

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.  
Director

SUSAN KERR  
Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director



BOARD OF SUPERVISORS  
GLORIA MOLINA  
YVONNE B. BURKE  
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DON KNABE  
MICHAEL D. ANTONOVICH

**DEPARTMENT OF MENTAL HEALTH**

<http://dmh.lacounty.info>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601  
Fax: (213) 386-1297

April 21, 2005

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

Dear Supervisors:

**APPROVAL OF AMENDMENT NO. 4 TO MENTAL HEALTH  
SERVICES AGREEMENT – LEGAL ENTITY WITH ASC TREATMENT  
GROUP DBA THE ANNE SIPPI CLINIC  
FOR FISCAL YEARS 2004-2005 AND 2005-2006  
(SUPERVISORIAL DISTRICT 1)  
(3 VOTES)**

**IT IS RECOMMENDED THAT YOUR BOARD:**

1. Authorize the Director of Mental Health or his designee to prepare, sign, and execute Amendment No. 4 (substantially similar to the Attachment) to Contract No. DMH-01755 with ASC Treatment Group dba The Anne Sippi Clinic (Anne Sippi) to fund a Medi-Cal certified clinic for 20 clients residing at the Anne Sippi residential treatment site. The Amendment will increase the Maximum Contract Amount (MCA) by \$120,370, to \$711,183, for Fiscal Year (FY) 2004-2005 and by \$415,527, to \$824,837, for FY 2005-2006. The increase in MCA is fully funded by Sales Tax Realignment Funds and Non Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) - Federal Financial Participation (FFP) Medi-Cal revenue, which is included in the FY 2004-2005 Adopted Budget and will be requested in the FY 2005-2006 budget process. The Amendment will be effective upon Board approval.
2. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute future amendments to the Agreement with Anne Sippi, and establish as 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 under the Agreement for each fiscal

**ADOPTED**  
BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

56

MAY 10 2005

*Violet Varona-Lukens*  
VIOLET VARONA-LUKENS  
EXECUTIVE OFFICER

year shall not exceed an increase 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 sufficient funds for all changes; 4) approval of County Counsel and the Chief Administrative Officer (CAO) or their designees is obtained prior to any such Amendment; 5) the parties may, by written Amendment, mutually agree to reduce programs or services without reference to the 20 percent limitation; 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**

Anne Sippi is an integral component of the Department of Mental Health's (DMH) plan to reduce the Psychiatric Emergency Services (PES) demand at the four (4) County hospitals. Augmented residential resources, such as Anne Sippi, will support people in community living as an alternative to acute psychiatric inpatient and long-term institutional care.

The purpose of the requested actions is to enable Anne Sippi to provide a Medi-Cal certified clinic off-site from its residential location, to serve DMH clients placed at the residential site. The Department currently contracts for residential treatment services for 18 clients, funded by County General Fund (CGF). The requested action will supplement the existing CGF in the contract and allow it to be matched by FFP revenue for Medi-Cal reimbursable outpatient services, thus providing sufficient funding for mental health services for 20 persons, including two (2) uninsured individuals.

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

The recommended Board actions are consistent with the principles of the Countywide Strategic Plan Organizational Goal No. 1, "Service Excellence: provide the public with easy access to quality information and services that are both beneficial and responsive," and Goal No. 3, "Organizational Effectiveness: ensure that service delivery systems are efficient, effective, and goal-oriented."

### **FISCAL IMPACT/FINANCING**

There is no impact on net County cost.

For FY 2004-2005, the Amendment of \$120,370, fully funded by \$58,333 of Sales Tax Realignment Funds and \$62,037 of projected FFP Medi-Cal revenue, making the revised MCA \$711,183, is included in the FY 2004-2005 Adopted Budget. The Board approved the Augustus F. Hawkins PES Relief Plan on November 23, 2004, which provided the Sales Tax Realignment Funds for this Amendment. The Non EPSDT – FFP Medi-Cal will be funded by existing appropriation included in the FY 2004-2005 Adopted Budget.

For FY 2005-2006, the Amendment of \$415,527 is fully funded by \$44,322 of Sales Tax Realignment Funds and \$371,205 of projected FFP Medi-Cal revenue, which will be requested during the budget process. The revised MCA for FY 2005-2006 is \$824,837.

The one-time funding for both FY 2004-2005 and FY 2005-2006 was identified for augmented residential care services in the PES Relief Plan approved by your Board on November 23, 2004.

