amendment, reduce programs or services without reference to the 20 percent limitation and revise the applicable MCA; 6) the Director, or his designee, notifies your Board and the Chief Executive Officer (CEO) of agreement changes in writing within 30 days after execution of each amendment.

3. Delegated authority to the Director, or his designee, to amend the DMH LE Agreements with other contract providers that provide MHSA Full Service Partnership (FSP) services to implement FCCS, on an as-needed basis, provided that: 1) the County's total payment to these contact providers for each fiscal year will not exceed an increase of 20 percent from the applicable MCA which the Board has approved each contract; 2) any such increase will be used to provide additional services or to reflect program and/or policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval of County Counsel is obtained prior to any such amendment; and 5) the Director, or his designee, notifies your Board and the CEO of agreement changes in writing within 30 days after the execution of each amendment.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Board approval of the requested actions will allow DMH to amend its LE Agreement with Tarzana for the expansion of its MHSA Program through the provision of FCCS and Wellness Center services. This expansion will enable Tarzana to offer continuity of care and care options to existing and new clients that need to transition from intense to lower levels of services and/or to recovery oriented programs.

Both programs will be fully funded by FFP Medi-Cal to serve MCE eligible clients under the ACA. MCE funding presents a unique opportunity to implement these two essential programs and fill the gap for continuity of care that will benefit existing and new clients.

Many clients who are currently served at Tarzana's intense programs such as FSP would qualify for FCCS and Wellness Center services which provide comprehensive lower levels of care. However, because Tarzana does not have the funding, it must refer these clients to other agencies, even though they would prefer to stay at the center.

Tarzana's FCCS program will provide patient centered and integrated care in field settings to clients that may face challenges in accessing mental health, medical, and substance abuse services due to physical conditions, lack of transportation or other limitations. The funding for FCCS will allow Tarzana to implement three small FCCS centers in Service Areas (SAs) 1, 2 and 8 that will serve an estimated 30 unduplicated clients annually.

The Wellness Center will offer the lowest level of care, which is essential to support clients in their recovery path and connection with community supports to attain an independent and meaningful life. Services to be provided under the Wellness Center include case management, peer support, and community connection. The funding for the Wellness Center will allow Tarzana to implement three Wellness Centers in SAs 1, 2, and 8 to serve an estimated 240 clients annually. By providing FCCS and Wellness Center services, Tarzana will reduce the burden on other agencies and ensure timely access; client centered and integrated care services under the same organization. This integrated

approach represents a great opportunity to establish health neighborhoods and integrated care which supports current DMH's efforts.

Board approval is needed to execute this amendment that will add new services to Tarzana's existing LE Agreement.

### **Implementation of Strategic Plan Goals**

The recommended actions support County's Strategic Plan Goal 3, Integrated Services Delivery.

### **FISCAL IMPACT/FINANCING**

The total cost of Tarzana's amendment is fully funded by FFP Medi-Cal revenue in the amount of \$330,000 increasing Tarzana's MCA to \$8,136,142 for FY 2014-15. Funding for Tarzana's amendment is included in DMH's FY 2014-15 Final Adopted Budget. Funding for future years will be incorporated into the budget through DMH's annual budget request process.

There is no net County cost impact associated with the recommended actions.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

On January 7, 2014 your Board approved the full implementation of the ACA, MCE. DMH has been working with its contracted agencies that provide an array of mental health services by increasing their MCAs to meet the needs of these individuals eligible for Medi-Cal due to the MCE under the ACA. Board approval will allow Tarzana to provide MHSA FCCS and Wellness Center services to an estimated 270 unduplicated additional families annually from three different SAs in Los Angeles County that are eligible for Medi-Cal coverage under the MCE. The federal government will pay 100 percent of the cost for this expansion that is authorized by ACA.

Tarzana is a nonprofit organization with its headquarters office located at 18646 Oxnard Street, Tarzana, CA 91356, Third Supervisorial District. As a multiservice agency, Tarzana has served clients who present co-occurring substance use and mental health disorders. Tarzana is a leader in delivering integrated healthcare services for Substance Use Disorders (SUD), co-occurring mental health services, and primary care in Los Angeles County that entails the following: 1) a full continuum of SUD services; 2) operating five primary medical care clinics; and 3) providing mental health services for adults, adolescents and children.

The attached amendment format (Attachment I) has been approved as to form by County Counsel. DMH clinical and administrative staff will administer and monitor the LE Agreement, evaluate programs to ensure that quality services are being provided to clients, and make certain that agreement provisions and departmental policies are followed.

In accordance with your Board Policy Manual, Section 5.120, Authority to Approve Increases to Board Approved Contract Amounts requirements, DMH notified your Board on March 30, 2015 (Attachment II), identifying and justifying the need for the requested percentage increase exceeding 10 percent.

### **CONTRACTING PROCESS**

On January 7, 2014 your Board authorized DMH to augment its LE Agreements for the MCE based

on their current services, but because Tarzana did not have these programs, DMH was not able to expand their LE Agreement. Board approval of this expansion will establish step-down services from FSP and a continuum of care to prevent unnecessary transfer of clients from one provider to another.

FCCS and Wellness Center programs were originally developed and funded with MHSA funds that were solicited under DMH's MHSA Master Agreement List. These programs are currently funded with 100 percent MCE dollars.

In order to meet existing gaps in service options and integrated care being delivered within the same LE provider, DMH intends to expand Tarzana's program options with 100 percent MCE funding for these two essential programs.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Board approval of the proposed actions will allow Tarzana to provide program options for clients transitioning from intense levels of care to recovery oriented programs while improving client care and integration of behavioral health services.

Respectfully submitted,



MARVIN J. SOUTHARD, D.S.W.

Director of Mental Health

MJS:CCS:LW:IM:jn

Enclosures

- c: Acting Executive Officer, Board of Supervisors
- Interim Chief Executive Officer
- County Counsel
- Chairperson, Mental Health Commission

CONTRACT NO. MH121161

AMENDMENT NO. 4

THIS AMENDMENT is made and entered into this \_\_\_ day of \_\_\_\_\_, 2015, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Tarzana Treatment Centers, Inc. (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated July 1, 2014, identified as County Agreement No. MH121161, as subsequently amended (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years (FYs) 2014-15, 2015-16 and 2016-17, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, County and Contractor intend to amend the Agreement to increase the Maximum Contract Amount (MCA) of the Agreement, so as to enable Contractor to expand their Mental Health Services Act (MHSA) Program through the provision of Field Capable Clinical Services (FCCS) and Wellness Center programs due to Medicaid Coverage Expansion (MCE) under the Affordable Care Act; and

WHEREAS, for FY 2014-15, County and Contractor intend to amend Agreement to add MHSA FCCS (Medi-Cal) Funded Program funds in the amount of \$50,000, and MHSA Wellness Center (Medi-Cal) Funded Program funds in the amount of \$280,000. The MCA for FY 2014-15, is increased by \$330,000 with a revised MCA of \$8,136,142; and

WHEREAS, for FYs 2015-16 and 2016-17, County and Contractor intend to amend Agreement to add MHSA FCCS (Medi-Cal) Funded Program funds in the amount of \$150,000 and MHSA Wellness Center (Medi-Cal) Funded Program funds in

the amount of \$840,000. The MCAs for FYs 2015-16 and 2016-17, are to be increased by \$990,000 for each fiscal year; the revised MCAs are \$7,202,980 and \$7,202,980, respectively.

