

INSTRUCTIONS FOR COMPLETING WORKSHEET

- 1 Where indicated, type in your "Contractor Name" and "Legal Entity No." at the top of the spreadsheet in the black shaded area.

A	B	C	D	
<p align="center">STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS</p> <p align="center">↓</p>	<p>CONTRACTOR NAME: ABC Contractor</p>			
	<p>LEGAL ENTITY NO.: 00001</p>			
	Service Delivery Site / Name		Service Delivery Site / Name	
	Provider #		Provider #	
	Service Area		Service Area	
Supervisorial District		Supervisorial District		

- 2 In the blank space below "Service Delivery Site / Name", type in the location site/name and address.

A	B	C
<p align="center">STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS</p> <p align="center">↓</p>	<p>CONTRACTOR NAME: ABC Contractor</p>	
	<p>LEGAL ENTITY NO.: 00001</p>	
	Service Delivery Site / Name	
	<p align="center">Clinic #1 1234 Main Street Los Angeles, CA 90000</p>	<p align="center">Clinic #2 2345 1st Avenue Los Angeles, CA 90001</p>
	Provider #	Provider #
	Service Area	Service Area
Supervisorial District	Supervisorial District	

- 3 In the blank space below "Provider #", type in the Provider's assigned number.

A	B
<p align="center">STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS</p> <p align="center">↓</p>	<p>CONTRACTOR NAME:</p>
	<p>LEGAL ENTITY NO.:</p>
	<p>PERIOD:</p>
	<p align="center">Service Delivery Site</p>
	<p>Sample Location 123 Main Street Los Angeles, CA 90020</p>
	<p>Provider #</p>
	<p align="center">1000</p>
	<p>Service Area</p>
Supervisorial District	

4 In the blank spaces below "Service Area" and "Supervisorial District", select the applicable SA and SD from the dropdown menu.

B	
CONTRACTOR NAME:	
LEGAL ENTITY NO.:	
Service Delivery Site / Name	
Provider #	
Service Area	
Supervisorial District	

5 To select SOW(s) / SE(s) for your contract, use the blank spaces under the left column titled "Statement of Work (SOW)/Service Exhibits" to select all applicable SOW(s) / SE(s). Please note that only one line per SOW/SE can be used.

STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS 	CONTRACTOR NAME:	ABC Contractor	
	LEGAL ENTITY NO.:	00001	
	Service Delivery Site / Name	Service Delivery Site / Name	Service Delivery Site / Name
	Example Site 1 1234 Main Street Los Angeles, CA 90001	Example Site 2 2345 Anywhere Street Los Angeles, CA 90002	Example Site 3 3456 1st Street Los Angeles, CA 90002
	Provider #	Provider #	Provider #
	1001	1002	1003
	Service Area	Service Area	Service Area
	4	2	1
	Supervisorial District	Supervisorial District	Supervisorial District
	2	3	5

- 6 After selecting all applicable service exhibits from the "drop down menu", type an "X" under the "Service Delivery Site" that corresponds to services provided at the location. When all information is entered, save and print the document. See #7 below for additional details for document printing.

	Service Delivery Site	Service Delivery Site	Service Delivery Site	Service Delivery Site
STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS ↓	Sample Location 123 Main Street Los Angeles, CA 90020	Sample Location 123 Main Street Los Angeles, CA 90020	Sample Location 123 Main Street Los Angeles, CA 90020	Sample Location 123 Main Street Los Angeles, CA 90020
	Provider #	Provider #	Provider #	Provider #
	1000	1500	2000	2500
	Service Area	Service Area	Service Area	Service Area
	2	3	4	5
	Supervisorial District	Supervisorial District	Supervisorial District	Supervisorial District
	5	2	3	4
104-A - Targeted Case Management Services (Rehab. Option)	X			X
304-A - Vocational Services		X		X
501-A - Outreach Services			X	X
1094 - Full Service Partnership (FSP)	X			X

- 7 To set the required print area, highlight the entire area that should be printed, both vertically and horizontally. While highlighted, selected the "Page Layout" tab on the menu. On the "Page Layout" menu, select the "arrow down" next to "Print Area" which will reveal another drop-down menu. On the "Print Area" drop down menu, select "Set Print Area" as this will ensure that only the previously highlighted information will print.