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

The Anne Sippi facility, established in Los Angeles County in 1978 at 2457 Endicott Street, Los Angeles, CA 90032, provides a 37-bed residential mental health treatment program. The facility, licensed by Community Care Licensing as an Adult Residential Facility, serves mentally ill clients, including both Lanterman-Petris-Short (LPS) conservatees and voluntary clients, who require intensive support to maintain stable community placement and to prepare for more independent community living. In addition to Los Angeles County, the program serves individuals from Kern, Contra Costa, San Diego, Riverside, San Bernardino, and Orange counties.

DMH has had a contract with Anne Sippi since 1998 to serve eight (8) clients at the rate of \$140 per day, funded by CGF. During June through August 2003, the number of persons placed at the facility was increased from 8 to 18, with the intent of partially supporting this increase by providing the mental health services component through a Medi-Cal certified clinic. DMH uses the Anne Sippi residential facility to place clients from long-term care institutions who have been evaluated as ready for community living with intensive mental health support. Clients that receive Supplemental Security Income (SSI) pay the SSI Adult Residential Care rate as a share of cost, which is reported as third-party revenue to the legal entity Agreement with DMH.

The proposed Medi-Cal certified clinic, located at 10012 Norwalk Blvd., Suite 110, Santa Fe Springs, CA 90670, will provide mental health services for 20 DMH clients who reside at the Endicott site. Contingent upon available funding, services will be offered to other community residents. Program services will include medication support, individual/group treatment, family groups and activities, crisis intervention, and case management to ensure community linkage and support on discharge from the program. Staffing will consist of a multi-disciplinary team of mental health workers who will provide mental health services five (5) days per week at the clinic and be available 24/7 at the residential site. Transportation will be provided to the clinic from the residential site during program hours.

The proposed actions have been reviewed and approved by County Counsel, the CAO, and DMH's Director, Program, and Fiscal staff.

#### **CONTRACTING PROCESS**

The proposed action can be accomplished by Amendment to the existing Anne Sippi contract.

#### **IMPACT ON CURRENT SERVICES**

Board approval will allow the establishment of a Medi-Cal certified clinic that will provide mental health services for severely mentally ill clients, including both LPS mental health conservatees and voluntary clients, who reside at the Anne Sippi residential location. The Medi-Cal certified clinic will allow DMH to use CGF as match to claim FFP revenue for Medi-Cal reimbursable outpatient services, thus reducing the amount of CGF required per client and adding the capacity for two (2) uninsured clients at any given time.

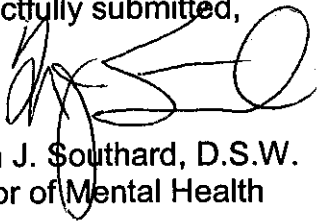
Funding for augmented residential care services for both FY 2004-2005 and FY 2005-2006 was identified in the DMH Psychiatric Emergency Services (PES) Relief Plan. As referenced in the Purpose section above, Anne Sippi is an integral component of DMH's plan to reduce PES demand at the four (4) County hospitals. Augmented residential resources, such as Anne Sippi, will support people in community living as an alternative to acute psychiatric inpatient and long-term institutional care.

The Honorable Board of Supervisors  
April 21, 2005  
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**CONCLUSION**

The Department of Mental Health will need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684 when these documents are available.

Respectfully submitted,



Marvin J. Southard, D.S.W.  
Director of Mental Health

MJS:MY:RK:LQ

Attachment

c: Chief Administrative Officer  
County Counsel  
Chairperson, Mental Health Commission

**ATTACHMENT**  
**CONTRACT NO. DMH-01755**

AMENDMENT NO. 4

THIS AMENDMENT is made and entered into this \_\_\_\_ day of \_\_\_\_\_, 2005, by and between the COUNTY OF LOS ANGELES (hereafter "County") and ASC Treatment Group dba The Anne Sippi Clinic (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 29, 2004, identified as County Agreement No. DMH-01755, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Years 2004-2005 and any subsequent fiscal years, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2004-2005, County and Contractor intend to **add** CGF (All Other County General Fund) in the amount of \$ \_\_\_\_\_ and Non Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Federal Financial Participation (FFP) funds in the amount of \$ \_\_\_\_\_ to fund a Medi-Cal certified clinic for 20 clients residing at the Anne Sippi residential treatment site. The revised Maximum Contract Amount for Fiscal Year 2004-2005 will be \$ \_\_\_\_\_ ; and

WHEREAS, for Fiscal Year 2005-2006, County and Contractor intend to **add** CGF (All Other County General Fund) in the amount of \$ \_\_\_\_\_ and Non Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Federal Financial Participation (FFP) funds in the amount of \$ \_\_\_\_\_ to fund a Medi-Cal certified clinic for 20 clients residing at the Anne Sippi residential treatment site. The revised Maximum Contract Amount for Fiscal Year 2005-2006 will be \$ \_\_\_\_\_ ; and