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

1. For FY 2014-15, MHSA FCCS (Medi-Cal) Funded Program funds are increased by \$50,000; and MHSA Wellness Center (Medi-Cal) Funded Program funds are increased in the amount of \$280,000 for a total increase of \$330,000 to the MCA to allow Contractor to provide services under the MHSA FCCS and Wellness programs due to MCE under the Affordable Care Act. For FY 2014-15, the revised MCA is \$8,136,142.
2. For FYs 2015-16 and 2016-17, MHSA FCCS (Medi-Cal) Funded Program funds are increased by \$150,000; and MHSA Wellness Center Medi-Cal Funded Program funds are increased in the amount of \$840,000 for a total increase of \$990,000. The MCA is increased by \$990,000 for each year, and the revised MCAs are \$7,202,980 and \$7,202,980, respectively.
3. Financial Exhibit A (FINANCIAL PROVISIONS), Attachment II, Paragraphs C (REIMBURSEMENT FOR INITIAL PERIOD) and D (1) and (2) (REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED) shall be deleted in their entirety and the following substituted therefor:

“C. REIMBURSEMENT FOR FIRST AUTOMATIC RENEWAL PERIOD

- (1) The Maximum Contract Amount for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed EIGHT MILLION ONE

HUNDRED THIRTY-SIX THOUSAND ONE HUNDRED FORTY-TWO DOLLARS (\$8,136,142) and shall consist of Funded Programs as shown on the Financial Summary

D. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED

(1) Reimbursement for the First Automatic Renewal Period: The MCA for the First Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed SEVEN MILLION TWO HUNDRED TWO THOUSAND NINE HUNDRED EIGHTY DOLLARS (\$7,202,980) and shall consist of Funded Programs as shown on the Financial Summary.

(2) Reimbursement for Second Automatic Renewal Period: The MCA for the Second Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) of the DMH Legal Entity Agreement shall not exceed SEVEN MILLION TWO HUNDRED TWO THOUSAND NINE HUNDRED EIGHTY DOLLARS (\$7,202,980) and shall consist of Funded Programs as shown on the Financial Summary."

4. Financial Summary (Attachment III) - 3 for FY 2014-15, shall be deleted in its entirety and replaced with Financial Summary (Attachment III) - 4 for FY 2014-15 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary (Attachment III) - 3 for FY 2014-15, shall be deemed amended to state "Financial Summary (Attachment III) - 4 for FY 2014-15."
5. Financial Summary (Attachment III) – 3 for FY 2015-16, shall be deleted in its entirety and replaced with Financial Summary (Attachment III) - 4 for FY 2015-16

attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary (Attachment III) – 3 for FY 2015-16, shall be deemed amended to state “Financial Summary (Attachment III) - 4 for FY 2015-16.”

6. Financial Summary (Attachment III) – 3 for FY 2016-17, shall be deleted in its entirety and replaced with Financial Summary (Attachment III) - 4 for FY 2016-17 attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary (Attachment III) – 3 for FY 2016-17, shall be deemed amended to state “Financial Summary (Attachment III) - 4 for FY 2016-17.”
7. Attachment IV, Service Delivery Site Exhibit – 3, shall be deleted in its entirety and replaced with revised Attachment IV, Service Delivery Exhibit - 4 attached hereto and incorporated herein by reference. All references in Agreement to Attachment IV, Service Delivery Site Exhibit – 3, shall be deemed amended to state “Attachment IV, Service Delivery Site Exhibit - 4.”
8. Attachment V, Service Exhibits (Listing) – 3, shall be deleted in its entirety and replaced with revised Attachment V, Service Exhibits (Listing) - 4, attached hereto and incorporated herein by reference. All references in Agreement to Attachment V, Service Exhibits (Listing) – 3, shall be deemed amended to state “Attachment V, Service Exhibits - 4.”
9. Service Exhibit No. 1079 – CLIENT SUPPORTIVE SERVICES FIELD CAPABLE CLINICAL SERVICES (FCCS) MENTAL HEALTH SERVICES ACT PROGRAMS shall be added to Agreement attached hereto and incorporated herein by reference.



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

COUNTY OF LOS ANGELES

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

Tarzana Treatment Centers, Inc.  
CONTRACTOR

By \_\_\_\_\_

Name Albert M. Senella

Title Chief Operations Officer  
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM:  
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT  
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By \_\_\_\_\_  
Chief, Contracts Development  
and Administration Division

**Financial Summary - Attachment III**

Contractor Name: Tarzana Treatment Centers, Inc.  
 Agreement Number: MH121161  
 Agreement Period: July 1, 2013 through June 30, 2017

Financial Summary:  
 Amendment No.: 4  
 Amendment Date:

LE Number: 01156  
 Fiscal Year: 2014-15

| A                                    | B   | C  | D                                | E                 | F                             |
|--------------------------------------|---|--|----------------------------------|-------------------|-------------------------------|
| Rank                                 | Funded Programs   | Medi-Cal Reimbursable (Y/N) <sup>1</sup> | Authorization (P/M) <sup>2</sup> | Local Match Funds | Funded Program Amount (Gross) |
| <b>Categorically Funded Programs</b> |   |  |                                  |                   |                               |
| 100N                                 | Family Preservation Program   | N  | P                                | -                 | -                             |
| 130N                                 | Specialized Foster Care - DCFS MAT Non-Medi-Cal (Non-MC)                | N  | P                                | -                 | 72,500                        |
| 130.1M                               | Specialized Foster Care Enhanced Mental Health Svcs Medi-Cal (MC)       | Y  | P                                | -                 | -                             |
| 130.2M                               | Specialized Foster Care MAT MC  | Y  | P                                | 18,898            | 277,500                       |
| 130.4M                               | Specialized Foster Care TFC MC  | Y  | P                                | -                 | -                             |
| 130.3M                               | Specialized Foster Care Wraparound MC                                   | Y  | P                                | 95,442            | 1,401,504                     |
| 300N                                 | DCFS Medical Hub Non-MC   | N  | P                                | -                 | -                             |
| 301M                                 | DCFS PHF MC   | Y  | P                                | -                 | -                             |
| 302N                                 | DCFS Independent Living Non-MC  | N  | P                                | -                 | -                             |
| 304M                                 | DCFS 2011 Realignment MC  | Y  | P                                | -                 | -                             |
| 131N                                 | Group Home Aftercare Services Non-MC                                    | N  | P                                | -                 | -                             |
| 131M                                 | Group Home Aftercare Services MC  | Y  | P                                | -                 | -                             |
| 132N                                 | First 5 Non-MC  | N  | P                                | -                 | -                             |
|                                      | First 5 Invoice   | N  | P                                | -                 | -                             |
| 132M                                 | First 5 MC  | Y  | P                                | -                 | -                             |
| 140N                                 | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC                 | N  | P                                | -                 | -                             |
|                                      | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice                | N  | P                                | -                 | -                             |
| 142N                                 | Family Wellness Network (SAMHSA, CFDA #93.243) Non-MC                   | N  | P                                | -                 | -                             |
| 150N                                 | Juvenile Justice Program (STOP) Non-MC                                  | N  | P                                | -                 | -                             |
| 151N                                 | Juvenile Justice Program (JJCPA-MHSAT) Non-MC                           | N  | P                                | -                 | -                             |
| 152N                                 | Juvenile Justice Program (JJCPA - MST) Non-MC                           | N  | P                                | -                 | -                             |
| 153N                                 | Juvenile Justice Program (COD) Non-MC                                   | N  | P                                | -                 | -                             |
| 154N                                 | Juvenile Justice Program (FFT) Non-MC                                   | N  | P                                | -                 | -                             |
| 154M                                 | Juvenile Justice Program (FFT) MC                                       | Y  | P                                | -                 | -                             |
| 320N                                 | Juvenile Justice Program/Title IV-E MST Non-MC                          | N  | P                                | -                 | -                             |
| 320M                                 | Juvenile Justice Program/Title IV-E MST MC                              | Y  | P                                | -                 | -                             |
| 160N                                 | PATH McKinney, CFDA #93.150 Non-MC                                      | N  | P                                | -                 | -                             |
| 170N                                 | Homeless Services Non-MC  | N  | P                                | -                 | -                             |
|                                      | Homeless Services Invoice   | N  | P                                | -                 | -                             |
| 170M                                 | Homeless Services MC  | Y  | P                                | -                 | -                             |
| 180N                                 | CalWORKs MHS Non-MC   | N  | P                                | -                 | -                             |
|                                      | CalWORKs Homeless Family Project Non-MC                                 | N  | P                                | -                 | -                             |
| 181N                                 | CalWORKs Homeless Family Project Invoice                                | N  | P                                | -                 | -                             |
| 182N                                 | GROW Non-MC   | N  | P                                | -                 | -                             |
| 171N                                 | Post-Release Community Supervision-Community Reintegration Prog Non-MC  | N  | P                                | -                 | 965,118                       |
|                                      | Post-Release Community Supervision-Community Reintegration Prog Invoice | N  | P                                | -                 | -                             |
| 171M                                 | Post-Release Community Supervision-Community Reintegration Prog MC      | Y  | P                                | 110,000           | 919,097                       |
| 310N                                 | DPH Dual Diagnosis Non-MC   | N  | P                                | -                 | -                             |
| 330N                                 | Other Employment Services/CCJCC Non-MC                                  | N  | P                                | -                 | -                             |
| 350N                                 | DCSS Forensic Center Services Non-MC                                    | N  | P                                | -                 | -                             |
| <b>Federal/State Revenue</b>         |   |  |                                  |                   |                               |
| 360M                                 | Federal/State Revenue MC  | Y  | P                                | -                 | -                             |
| <b>CGF Funded Programs</b>           |   |  |                                  |                   |                               |
| 400N                                 | DMH Mental Health Services (CGF) Non-MC                                 | N  | P                                | -                 | -                             |
|                                      | DMH Mental Health Services (CGF) Invoice                                | N  | P                                | -                 | -                             |
| 400M                                 | DMH Mental Health Services (CGF) MC                                     | Y  | P                                | 26,398            | 387,640                       |
| 190N                                 | PES Relief Plan Non-MC  | N  | P                                | -                 | -                             |
|                                      | PES Relief Plan Invoice   | N  | P                                | -                 | -                             |
| 190M                                 | PES Relief Plan MC  | Y  | P                                | -                 | -                             |
| 340N                                 | CGF IMD Step Down Non-MC  | N  | P                                | -                 | -                             |
|                                      | CGF IMD Step Down Non-MC Invoice  | N  | P                                | -                 | -                             |
| 340M                                 | CGF IMD Step Down MC  | Y  | P                                | -                 | -                             |
| <b>MHSA Funded Programs</b>          |   |  |                                  |                   |                               |
| 500N                                 | MHSA Full Service Partnership Non-MC                                    | N  | P/M                              | -                 | 214,733                       |
|                                      | MHSA Full Service Partnership Invoice                                   | N  | P/M                              | -                 | 186,247                       |
| 500M                                 | MHSA Full Service Partnership MC  | Y  | P/M                              | 265,278           | 695,588                       |
| 501N                                 | MHSA Family Support Services Non-MC                                     | N  | P                                | -                 | -                             |
|                                      | MHSA Family Support Services Invoice                                    | N  | P                                | -                 | -                             |
| 502M                                 | MHSA Full Service Partnership Wraparound MC                             | Y  | P/M                              | -                 | -                             |
| 510N                                 | MHSA Field Capable Clinical Services Non-MC                             | N  | P                                | -                 | -                             |
|                                      | MHSA Field Capable Clinical Services Invoice                            | N  | P                                | -                 | -                             |
| 510M                                 | MHSA Field Capable Clinical Services MC                                 | Y  | P                                | -                 | 50,000                        |
| 520N                                 | MHSA Wellness Center Non-MC   | N  | P                                | -                 | -                             |
|                                      | MHSA Wellness Center Invoice  | N  | P                                | -                 | -                             |
| 520M                                 | MHSA Wellness Center MC   | Y  | P                                | -                 | 280,000                       |
| 530.1N                               | MHSA Enriched Residential Services Non-MC                               | N  | P                                | -                 | -                             |
|                                      | MHSA Enriched Residential Services Invoice                              | N  | P                                | -                 | -                             |
| 530.1M                               | MHSA Enriched Residential Services MC                                   | Y  | P                                | -                 | -                             |
| 530.2N                               | MHSA Urgent Care Center Non-MC  | N  | P                                | -                 | -                             |
|                                      | MHSA Urgent Care Center Invoice   | N  | P                                | -                 | -                             |
| 530.2M                               | MHSA Urgent Care Center MC  | Y  | P                                | -                 | -                             |

**Financial Summary - Attachment III**

Contractor Name: Tarzana Treatment Centers, Inc.  
 Agreement Number: MH121161  
 Agreement Period: July 1, 2013 through June 30, 2017

Financial Summary: LE Number: 01156  
 Amendment No.: 4 Fiscal Year: 2014-15  
 Amendment Date:

| A                                    | B   | C  | D                                | E                 | F                             |
|--------------------------------------|---|--|----------------------------------|-------------------|-------------------------------|
| Rank                                 | Funded Programs                               | Medi-Cal Reimbursable (Y/N) <sup>1</sup> | Authorization (P/M) <sup>2</sup> | Local Match Funds | Funded Program Amount (Gross) |
| <b>Categorically Funded Programs</b> |   |  |                                  |                   |                               |
| 540N                                 | MHSA IMD Step Down Non-MC                     | N  | P                                |                   | -                             |
|                                      | MHSA IMD Step Down Invoice                    | N  | P                                |                   | -                             |
| 540M                                 | MHSA IMD Step Down MC                         | Y  | P                                | -                 | -                             |
| 800N                                 | MHSA Probation Camp Program Non-MC            | N  | P                                |                   | -                             |
| 810N                                 | MHSA Jail Transition & Linkage Non-MC         | N  | P                                |                   | -                             |
| 820N                                 | MHSA Planning, Outreach, & Engagement Non-MC  | N  | P                                |                   | -                             |
|                                      | MHSA Planning, Outreach, & Engagement Invoice | N  | P                                |                   | -                             |
| 830N                                 | MHSA Capital Facility Invoice                 | N  | P                                |                   | -                             |
| 600N                                 | MHSA Prevention & Early Intervention Non-MC   | N  | P                                |                   | 76,317                        |
|                                      | MHSA Prevention & Early Intervention Invoice  | N  | P                                |                   | 19,265                        |
| 600M                                 | MHSA Prevention & Early Intervention MC       | Y  | P                                | 47,177            | 1,194,431                     |
| 700.1N                               | MHSA Innovation IMHT Non-MC                   | N  | P                                |                   | -                             |
|                                      | MHSA Innovation IMHT Invoice                  | N  | P                                |                   | -                             |
| 700.1M                               | MHSA Innovation IMHT MC                       | Y  | P                                | -                 | -                             |
| 700.2N                               | MHSA Innovation ISM Non-MC                    | N  | P                                |                   | 721,734                       |
|                                      | MHSA Innovation ISM Invoice                   | N  | P                                |                   | 177,284                       |
| 700.2M                               | MHSA Innovation ISM MC                        | Y  | P                                | 153,796           | 497,184                       |
| 700.3N                               | MHSA Innovation ICM Non-MC                    | N  | P                                |                   | -                             |
|                                      | MHSA Innovation ICM Invoice                   | N  | P                                |                   | -                             |
| 700.3M                               | MHSA Innovation ICM MC                        | Y  | P                                | -                 | -                             |
| 700.4N                               | MHSA Innovation IPRM Non-MC                   | N  | P                                |                   | -                             |
|                                      | MHSA Innovation IPRM Invoice                  | N  | P                                |                   | -                             |
| <b>Maximum contract Amount</b>       |   |  |                                  |                   | <b>\$ 8,136,142</b>           |

<sup>1</sup>Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations. <sup>2</sup>P: Provider Authorization; M: Member Authorization

**Financial Summary**

Contractor Name: Tarzana Treatment Centers, Inc.  
 Agreement Number: MH121161  
 Agreement Period: July 1, 2014 through June 30, 2017

Financial Summary:  
 Amendment No.: 4  
 Amendment Data:

LE Number: 01156  
 Fiscal Year: 2015-16

| A                                    | B   | C                           | D                   | E                 | F                             |
|--------------------------------------|---|-----------------------------|---------------------|-------------------|-------------------------------|
| Rank                                 | Funded Programs   | Medi-Cal Reimbursable (Y/N) | Authorization (P/M) | Local Match Funds | Funded Program Amount (Gross) |
| <b>Categorically Funded Programs</b> |   |                             |                     |                   |                               |
| 100N                                 | Family Preservation Program   | N                           | P                   | -                 | -                             |
| 130N                                 | Specialized Foster Care - DCFS MAT Non-Medi-Cal (Non-MC)                | N                           | P                   | -                 | 72,500                        |
| 130.1M                               | Specialized Foster Care Enhanced Mental Health Svcs Medi-Cal (MC)       | Y                           | P                   | -                 | -                             |
| 130.2M                               | Specialized Foster Care MAT MC  | Y                           | P                   | 18,898            | 277,500                       |
| 130.4M                               | Specialized Foster Care TFC MC  | Y                           | P                   | -                 | -                             |
| 130.3M                               | Specialized Foster Care Wraparound MC                                   | Y                           | P                   | 79,535            | 1,167,920                     |
| 300N                                 | DCFS Medical Hub Non-MC   | N                           | P                   | -                 | -                             |
| 301M                                 | DCFS PHF MC   | Y                           | P                   | -                 | -                             |
| 302N                                 | DCFS Independent Living Non-MC  | N                           | P                   | -                 | -                             |
| 304M                                 | DCFS 2011 Realignment MC  | Y                           | P                   | -                 | -                             |
| 131N                                 | Group Home Aftercare Services Non-MC                                    | N                           | P                   | -                 | -                             |
| 131M                                 | Group Home Aftercare Services MC  | Y                           | P                   | -                 | -                             |
| 132N                                 | First 5 Non-MC  | N                           | P                   | -                 | -                             |
|                                      | First 5 Invoice   | N                           | P                   | -                 | -                             |
| 132M                                 | First 5 MC  | Y                           | P                   | -                 | -                             |
| 140N                                 | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC                 | N                           | P                   | -                 | -                             |
|                                      | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice                | N                           | P                   | -                 | -                             |
| 142N                                 | Family Wellness Network (SAMHSA, CFDA #93.243) Non-MC                   | N                           | P                   | -                 | -                             |
| 140N                                 | Juvenile Justice Program (STOP) Non-MC                                  | N                           | P                   | -                 | -                             |
| 151N                                 | Juvenile Justice Program (JJCPA-MHSAT) Non-MC                           | N                           | P                   | -                 | -                             |
| 152N                                 | Juvenile Justice Program (JJCPA - MST) Non-MC                           | N                           | P                   | -                 | -                             |
| 153N                                 | Juvenile Justice Program (COD) Non-MC                                   | N                           | P                   | -                 | -                             |
| 154N                                 | Juvenile Justice Program (FFT) Non-MC                                   | N                           | P                   | -                 | -                             |
| 154M                                 | Juvenile Justice Program (FFT) MC                                       | Y                           | P                   | -                 | -                             |
| 320N                                 | Juvenile Justice Program/Title IV-E MST Non-MC                          | N                           | P                   | -                 | -                             |
| 320M                                 | Juvenile Justice Program/Title IV-E MST MC                              | Y                           | P                   | -                 | -                             |
| 160N                                 | PATH McKinney, CFDA #93.150 Non-MC                                      | N                           | P                   | -                 | -                             |
| 170N                                 | Homeless Services Non-MC  | N                           | P                   | -                 | -                             |
|                                      | Homeless Services Invoice   | N                           | P                   | -                 | -                             |
| 170M                                 | Homeless Services MC  | Y                           | P                   | -                 | -                             |
| 180N                                 | CalWORKs MHS Non-MC   | N                           | P                   | -                 | -                             |
|                                      | CalWORKs Homeless Family Project Non-MC                                 | N                           | P                   | -                 | -                             |
| 181N                                 | CalWORKs Homeless Family Project Invoice                                | N                           | P                   | -                 | -                             |
| 182N                                 | GROW Non-MC   | N                           | P                   | -                 | -                             |
| 171N                                 | Post-Release Community Supervision-Community Reintegration Prog Non-MC  | N                           | P                   | -                 | 965,118                       |
|                                      | Post-Release Community Supervision-Community Reintegration Prog Invoice | N                           | P                   | -                 | -                             |
| 171M                                 | Post-Release Community Supervision-Community Reintegration Prog MC      | Y                           | P                   | 110,000           | 919,097                       |
| 310N                                 | DPH Dual Diagnosis Non-MC   | N                           | P                   | -                 | -                             |
| 330N                                 | Other Employment Services/CCJCC Non-MC                                  | N                           | P                   | -                 | -                             |
| 350N                                 | DCSS Forensic Center Services Non-MC                                    | N                           | P                   | -                 | -                             |
| <b>Federal/State Revenue</b>         |   |                             |                     |                   |                               |
| 360M                                 | Federal/State Revenue MC  | Y                           | P                   | -                 | -                             |
| <b>CGF Funded Programs</b>           |   |                             |                     |                   |                               |
| 400N                                 | DMH Mental Health Services (CGF) Non-MC                                 | N                           | P                   | -                 | -                             |
|                                      | DMH Mental Health Services (CGF) Invoice                                | N                           | P                   | -                 | -                             |
| 400M                                 | DMH Mental Health Services (CGF) MC                                     | Y                           | P                   | 26,398            | 387,640                       |
| 190N                                 | PES Relief Plan Non-MC  | N                           | P                   | -                 | -                             |
|                                      | PES Relief Plan Invoice   | N                           | P                   | -                 | -                             |
| 190M                                 | PES Relief Plan MC  | Y                           | P                   | -                 | -                             |
| 340N                                 | CGF IMD Step Down Non-MC  | N                           | P                   | -                 | -                             |
|                                      | CGF IMD Step Down Non-MC Invoice  | N                           | P                   | -                 | -                             |
| 340M                                 | CGF IMD Step Down MC  | Y                           | P                   | -                 | -                             |
| 500N                                 | MHSA Full Service Partnership Non-MC                                    | N                           | P/M                 | -                 | 237,400                       |
|                                      | MHSA Full Service Partnership Invoice                                   | N                           | P/M                 | -                 | 206,240                       |
| 500M                                 | MHSA Full Service Partnership MC  | Y                           | P/M                 | 281,278           | 759,588                       |
| 501N                                 | MHSA Family Support Services Non-MC                                     | N                           | P                   | -                 | -                             |
|                                      | MHSA Family Support Services Invoice                                    | N                           | P                   | -                 | -                             |
| 502M                                 | MHSA Full Service Partnership Wraparound MC                             | Y                           | P/M                 | -                 | -                             |
| 510N                                 | MHSA Field Capable Clinical Services Non-MC                             | N                           | P                   | -                 | -                             |
|                                      | MHSA Field Capable Clinical Services Invoice                            | N                           | P                   | -                 | -                             |
| 510M                                 | MHSA Field Capable Clinical Services MC                                 | Y                           | P                   | -                 | 150,000                       |
| 520N                                 | MHSA Wellness Center Non-MC   | N                           | P                   | -                 | -                             |
|                                      | MHSA Wellness Center Invoice  | N                           | P                   | -                 | -                             |
| 520M                                 | MHSA Wellness Center MC   | Y                           | P                   | -                 | 840,000                       |
| 530.1N                               | MHSA Enriched Residential Services Non-MC                               | N                           | P                   | -                 | -                             |
|                                      | MHSA Enriched Residential Services Invoice                              | N                           | P                   | -                 | -                             |
| 530.1M                               | MHSA Enriched Residential Services MC                                   | Y                           | P                   | -                 | -                             |
| 530.2N                               | MHSA Urgent Care Center Non-MC  | N                           | P                   | -                 | -                             |
|                                      | MHSA Urgent Care Center Invoice   | N                           | P                   | -                 | -                             |
| 530.2M                               | MHSA Urgent Care Center MC  | Y                           | P                   | -                 | -                             |