The screenshot shows the Microsoft Excel interface with the **Page Layout** ribbon selected. The **Print Area** dropdown menu is open, showing options like **Set Print Area**. Below the ribbon, the spreadsheet content is visible:

	Service Delivery Site	Service Delivery Site	Service Delivery Site
STATEMENT OF WORK (SOW)/ SERVICE EXHIBITS ↓	Sample Location 1 123 Main Street Los Angeles, CA 99991	Sample Location 2 456 Main Street Pasadena, CA 99992	Sample Location 3 789 Main Street Montebello, CA 99993
	Provider #	Provider #	Provider #
	1000	1001	1002
	Service Area	Service Area	Service Area
	6	3	7
	Supervisorial District	Supervisorial District	Supervisorial District
	2	5	1
104-A - Targeted Case Management Services (Rehab. Option)	X		X
404-A - Crisis Intervention Services (Rehab. Option)		X	X
801 - Life Support Services	X	X	X
901 - Independent Living Services	X		X
1100 - Client Supportive Services (CSS) for Mental Health Services Act (MHSA) Programs		X	X

1	104-A - Targeted Case Management Services (Rehab. Option)
2	201 - Short-Term Crisis Residential Services (Forensic)
3	202-A - Crisis Stabilization Services (Rehab. Option)
4	304-A - Vocational Services
5	308-B - Day Rehabilitation Services (Adult) (Rehab. Option)
6	309-B - Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)
7	310 -B - Day Treatment Intensive Services (Adult) (Rehab. Option)
8	311-B - Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)
9	402 - Mental Health Services (Rehab. Option)
10	403 - Medication Support Services (Rehab. Option)
11	404-A - Crisis Intervention Services (Rehab. Option)
12	405 - Mental Health Service Treatment Patch (La Casa)
13	406-A - Therapeutic Behavioral Services
14	501-A - Outreach Services
15	502-A - Outreach Services (Suicide Prevention Services)
16	503-A - American Indian Life Skills (United American Indian Involvement, Inc.)
17	601 - Intensive Skilled Nursing Facility Services
18	602 - Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)
19	603 - Intensive Skilled Nursing Facility Services (La Paz)
20	604 - Intensive Skilled Nursing Facility Services Forensic Treatment
21	605 - Skilled Nursing Facilities (Psychiatric Services)
22	608 - Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)
23	609 - Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)
24	701-A - Socialization Services
25	801 - Life Support Services
26	802-A - Case Management Support Services
27	803-A - Case Management Support Services (Forensic)
28	804-A - Case Management Support Services (Children & Youth)
29	805 - Life Support Services (Forensic)
30	901 - Independent Living Services
31	902 - Local Hospital Services
32	904 - Semi-Supervised Living Services
33	912 - Adult Residential Treatment Services (Transitional) (MSHA)
34	913 - Adult Residential Treatment Services (Long Term)
35	914 - Non-Hospital Acute Inpatient Services (La Casa PHF)
36	915 - Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)
37	930 - Psychiatric Inpatient Hospital Services
38	1001 - Primary Linkage and Coordination Program
39	1003 - Service Provisions (Organizational Provider Only)
40	1011 - Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services
41	1012 - Mental Health 24-Hour Services Children Under Age 18 Basic Services
42	1013 - Supportive Services – Residential Programs (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
43	1016 - Supportive Services – Intensive Residential Program (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
44	1018 - Client Supportive Services (New Directions) (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
45	1022 - Intensive In-Home Mental Health Services
46	1025 - Intensive Treatment Foster Care
47	1026 - One-Time Expenses Associated with Program Development for Intensive In-Home Evidence Based Practices (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
48	1027 - Planning, Outreach and Engagement
49	1031 - Client Supportive Services Homeless CalWORKs Families Project (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
50	1032 - Star View-PHF-Supplemental Financial Support
51	1033 - Star View-CTF-Supplemental Financial Support
52	1036 - Suicide Prevention Program Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan
53	1037 - One-Time Expenses Associated with Starting a new MHSA Program for PEI Early Start Suicide Prevention Program (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
54	1039 - PEI Early Intervention EBP programs for Children & TAY
55	1046 - One-Time Expenses Associated with Implementing a New MHSA Program for Prevention and Early Intervention (PEI) Program (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
56	1047 - Prevention and Early Intervention (PEI) Program (Includes Attachment A - MHSA PEI Programs Core Interventions and Ancillary Services Guide and Attachment B - PEI Evidenced Based Practices (EBP) Outcome Measures)
57	1052 - One-Time Expenses Associated with Starting A New Mental Health Services Act Innovation Program (Includes Attachment A)
58	1060 - Statement of Work (SOW) CalWORKs Program (Exhibits 1-7)
59	1061 - One-Time Expenses Associated with Starting A New Mental Health Services Act Prevention And Early Intervention Integrated School Health Centers Program (Includes Attachment A - Reimbursement Procedures and Attachment B – Reimbursement Claim)
60	1062 - SAMHSA Project ABC - Family Wellness Network
61	1069 - Client Supportive Services – Homeless Programs (Includes Attachment A - Reimbursement Procedures and Attachment B - Monthly Claim for Cost Reimbursement)
62	1071 - VIP Community Mental Health Center, Inc. – Forensic Center Services
63	1072 - Psychiatric Inpatient Hospital Services
64	1073 - Non-Hospital Acute Inpatient Services (Exodus Recovery Psychiatric Health Facility)