WHEREAS, for Fiscal Year 2004-2005 and any subsequent fiscal years, County and Contractor intend to request a provider number TBA and add Targeted Case Management Services at a rate of \_\_\_\_\_, Mental Health Services at a rate of \_\_\_\_\_, Medication Support Services at a rate of \_\_\_\_\_ and Crisis Intervention Services at a rate of \_\_\_\_\_ (Mode 15 Service Function Codes 01-09, 10-19/30-59, 60-69 and 70-79, respectively) to Anne Sippi Clinic Community Services a new service site located at 10012 Norwalk Blvd., Suite 110, Santa Fe Spring, CA 90670. For Fiscal Year 2004-2005, the method of reimbursement will be actual cost.

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

1. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph B (Reimbursement for Initial Period) and Subparagraph C (Reimbursement If Agreement Is Automatically Renewed) 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 \_\_\_\_\_  
\_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and

allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the Initial Period. Furthermore, Contractor shall inform County when up to seventy-five percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 58 (NOTICES).

Reimbursement if Agreement Is Automatically Renewed:

B. 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 \_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes the Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the First Automatic Renewal Period. Furthermore, Contractor shall inform County when up to seventy-five



percent (75%) of the Maximum Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 58 (NOTICES).

2. The Service Delivery Site Exhibit (Attachment III) shall be deleted in its entirety and replaced with Service Delivery Site Exhibit - \_\_\_\_\_.
3. The listing of Service Exhibits (Attachment IV) shall be deleted in its entirety and replaced with Service Exhibits - \_\_\_\_\_, attached hereto and incorporated herein by reference.
4. Service Exhibits, "Targeted Case Management Services, Mental Health Services, Medication Support Services and Crisis Intervention Services," shall be added to this Agreement.
5. Financial Summary \_\_ for Fiscal Year 2004-2005 shall be deleted in its entirety and replaced with Financial Summary - \_\_ for Fiscal Year 2004-2005, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary \_\_ for Fiscal Year 2004-2005 shall be deemed amended to state "Financial Summary - \_\_ for Fiscal Year 2004-2005."
6. Financial Summary \_\_ for Fiscal Year 2005-2006 shall be deleted in its entirety and replaced with Financial Summary - \_\_ for Fiscal Year 2005-2006, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary \_\_ for Fiscal Year 2005-2006 shall be deemed amended to state "Financial Summary - \_\_ for Fiscal Year 2005-

2006.”

7. Contractor shall provide services in accordance with Contractor’s Fiscal Year 2004-2005 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.
8. 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 Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

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

**ASC Treatment Group dba  
The Anne Sippi Clinic**  
\_\_\_\_\_  
CONTRACTOR

By \_\_\_\_\_

Name **Michael D. Rosberg, Ph.D.**

Title **Program Director (Co-Owner)**  
(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

ASC Amend 4 Med-Cal Clinic

Contractor Name:  
 Legal Entity Number:  
 Agreement Period:  
 Fiscal Year:

DMH Legal Entity Agreement  
 Attachment II Page 1 of 2  
 The Financial Summary  
 Amendment Number  
 (If Applicable) \_\_\_\_\_

Categories	Maximum Funding Source Totals
<b>A. Allocations:</b>	
County General Fund (CGF) 1. EPSDT Baseline Medi-Cal Local Match	\$ -
2. EPSDT Growth Match	\$ -
3. AB3632 (SB90) Baseline	\$ -
4. All Other County General Fund	\$ -
<b>CGF: (1 thru 4) Total</b>	<b>\$ -</b>
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<i>(Insert name of funding source here)</i>	\$ -
<b>Total Allocations (A)</b>	<b>\$ -</b>
<b>B. Pass Through:</b>	
FFP	\$ -
EPSDT State General Fund	\$ -
AB3632 (SB90) State General Fund	\$ -
<b>Total Pass Through (B)</b>	<b>\$ -</b>
<b>Maximum Contract Amount/Net Program Budget (A+B):</b>	
	<b>\$ -</b>
<b>C. Third Party:</b>	
Medicare	\$ -
Patient Fees	\$ -
Insurance	\$ -
Other	\$ -
<b>Total Third Party (C)</b>	<b>\$ -</b>
<b>Gross Program Budget (A+B+C):</b>	
	<b>\$ -</b>

Footnotes Section:

**SAMPLE ONLY**

Contractor Name:

Legal Entity No:

Agreement Period:

Fiscal Year:

DMH Legal Entity Agreement

Attachment II Page 2 of 2

The Rate Summary

Amendment Number (If Applicable) \_\_\_\_\_

MENTAL HEALTH SERVICES		Mode of Service	Service Function Code (SFC) Range	Provisional Rates Negotiated NR	Provisional Rates Cost Reimb CR	Provider Numbers
<b>A. 24 - HOUR SERVICES :</b>						
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	Indigent	05	36 - 39			
	Regular	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			
Semi - Supervised Living		05	80 - 84			
Independent Living		05	85 - 89			
MH Rehab Centers		05	90 - 94			
<b>B. DAY SERVICES :</b>						
Vocational Services		10	30 - 39			
Socialization		10	40 - 49			
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			
<b>C. OUTPATIENT SERVICES :</b>						
Case Management, Brokerage		15	01 - 09			
Mental Health Services		15	10 - 19 /30-59			
Therapeutic Behavioral Services (TBS)		15	58			
Medication Support		15	60 - 69			
Crisis Intervention		15	70 - 79			
<b>D. OUTREACH SERVICES :</b>						
Mental Health Promotion		45	10 - 19			
Community Client Services		45	20 - 29			
<b>E. SUPPORT SERVICES :</b>						
Life Support/Board & Care		60	40 - 49			
Case Management Support		60	60 - 69			
Flexible Funding (Cost Reimbursement)		60	64			
<b>F. HEALTHY FAMILIES :</b>						
Alcohol/Drug Abuse Counseling and Ed. Svcs.						

## DMH LEGAL ENTITY AGREEMENT ATTACHMENT III

Service Delivery Site Exhibit

CONTRACTOR NAME: \_\_\_\_\_

LEGAL ENTITY NO.: \_\_\_\_\_ PERIOD: \_\_\_\_\_

*DESIGNATED PROGRAM OFFICE	SERVICE EXHIBIT NO.	PROV. NO.	SERVICE DELIVERY SITE(S)	M.H. SERVICE AREA(S) SERVED	SITE SUP. DISTRICT
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\*Legend: ASOC(A)      Critical Care (CC)      Homeless (H)  
                  CSOC (C)      Court Programs (CP)      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.

	<u>DESCRIPTION</u>	<u>CODES</u>
8	<u>Targeted Case Management Services (Rehab. Option)</u>	<u>104-A</u> _____
9	<u>Short-Term Crisis Residential Services (Forensic)</u>	<u>201</u> _____
10	<u>Crisis Stabilization Services (Rehab. Option)</u>	<u>202-A</u> _____
11	<u>Vocational Services</u>	<u>304-A</u> _____
12	<u>Day Rehabilitation Services (Adult) (Rehab. Option)</u>	<u>308-A</u> _____
13	<u>Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)</u>	<u>309-A</u> _____
14	<u>Day Treatment Intensive Services (Adult) (Rehab. Option)</u>	<u>310-A</u> _____
15	<u>Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)</u>	<u>311-A</u> _____
16	<u>Mental Health Services (Rehab. Option)</u>	<u>402</u> _____
17	<u>Medication Support Services (Rehab. Option)</u>	<u>403</u> _____
18	<u>Crisis Intervention Services (Rehab. Option)</u>	<u>404-A</u> _____
19	<u>Mental Health Service Treatment Patch (La Casa)</u>	<u>405</u> _____
20	<u>Therapeutic Behavioral Services</u>	<u>406-A</u> _____
21	<u>Outreach Services</u>	<u>501-A</u> _____
22	<u>Outreach Services (Suicide Prevention Services)</u>	<u>502-A</u> _____
23	<u>Intensive Skilled Nursing Facility Services</u>	<u>601</u> _____
24	<u>Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)</u>	<u>602</u> _____
25	<u>Intensive Skilled Nursing Facility Services (La Paz)</u>	<u>603</u> _____
26	<u>Intensive Skilled Nursing Facility Services Forensic Treatment</u>	<u>604</u> _____
27	<u>Skilled Nursing Facilities (Psychiatric Services)</u>	<u>605</u> _____
28	<u>Skilled Nursing Facility – Special Treatment Program Services</u>	
29	<u>(SNF-STP/Psychiatric Services)</u>	<u>608</u> _____