|                                |   |   |   |        |                     |
|--------------------------------|---|---|---|--------|---------------------|
| 540N                           | MHSA IMD Step Down Non-MC                     | N | P |        | -                   |
|                                | MHSA IMD Step Down Invoice                    | N | P |        | -                   |
| 540M                           | MHSA IMD Step Down MC                         | Y | P | -      | -                   |
| 800N                           | MHSA Probation Camp Program Non-MC            | N | P |        | -                   |
| 810N                           | MHSA Jail Transition & Linkage Non-MC         | N | P |        | -                   |
| 820N                           | MHSA Planning, Outreach, & Engagement Non-MC  | N | P |        | -                   |
|                                | MHSA Planning, Outreach, & Engagement Invoice | N | P |        | -                   |
| 830N                           | MHSA Capital Facility Invoice                 | N | P |        | -                   |
| 600N                           | MHSA Prevention & Early Intervention Non-MC   | N | P |        | 6,281               |
|                                | MHSA Prevention & Early Intervention Invoice  | N | P |        | 19,265              |
| 600M                           | MHSA Prevention & Early Intervention MC       | Y | P | 47,177 | 1,194,431           |
| 700.1N                         | MHSA Innovation IMHT Non-MC                   | N | P |        | -                   |
|                                | MHSA Innovation IMHT Invoice                  | N | P |        | -                   |
| 700.1M                         | MHSA Innovation IMHT MC                       | Y | P | -      | -                   |
| 700.2N                         | MHSA Innovation ISM Non-MC                    | N | P |        | -                   |
|                                | MHSA Innovation ISM Invoice                   | N | P |        | -                   |
| 700.2M                         | MHSA Innovation ISM MC                        | Y | P | -      | -                   |
| 700.3N                         | MHSA Innovation ICM Non-MC                    | N | P |        | -                   |
|                                | MHSA Innovation ICM Invoice                   | N | P |        | -                   |
| 700.3M                         | MHSA Innovation ICM MC                        | Y | P | -      | -                   |
| 700.4N                         | MHSA Innovation IPRM Non-MC                   | N | P |        | -                   |
|                                | MHSA Innovation IPRM Invoice                  | N | P |        | -                   |
| <b>Maximum contract Amount</b> |   |   |   |        | <b>\$ 7,202,980</b> |

<sup>1</sup>Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations. <sup>2</sup>P: Provider Authorization; M: Member Authorization

V1/15/14

**Financial Summary**

Contractor Name: Tarzana Treatment Centers, Inc.  
 Agreement Number: MH121161  
 Agreement Period: July 1, 2014 through June 30, 2017

Financial Summary:  
 Amendment No.: 4  
 Amendment Date:

LE Number: 01156  
 Fiscal Year: 2016-17

| A                                    | B   | C                           | D                   | E                 | F                             |
|--------------------------------------|---|-----------------------------|---------------------|-------------------|-------------------------------|
| Rank                                 | Funded Programs   | Medi-Cal Reimbursable (Y/N) | Authorization (P/M) | Local Match Funds | Funded Program Amount (Gross) |
| <b>Categorically Funded Programs</b> |   |                             |                     |                   |                               |
| 100N                                 | Family Preservation Program   | N                           | P                   | -                 | -                             |
| 130N                                 | Specialized Foster Care - DCFS MAT Non-Medi-Cal (Non-MC)                | N                           | P                   | -                 | 72,500                        |
| 130.1M                               | Specialized Foster Care Enhanced Mental Health Svcs Medi-Cal (MC)       | Y                           | P                   | -                 | -                             |
| 130.2M                               | Specialized Foster Care MAT MC  | Y                           | P                   | 18,898            | 277,500                       |
| 130.4M                               | Specialized Foster Care TFC MC  | Y                           | P                   | -                 | -                             |
| 130.3M                               | Specialized Foster Care Wraparound MC                                   | Y                           | P                   | 79,535            | 1,167,920                     |
| 300N                                 | DCFS Medical Hub Non-MC   | N                           | P                   | -                 | -                             |
| 301M                                 | DCFS PHF MC   | Y                           | P                   | -                 | -                             |
| 302N                                 | DCFS Independent Living Non-MC  | N                           | P                   | -                 | -                             |
| 304M                                 | DCFS 2011 Realignment MC  | Y                           | P                   | -                 | -                             |
| 131N                                 | Group Home Aftercare Services Non-MC                                    | N                           | P                   | -                 | -                             |
| 131M                                 | Group Home Aftercare Services MC  | Y                           | P                   | -                 | -                             |
| 132N                                 | First 5 Non-MC  | N                           | P                   | -                 | -                             |
|                                      | First 5 Invoice   | N                           | P                   | -                 | -                             |
| 132M                                 | First 5 MC  | Y                           | P                   | -                 | -                             |
| 140N                                 | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Non-MC                 | N                           | P                   | -                 | -                             |
|                                      | Comprehensive SOC Program (SAMHSA, CFDA #93.958) Invoice                | N                           | P                   | -                 | -                             |
| 142N                                 | Family Wellness Network (SAMHSA, CFDA #93.243) Non-MC                   | N                           | P                   | -                 | -                             |
| 150N                                 | Juvenile Justice Program (STOP) Non-MC                                  | N                           | P                   | -                 | -                             |
| 151N                                 | Juvenile Justice Program (JJCPA-MHSAT) Non-MC                           | N                           | P                   | -                 | -                             |
| 152N                                 | Juvenile Justice Program (JJCPA - MST) Non-MC                           | N                           | P                   | -                 | -                             |
| 153N                                 | Juvenile Justice Program (COD) Non-MC                                   | N                           | P                   | -                 | -                             |
| 154N                                 | Juvenile Justice Program (FFT) Non-MC                                   | N                           | P                   | -                 | -                             |
| 154M                                 | Juvenile Justice Program (FFT) MC                                       | Y                           | P                   | -                 | -                             |
| 320N                                 | Juvenile Justice Program/Title IV-E MST Non-MC                          | N                           | P                   | -                 | -                             |
| 320M                                 | Juvenile Justice Program/Title IV-E MST MC                              | Y                           | P                   | -                 | -                             |
| 160N                                 | PATH McKinney, CFDA #93.150 Non-MC                                      | N                           | P                   | -                 | -                             |
| 170N                                 | Homeless Services Non-MC  | N                           | P                   | -                 | -                             |
|                                      | Homeless Services Invoice   | N                           | P                   | -                 | -                             |
| 170M                                 | Homeless Services MC  | Y                           | P                   | -                 | -                             |
| 180N                                 | CalWORKs MHS Non-MC   | N                           | P                   | -                 | -                             |
|                                      | CalWORKs Homeless Family Project Non-MC                                 | N                           | P                   | -                 | -                             |
| 181N                                 | CalWORKs Homeless Family Project Invoice                                | N                           | P                   | -                 | -                             |
| 182N                                 | GROW Non-MC   | N                           | P                   | -                 | -                             |
| 171N                                 | Post-Release Community Supervision-Community Reintegration Prog Non-MC  | N                           | P                   | -                 | 965,118                       |
|                                      | Post-Release Community Supervision-Community Reintegration Prog Invoice | N                           | P                   | -                 | -                             |
| 171M                                 | Post-Release Community Supervision-Community Reintegration Prog MC      | Y                           | P                   | 110,000           | 919,097                       |
| 310N                                 | DPH Dual Diagnosis Non-MC   | N                           | P                   | -                 | -                             |
| 330N                                 | Other Employment Services/CCJCC Non-MC                                  | N                           | P                   | -                 | -                             |
| 350N                                 | DCSS Forensic Center Services Non-MC                                    | N                           | P                   | -                 | -                             |
| <b>Federal/State Revenue</b>         |   |                             |                     |                   |                               |
| 360M                                 | Federal/State Revenue MC  | Y                           | P                   | -                 | -                             |
| <b>CGF Funded Programs</b>           |   |                             |                     |                   |                               |
| 400N                                 | DMH Mental Health Services (CGF) Non-MC                                 | N                           | P                   | -                 | -                             |
|                                      | DMH Mental Health Services (CGF) Invoice                                | N                           | P                   | -                 | -                             |
| 400M                                 | DMH Mental Health Services (CGF) MC                                     | Y                           | P                   | 26,398            | 387,640                       |
| 190N                                 | PES Relief Plan Non-MC  | N                           | P                   | -                 | -                             |
|                                      | PES Relief Plan Invoice   | N                           | P                   | -                 | -                             |
| 190M                                 | PES Relief Plan MC  | Y                           | P                   | -                 | -                             |
| 340N                                 | CGF IMD Step Down Non-MC  | N                           | P                   | -                 | -                             |
|                                      | CGF IMD Step Down Non-MC  | N                           | P                   | -                 | -                             |
| 340M                                 | CGF IMD Step Down MC  | Y                           | P                   | -                 | -                             |
| <b>MHSA Full Service Programs</b>    |   |                             |                     |                   |                               |
| 500N                                 | MHSA Full Service Partnership Non-MC                                    | N                           | P/M                 | -                 | 237,400                       |
|                                      | MHSA Full Service Partnership Invoice                                   | N                           | P/M                 | -                 | 206,240                       |
| 500M                                 | MHSA Full Service Partnership MC  | Y                           | P/M                 | 281,278           | 759,588                       |
| 501N                                 | MHSA Family Support Services Non-MC                                     | N                           | P                   | -                 | -                             |
|                                      | MHSA Family Support Services Invoice                                    | N                           | P                   | -                 | -                             |
| 502M                                 | MHSA Full Service Partnership Wraparound MC                             | Y                           | P/M                 | -                 | -                             |
| 510N                                 | MHSA Field Capable Clinical Services Non-MC                             | N                           | P                   | -                 | -                             |
|                                      | MHSA Field Capable Clinical Services Invoice                            | N                           | P                   | -                 | -                             |
| 510M                                 | MHSA Field Capable Clinical Services MC                                 | Y                           | P                   | -                 | 150,000                       |
| 520N                                 | MHSA Wellness Center Non-MC   | N                           | P                   | -                 | -                             |
|                                      | MHSA Wellness Center Invoice  | N                           | P                   | -                 | -                             |
| 520M                                 | MHSA Wellness Center MC   | Y                           | P                   | -                 | 840,000                       |
| 530.1N                               | MHSA Enriched Residential Services Non-MC                               | N                           | P                   | -                 | -                             |
|                                      | MHSA Enriched Residential Services Invoice                              | N                           | P                   | -                 | -                             |
| 530.1M                               | MHSA Enriched Residential Services MC                                   | Y                           | P                   | -                 | -                             |
| 530.2N                               | MHSA Urgent Care Center Non-MC  | N                           | P                   | -                 | -                             |
|                                      | MHSA Urgent Care Center Invoice   | N                           | P                   | -                 | -                             |
| 530.2M                               | MHSA Urgent Care Center MC  | Y                           | P                   | -                 | -                             |