**DMH LEGAL ENTITY AGREEMENT  
ATTACHMENT IV**

1		
2	<u>Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)</u>	<u>609</u>
3	<u>Socialization Services</u>	<u>701-A</u>
4	<u>Life Support Service</u>	<u>801</u>
5	<u>Case Management Support Services</u>	<u>802-A</u>
6	<u>Case Management Support Services (Forensic)</u>	<u>803-A</u>
7	<u>Case Management Support Services (Children &amp; Youth)</u>	<u>804-A</u>
8	<u>Life Support Services (Forensic)</u>	<u>805</u>
9	<u>Independent Living Services</u>	<u>901</u>
10	<u>Local Hospital Services</u>	<u>902</u>
11	<u>Semi-Supervised Living Services</u>	<u>904</u>
12	<u>Adult Residential Treatment Services (Transitional)</u>	<u>912</u>
13	<u>Adult Residential Treatment Services (Long Term)</u>	<u>913</u>
14	<u>Non-Hospital Acute Inpatient Services (La Casa PHF)</u>	<u>914</u>
15	<u>Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)</u>	<u>915</u>
16	<u>Assertive Community Treatment Program (ACT)</u>	<u>921</u>
17	<u>Psychiatric Inpatient Hospital Services</u>	<u>930</u>
18	<u>Primary Linkage and Coordinating Program</u>	<u>1001</u>
19	<u>AB 34 Housing and Personal/Incidental Services</u>	<u>1002</u>
20	<u>Service Provisions (Organizational Provider Only)</u>	<u>1003</u>
21	<u>Consumer Run/Employment Program</u>	<u>1005</u>
22	<u>AB 2034 State Demonstration Program (Housing Expenses)</u>	<u>1008</u>
23	<u>AB 2034 State Demonstration Program (Personal and Incidental Expenses)</u>	<u>1009</u>
24	<u>Client Supportive Services (Includes Attachment A (Reimbursement Procedures)</u>	
25	<u>and Attachment B (Monthly Claim for Cost Reimbursement)</u>	<u>1010</u>



SERVICE EXHIBIT \_\_\_\_\_

TARGETED CASE MANAGEMENT SERVICES

(REHABILITATION OPTION)

(MODE OF SERVICE 15)

1. GENERAL: Targeted Case Management services shall be provided by Contractor to access needed medical, educational, social, pre-vocational, vocational rehabilitative, or other needed community services for patients/clients. These services provide for the continuity of care within the mental health system and related social service systems. Services include linkage and consultation, placement and plan development.

Services shall not include skill development, assistance in daily living, or training a patient/client to access services himself/herself.

Services may be either face-to-face or by telephone with the patient/client or significant support persons and may be provided anywhere in the community.

Prior to claiming Short-Doyle/Medi-Cal (SD/MC), a service site shall be certified by State Department of Mental Health (SDMH) as a Short-Doyle/Medi-Cal Mental Health Rehabilitation Provider.

In addition to the other staffing requirements of this Agreement, Contractor shall assure that these services are provided with the minimum qualified staff, as specified in the Department of Mental Health's (DMH) Guide to Procedure Codes.

The definition of a reimbursable unit for purposes of determining the number of units of service provided by Contractor hereunder shall be as established by Director. Billing restrictions for these services shall apply as set forth in the Guide to Procedure Codes.

2. PERSONS TO BE SERVED: Contractor shall provide services to the target population as identified in Contractor's Negotiation Package/Addenda who reside primarily within Los Angeles County Mental Health Service Areas identified on the Service Delivery Site Exhibit and who either are referred to Contractor by Director or voluntarily apply for and receive services with the subsequent consent of Director.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder is (are) located at: Site(s) as identified on the Service Delivery Site Exhibit and in the Contractor's Negotiation Package/Addenda Contractor shall obtain the prior written consent of Director at least seventy days before terminating services at such location(s) and/or before commencing such services at any other location(s).

4. QUALITY IMPROVEMENT: Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, SDHS policies and procedures, SDMH policies and procedures, and DMH quality improvement policies and procedures. Contractor shall establish and maintain a complete and integrated quality improvement system.

5. PROGRAM ELEMENTS AND SERVICES: Contractor shall provide services to patients/clients in accordance with Contractor's Negotiation Package and any addenda thereto, as approved in writing by Director, and the RO/TCM Manual, for the term of this Agreement. Services shall include, but are not limited to:

A. Linkage and Consultation Services - May include, but are not limited to, the following:

- (1) Identification and pursuit of resources which are necessary and appropriate to implement the service plan;
- (2) Interagency and intra-agency consultation, communication, coordination, and referral; and
- (3) Monitoring service delivery, the service plan, and the coordination plan implementation to ensure patient/client access to services and the service delivery system.