|                                |   |   |   |        |                     |
|--------------------------------|---|---|---|--------|---------------------|
| 540N                           | MHSA IMD Step Down Non-MC                     | N | P |        | -                   |
|                                | MHSA IMD Step Down Invoice                    | N | P |        | -                   |
| 540M                           | MHSA IMD Step Down MC                         | Y | P | -      | -                   |
| 800N                           | MHSA Probation Camp Program Non-MC            | N | P |        | -                   |
| 810N                           | MHSA Jail Transition & Linkage Non-MC         | N | P |        | -                   |
| 820N                           | MHSA Planning, Outreach, & Engagement Non-MC  | N | P |        | -                   |
|                                | MHSA Planning, Outreach, & Engagement Invoice | N | P |        | -                   |
| 830N                           | MHSA Capital Facility Invoice                 | N | P |        | -                   |
| 600N                           | MHSA Prevention & Early Intervention Non-MC   | N | P |        | 6,281               |
|                                | MHSA Prevention & Early Intervention Invoice  | N | P |        | 19,265              |
| 600M                           | MHSA Prevention & Early Intervention MC       | Y | P | 47,177 | 1,194,431           |
| 700.1N                         | MHSA Innovation IMHT Non-MC                   | N | P |        | -                   |
|                                | MHSA Innovation IMHT Invoice                  | N | P |        | -                   |
| 700.1M                         | MHSA Innovation IMHT MC                       | Y | P | -      | -                   |
| 700.2N                         | MHSA Innovation ISM Non-MC                    | N | P |        | -                   |
|                                | MHSA Innovation ISM Invoice                   | N | P |        | -                   |
| 700.2M                         | MHSA Innovation ISM MC                        | Y | P | -      | -                   |
| 700.3N                         | MHSA Innovation ICM Non-MC                    | N | P |        | -                   |
|                                | MHSA Innovation ICM Invoice                   | N | P |        | -                   |
| 700.3M                         | MHSA Innovation ICM MC                        | Y | P | -      | -                   |
| 700.4N                         | MHSA Innovation IPRM Non-MC                   | N | P |        | -                   |
|                                | MHSA Innovation IPRM Invoice                  | N | P |        | -                   |
| <b>Maximum contract Amount</b> |   |   |   |        | <b>\$ 7,202,980</b> |

<sup>1</sup>Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations. <sup>2</sup>P: Provider Authorization; M: Member Authorization

V1/15/14

**SERVICE EXHIBIT \_\_\_\_\_**  
**CLIENT SUPPORTIVE SERVICES FOR**  
**FIELD CAPABLE CLINICAL SERVICES (FCCS)**  
**MENTAL HEALTH SERVICES ACT PROGRAMS**

**I. OVERVIEW**

The Mental Health Service Act (MHSA) programs, such as Field Capable Clinical Services (FCCS) provide a full array of services, including traditional and field based mental health services and linkage to services such as housing, employment, education and integrated treatment for co-occurring mental illness and substance abuse disorders.

In addition to FCCS services, the Department of Mental Health (DMH) provides other services to mentally ill individuals and their families. DMH services include, but are not limited to, therapeutic interventions, housing, benefits establishment, vocational and socialization programs.

DMH has developed this Service Exhibit to facilitate the availability of these services to clients of its MHSA programs whenever needed.

**II. PROGRAM ELEMENTS AND SERVICES**

**A. Service Function Code (SFC) 70: Client Housing Support Expenditures**

SFC 70 applies to the cost of providing housing supports, including housing subsidies for permanent, transitional and temporary housing; master leases; motel and other housing vouchers and shelters; rental security deposits; first and last month rental payments; and eviction prevention and other fiscal housing supports.

SFC 70 does not include the capital costs used to purchase, build or rehabilitate housing, or the salaries and benefits of staff used to provide client housing supports.

SFC 70 should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for SFC 70.

**B. Service Function Code (SFC) 71: Client Housing Operating Expenditures**

SFC 71 applies to the operating costs of providing housing supports to

clients, including building repair and maintenance; utilities; housing agency management fees; insurance; property taxes and assessments; credit reporting fees; and other operating costs incurred in providing client housing supports.

SFC 71 does not include the capital costs used to purchase, build or rehabilitate housing or the salaries and benefits of staff used to provide client housing supports.

SFC 71 should not include services costs reported under Modes 05, 10 or 15. Units of service should not be reported for SFC 71.

C. **Service Function Code (SFC) 72: Client Flexible Support Expenditures**

SFC 72 applies to the cost of providing supports to clients and their caregivers, including cash payments, vouchers, goods, services, items necessary for daily living (such as, food, clothing, hygiene, etc.), travel, transportation, respite services for caregivers, and other family support services. Clients may also receive assistance with housing expenses, including, but not limited to, furniture, appliances, housewares, and moving expenses.

Funding for personal/community integration may be provided to assist clients in achieving their treatment goals and in supporting their integration into the larger community. Items may include, but are not limited to, school supplies, tuition, socialization and recreational activities. This funding may also be used for medical, dental and optical care, prescriptions, and laboratory tests when the client does not have insurance to pay for such care.

SFC 72 does not include the salaries and benefits of staff used to provide client flexible supports.

SFC 72 should not include service costs reported under Modes 05, 10 or 15. Units of service should not be reported for SFC 72.

D. **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:

- Purchasing land or buildings used for client housing or other non-Medi-

- Cal activities (note: land is not a depreciable asset).
- Construction or rehabilitation of housing, facilities, buildings or office/meeting spaces.
- Related “soft” costs for development, including facilities, buildings or office/meeting spaces.
- Vehicles (with prior LACDMH approval).
- Other capital assets dedicated solely to non-Medi-Cal activities.

Mental Health funds used to leverage other housing resources, including other collaborative housing projects, should be included under SFC 75.

Units of Service should not be reported for Service Function Code 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.**

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

SFC 78 applies to the cost of salaries, benefits and related 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). The salaries for the services of vocational and housing specialists are also included.

These funds can be allocated for, but are not limited to, the payment of salaries and employee benefits of consumers hired to work part- or full-time performing specific job duties as approved by DMH, such as life coaches and/or consumer/peer/parent advocates that are members of the program’s treatment team.

Funding may be provided to maximize clients’ ability to achieve their vocational goals and may be used to compensate clients that are engaged in work-related activities and family support activities, such as work experience at the agency. To prepare and support clients in obtaining employment, these funds can be allocated for, but are not limited to, educational/vocational job searches, job development, job placement and job coaching.

### **III. PERSONS TO BE SERVED**

DMH contractors serve clients of all ages, races, cultures and conditions who meet MHSA focal population criteria. Persons to be served by this program include children, transition-age youth, adults, and older adults receiving MHSA-FCCS with insufficient funds to provide the materials and resources necessary to achieve their treatment goals.

### **IV. REIMBURSEMENT**

The procedures for reimbursement for Client Supportive Services expenditures are provided in Attachment A.

**CLIENT SUPPORTIVE SERVICES FOR  
FIELD CAPABLE CLINICAL SERVICES (FCCS)  
MENTAL HEALTH SERVICES ACT PROGRAMS  
REIMBURSEMENT PROCEDURES**

The following procedures shall be used for reimbursement of Client Supportive Services expenditures:

**1. EXPENDITURES ELIGIBLE FOR REIMBURSEMENT THROUGH CLIENT SUPPORTIVE SERVICES**

- A. Service Function Code 70: Client Housing Support Expenditures
- B. Service Function Code 71: Client Housing Operating Expenditures
- C. Service Function Code 72: Client Flexible Support Expenditures
- D. Service Function Code 75: Non-Medi-Cal Capital Assets
- E. Service Function Code 78: Other Non-Medi-Cal Client Support Expenditures

**2. REIMBURSEMENT GUIDELINES**

The funds allocated for Client Supportive Services shall be used only when there are no other funds available. If the client is a current Supplemental Security Income (SSI) recipient, Client Supportive Services funds shall be utilized only after it has been clearly established that there are insufficient funds available for housing, personal/community integration, vocational, and other expenditures.