B. Placement Services - Supportive assistance to the patient/client in the assessment, determination of need, and securing of adequate and appropriate living arrangements, including, but not limited to the following:

- (1) Locating and securing an appropriate living environment;
- (2) Locating and securing funding for patient/client (e.g., Supplemental Security Income/State Supplemental Program (SSI/SSP), Medi-Cal, and Medicare);

- (3) Pre-placement visit(s);
- (4) Negotiation of housing or placement contracts; and
- (5) Placement and placement follow-up.

C. Plan Development Services - May include any or all of the following:

- (1) Development of coordination plans and/or service plans;
- (2) Approval of plans; and
- (3) Monitoring the patient's/client's progress.

SERVICE EXHIBIT \_\_\_\_\_

MENTAL HEALTH SERVICES

(REHABILITATION OPTION)

(MODE OF SERVICE 15)

1. GENERAL: Mental health services are interventions designed to provide the maximum reduction of mental disability and restoration or maintenance of functioning consistent with the requirements for learning, development, independent living and enhanced self-sufficiency. Services shall be directed toward achieving the patient's/client's goals/desired results/personal milestones.

For patients/clients who are seriously emotionally disturbed children and adolescents, mental health services provide a range of services to assist the patient/client to gain the social and functional skills necessary for appropriate development and social integration.

Services may be either face-to-face or by telephone contact with the patient/client or significant support persons and may be provided anywhere in the community. In the unusual circumstance where the patient/client and/or significant other is not present, plan development activities hereunder may be provided without a face-to-face or telephone contact.

Contractor shall be certified by SDMH as a Short-Doyle/Medi-Cal Mental Health Rehabilitation Provider.

In addition to the other staffing requirements of this Agreement, Contractor shall assure that these services are provided with the minimum qualified staff and staffing ratio, if any, as specified in the RO/TCM Manual.

The services to be provided hereunder are generally described in the RO/TCM Manual.

The definition of SFC unit for purposes of determining the number of units of service provided by Contractor hereunder shall be as established by Director. Billing restrictions for these services shall apply as set forth in the RO/TCM Manual.

2. PERSONS TO BE SERVED: Contractor shall provide services to the target population as identified in the Contractor's Negotiation Package/Addenda who reside primarily within Los Angeles County Mental Health Service Areas identified on the Service Delivery Site Exhibit and who either are referred to Contractor by Director or voluntarily apply for and receive services with the subsequent consent of Director.

Patients/clients shall satisfy the Short-Doyle/Medi-Cal criteria for Medical Necessity as described in the RO/TCM Manual.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are provided is (are) located at: Site(s) as identified on the Service Delivery Site Exhibit and in the Contractor's Negotiation Package/Addenda. Contractor shall obtain the prior written consent of Director at least seventy days before terminating services at such location(s) and/or before commencing such services at any other location(s).

4. QUALITY IMPROVEMENT: Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, SDHS policies and procedures, SDMH policies and procedures, and DMH quality improvement policies and procedures. Contractor shall establish and maintain a complete and integrated quality improvement system.

In conformance with these provisions, Contractor shall adopt and comply with the quality improvement programs and responsibilities set forth in the DMH's Quality Management Plan. Contractor shall maintain a copy of the DMH's Quality Management Plan. A copy of Contractor's procedures to comply with DMH's Quality Management Plan shall be submitted to DMH's Standards and Records Division staff for review prior to Contractor's submission of any billings for services hereunder.

5. PROGRAM ELEMENTS AND SERVICES: Contractor shall provide services to patients/clients in accordance with the Contractor's Negotiation Package and any addenda thereto, as approved in writing by Director, and the RO/TCM Manual, for the term of this Agreement. Services shall include, but are not limited to:

- A. Assessment;
- B. Evaluation;
- C. Collateral;

- D. Therapy (Individual, Group, Family);
- E. Rehabilitation services, including, but not limited to, assistance in restoring or maintaining a patient's/client's or group of patients'/clients' functional skills, daily living skills, social skills, grooming and personal hygiene skills, meal preparation skills, medication compliance, development of support systems; counseling of the patient/client and/or family; training in leisure activities integral to achieving the patient's/client's goals/desired results/personal milestones; and medication education; and
- F. Plan development, including, but not limited to, development of coordination plans or service plans, approval of plans, verification of medical necessity, and monitoring of the patient's/client's progress.

SERVICE EXHIBIT \_\_\_\_\_

MEDICATION SUPPORT SERVICES

(REHABILITATION OPTION)

(MODE OF SERVICE 15)

1. GENERAL: Medication support services shall include prescribing, administering, dispensing and monitoring of psychiatric medications necessary to alleviate the symptoms of mental illness, which are provided by a staff person within the scope of practice of his/her profession.