**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 that identify individual clients and/or bulk purchases. 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;
- b. Copies of original rental agreements, including the "Return of Security and Rental Deposit Agreement", signed by the client/caregiver and the property owner or authorized agent, when a client receives or secures an apartment or a house;
- c. Copies of signed checks issued; and
- d. Copies of staff time records identifying time spent on providing eligible housing, vocational, peer support, and socialization

services that are not being captured through mental health units of service billings.

#### **4. SUBMISSION OF MONTHLY INVOICES**

Contractor shall, on the last day of each month, complete a separate Client Supportive Services invoice for FCCS expenditures, indicating the funding source name and age group (e.g. FCCS-CSS), categories of expenses (SFC 70, 71, 72, 75, or 78) and the amount spent, including staff salaries. All claims are to be submitted by Contractor to DMH within sixty (60) days from the month in which the expenditure occurred.

The Client Supportive Services Expense Claim form(s) (Attachment B) shall be submitted to:

County of Los Angeles – Department of Mental Health  
550 S. Vermont Avenue, 8th Floor  
Los Angeles, CA 90020  
ATTN: Provider Reimbursement Unit

#### **5. DMH REVIEW AND APPROVAL OF INVOICES**

The DMH Provider Reimbursement Unit will log in all expense claim forms and then forward them to the designated DMH Age-Group Manager for review and approval. The Manager will review the invoices and sign to affirm that expenditures meet established Client Supportive Services procedures. Approved invoices will be forwarded to the DMH Provider Reimbursement Unit for payment. Invoices that require revisions, edits, and/or additional documentation will be promptly returned to the provider for correction.

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

#### **6. MONTHLY DISBURSEMENT REPORT**

DMH has allocated to Contractor a specified amount of funding for Client Supportive Services. Monthly disbursement 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 the Client Supportive Services procedures or the Legal Entity Agreement.

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

SPECIAL HANDLING REQUIRED

Fiscal Year \_\_\_\_\_

SPECIAL HANDLING REQUIRED

CLIENT SUPPORTIVE SERVICES (CSS) AND ONE-TIME FUNDING

Funding Source Name: FIELD CAPABLE CLINICAL SERVICES Age Group: \_\_\_\_\_

Legal Entity Name: \_\_\_\_\_  
 Legal Entity Mailing Address: \_\_\_\_\_  
 Billing Month(s): \_\_\_\_\_ Contract Amendment No.: \_\_\_\_\_  
 Provider Number(s): \_\_\_\_\_

- 1. Expenditures:
  - 1.1 A. SFC 70: Client Housing Support Expenditures \_\_\_\_\_ (1.1)
  - 1.2 B. SFC 71: Client Housing Operating Expenditures \_\_\_\_\_ (1.2)
  - 1.3 C. SFC 72: Client Flexible Support Expenditures \_\_\_\_\_ (1.3)
  - 1.4 D. SFC 75: Non-Medi-Cal Capital Assets \_\_\_\_\_ (1.4)
  - 1.5 E. SFC 78: Other Non Medi-Cal Client Support Expenditures \_\_\_\_\_ (1.5)
- 2. One-Time Costs:
  - 2.1 A. SFC 72: Client Flexible Support Expenditures \_\_\_\_\_ (2.1)
  - 2.2 B. SFC 75: Non Medi-Cal Capital Assets \_\_\_\_\_ (2.2)  
 One-time Assets >\$5000
  - 2.3 C. SFC 78: Other Non Medi-Cal Client Support Expenditures \_\_\_\_\_ (2.3)  
 One-time Recruitment, Training, and Equipment <\$5000
- 3. Total Expenditures (add lines 1.1 through 2.3) \_\_\_\_\_ (3.0)
- Less: Patient & Third Party Revenues
  - 3.1 Patient Fees \_\_\_\_\_ (3.1)
  - 3.2 Patient Insurance \_\_\_\_\_ (3.2)
  - 3.3 Medicare \_\_\_\_\_ (3.3)
  - 3.4 Other: \_\_\_\_\_ (3.4)
- 4. Total Revenues (add lines 3.1 through 3.4) \_\_\_\_\_ (4.)
- 5. Expenditures less revenues (subtract line 4 from line 3) \_\_\_\_\_ (5.)
- 6. Net Payable \_\_\_\_\_ (6.)

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: \_\_\_\_\_

|                                  |                |
|----------------------------------|----------------|
| <b>LAC-DMH Program Approval:</b> |                |
| _____<br>Approved By (signature) | _____<br>Date  |
| _____<br>Print Name              | _____<br>Title |



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
550 S. VERMONT AVE., LOS ANGELES, CA 90020 HTTP://DMH.LACOUNTY.GOV



MARVIN J. SOUTHARD, D.S.W.  
Director  
ROBIN KAY, Ph.D.  
Chief Deputy Director  
RODERICK SHANER, M.D.  
Medical Director

March 30, 2015

TO: Each Supervisor  
FROM: *Robin Kay for*  
Marvin J. Southard, D.S.W.  
Director

SUBJECT: **NOTICE OF INTENT TO REQUEST DELEGATED AUTHORITY TO APPROVE A PERCENTAGE INCREASE EXCEEDING TEN PERCENT OF THE MAXIMUM CONTRACT AMOUNT OF TARZANA TREATMENT CENTERS, INC., LEGAL ENTITY AGREEMENT FOR MENTAL HEALTH SERVICES FOR FISCAL YEAR 2014-15**

This is to advise the Board that the Department of Mental Health (DMH) is scheduling a Board letter, requesting approval to amend Tarzana Treatment Centers, Inc. (Tarzana), Legal Entity (LE) Agreement that will add new services and establish a new Maximum Contract Amount (MCA). The Board letter also requests an additional ten percent for a total of twenty percent delegated authority to increase the revised MCA of Tarzana's LE Agreement.

In accordance with the Board of Supervisors Policy No. 5.120, prior Board notice is required for any department requesting delegated authority to increase Board-approved contracts over ten percent, with a copy to the Interim Chief Executive Officer, at least two weeks prior to the Board meeting at which the proposed contract is to be presented.

**JUSTIFICATION**

This authority will allow DMH greater capacity to amend Tarzana's contract to implement new funding streams, programs, and services in an expeditious manner and maintain business continuity in the provision of current mental health services to severely and persistently mentally ill adults, seriously emotionally disturbed children, adolescents, and their families. In most instances, where speed and response time are of key importance, the increased delegated authority will allow DMH through its contract agency to maximize, prioritize, and increase access to services which will more effectively meet the County's mission, "To Enrich Lives Through Effective and Caring Service."

Each Supervisor  
March 30, 2015  
Page 2

Should there be a need to exceed the twenty percent delegated authority, DMH will return to your Board with a request for authority to amend Tarzana's LE Agreement accordingly.

If you have any questions or concerns, please contact me, or your staff may contact Richard Kushi, Chief, Contracts Development and Administration Division, at (213) 738-4684.

MJS:DM:CCS:LW:jn

c:     Acting Executive Officer, Board of Supervisors  
        Interim Chief Executive Officer  
        County Counsel  
        Robin Kay, Ph.D.  
        Deputy Directors  
        District Chiefs  
        Kimberly Nall  
        Richard Kushi