Services may be either face-to-face or by telephone with the patient/client or significant support persons and may be provided anywhere in the community.

Contractor shall be certified by SDMH as a Short-Doyle/Medi-Cal Mental Health Rehabilitation Provider.

In addition to the other staffing requirements of this Agreement, Contractor shall assure that these services are provided with the minimum qualified staff and staffing ratio, if any, as specified in the RO/TCM Manual.

The services to be provided hereunder are generally described in the RO/TCM Manual.

The definition of SFC unit for purposes of determining the number of units of services provided by Contractor hereunder shall be as established by Director. Billing restrictions for these services shall apply as set forth in the RO/TCM Manual.

2. PERSONS TO BE SERVED: Contractor shall provide services to the target population as identified in the Contractor's Negotiation Package/Addenda who reside primarily within Los Angeles County Mental Health Service Areas identified on the Service Delivery Site Exhibit and who either are referred to Contractor by Director or voluntarily apply for and receive services with the subsequent consent of Director.

Patients/clients shall satisfy the Short-Doyle/Medi-Cal criteria for Medical Necessity as described in the RO/TCM Manual.

3. COUNTY'S PRESCRIPTION AUTHORIZATION TRACKING SYSTEM: Except as otherwise provided in this Paragraph 3 or County policy, County agrees to pay for prescriptions generated through County's Prescription Authorization Tracking System (hereafter "PATS") by Contractor and other contractors participating in PATS. Payment shall be made from County's central pool of funds budgeted under PATS. Prescriptions under PATS shall be only for medications listed on DMH's Medication Formulary or approved in writing by DMH's Medical Director or his authorized designee (hereafter collectively "medications") and shall be prescribed by Contractor's medical staff for treatment of eligible patients/clients. Such prescriptions shall be filled by pharmacies under contract to DMH to provide pharmacy services. A list of participating pharmacies is maintained by County, and a copy of such list has been provided to Contractor prior to the execution of this Agreement.

Payment for prescriptions under PATS shall be made by County's Auditor-Controller directly to participating pharmacies. If the cost of all medications prescribed by Contractor and other contractors participating in PATS exceeds the budgeted funds in County's central pool for PATS, then County shall bill Contractor for Contractor's portion of the dollar amount of such costs which is in excess of the budgeted funds in the central pool. The amount of such bill to Contractor shall be determined by County and shall be based on Contractor's pro rata usage of the budgeted funds in the central pool. The amount of such bill to Contractor shall be: (1) paid by Contractor to County by cash payment within thirty days of the date of such bill and/or (2) at the sole discretion of Director, deducted from any amounts due from County to Contractor whether under this Agreement or otherwise.

4. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder is (are) located at: Site(s) as identified on the Service Delivery Site Exhibit and in the Contractor's Negotiation Package/Addenda. Contractor shall obtain the prior written consent of Director at least seventy days before terminating services at such location(s) and/or before commencing such services at any other location(s).

5. QUALITY IMPROVEMENT: Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, SDHS policies and procedures, SDMH



policies and procedures, and DMH quality improvement policies and procedures. Contractor shall establish and maintain a complete and integrated quality improvement system.

In conformance with these provisions, Contractor shall adopt and comply with the quality improvement programs and responsibilities set forth in the DMH's Quality Management Plan. Contractor shall maintain a copy of the DMH's Quality Management Plan. A copy of Contractor's procedures to comply with DMH's Quality Management Plan shall be submitted to DMH's Standards and Records Division staff for review prior to Contractor's submission of any billings for services hereunder.

6. PROGRAM ELEMENTS AND SERVICES: Contractor shall provide services to patients/clients in accordance with Contractor's Negotiation Package and any addenda thereto, as approved in writing by Director, and the RO/TCM Manual, for the term of this Agreement. Services shall include, but are not limited to:

- A. Prescribing, administering, dispensing and monitoring of psychiatric medications necessary to alleviate the symptoms of mental illness;
- B. Evaluation of the need for medication, clinical effectiveness and the side effects of medication;
- C. Obtaining informed consent;
- D. Medication education, including, but not limited to, discussing risks, benefits and alternatives with the patient/client or significant support persons; Drugs and laboratory tests related to the delivery of these services; and Plan development related to the delivery of these services.

SERVICE EXHIBIT \_\_\_\_\_  
CRISIS INTERVENTION SERVICES  
(REHABILITATION OPTION)  
(MODE OF SERVICE 15)

1. GENERAL: Crisis intervention services are a quick emergency response that may enable a patient/client to cope with a crisis, while maintaining his/her status as a functioning community member to the greatest extent possible. A crisis is an unplanned event that results in the patient's/client's need for immediate service intervention. Crisis intervention services are limited to stabilization of the presenting emergency. These services do not include crisis stabilization services, as described in the Guide to Procedure Codes, which are provided in a licensed twenty-four hour health facility or hospital-based outpatient program.

Services may be either face-to-face or by telephone with the patient/client or significant support person and may be provided anywhere in the community.

Staff providing the service must be operating out of a site that is certified by State Department of Mental Health (SDMH) as a Short-Doyle/Medi-Cal (SD/MC) Mental Health Rehabilitation Provider.

In addition to the other staffing requirements of this Agreement, Contractor shall assure that these services are provided with the minimum qualified staff as specified in the Guide to Procedure Codes.

The services to be provided hereunder are generally described in the Guide to Procedure Codes.

The definition of SFC unit for purposes of determining the number of units of service provided by Contractor hereunder shall be as established by Director. Billing restrictions for these services shall apply as set forth in the Guide to Procedure Codes.

2. PERSONS TO BE SERVED: Contractor shall provide services to the target population as identified in Contractor's Negotiation Package/Addenda who reside primarily within Los Angeles County Mental Health Service Areas as identified on the

Service Delivery Site Exhibit and who either are referred to Contractor by Director or voluntarily apply for and receive services with the subsequent consent of Director.

Patients/clients shall satisfy the Short-Doyle/Medi-Cal criteria for Medical Necessity as described in the RO/TCM Manual.

3. SERVICE DELIVERY SITE(S): Contractor's facility(ies) where services are to be provided hereunder is (are) located at: Site(s) as identified on the Service Delivery Site Exhibit and in the Contractor's Negotiation Package/Addenda. Contractor shall obtain the prior written consent of Director at least seventy days before terminating services at such location(s) and/or before commencing such services at any other location(s).

4. QUALITY IMPROVEMENT: Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, HIPAA, SDHS policies and procedures, SDMH policies and procedures, and DMH quality improvement policies and procedures. Contractor shall establish and maintain a complete and integrated quality improvement.

5. PROGRAM ELEMENTS AND SERVICES: Contractor shall provide services to patients/clients in accordance with Contractor's Negotiation Package and any addenda thereto, as approved in writing by Director, and the Guide to Procedure Codes, for the term of this Agreement. Services shall include, but are not limited to:

- A. Assessment;
- B. Collateral; and
- C. Individual Therapy.

**DMH Summary of Amendment Changes**

LEGAL ENTITY NAME: \_\_\_\_\_

Contract No.: \_\_\_\_\_

Legal Entity No.: \_\_\_\_\_

Amendment No.: \_\_\_\_\_

**LISTING OF FUNDING SOURCES**

	<b>Realignment/CGF</b>	12	DCFS AB 3632 Family Preservation	24	PATH/McKinney
1	EPSDT Baseline CGF Match	13	DHS/ADPA (Sidekick)	25	AB 2994
2	SB 90 (AB 3632) Baseline CGF Match	14	DCFS Star View	26	AB 2034: Services
3	EPSDT Growth CGF Match	15	DPSS CalWORKs		AB 2034: Client Supportive Services
4	Healthy Families CGF Match	16	DPSS GROW	27	SAMHSA/AB 3015
5	Non EPSDT-FFP CGF Match	17	DHS Lamp		SAMHSA: Flex Funds
6	STOP CGF Match	18	DHS Social Model	28	State HIV/AIDS
7	Other CGF	19	DCFS STOP (SGF)	29	SB 90 (AB 3632)
8	DHS/ADPA AB 2034	20	DCFS Hillview/Transitional Living	30	Healthy Families FFP
9	DHS/ADPA Dual Diagnosis	21	Probation Schiff-Cardenas	31	Non EPSDT-FFP
10	DCFS Family Preservation	22	DHS/ADPA Dual Diagnosis (BHS)	32	EPSDT-FFP
11	DCFS AB 1733 Child Abuse	23	DCFS THP	33	EPSDT-SGF

**FUNDING SOURCE(S):**

(Select from Funding Sources listed above.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AMOUNT**  
Increase/Decrease

**FISCAL YEAR**

**MCA**


**AMENDMENT ACTION(S):**

**BOARD ADOPTED DATE:** \_\_\_\_\_

**EFFECTIVE DATE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New Headquarters Address: \_\_\_\_\_

Sup. Dist.: \_\_\_\_\_  
Svc. Area: \_\_\_\_\_

**ADD OR DELETE SERVICE SITE(S):**

Name	Address	Sup. Dist.	Svc. Area	Prov. No.