

**EXHIBIT C-2b**  
**(for Medi-Cal, 16 beds and under)**

**STATEMENT OF WORK 1125**

**PSYCHIATRIC HEALTH FACILITY  
(PHF)**

**STATEMENT OF WORK  
PSYCHIATRIC HEALTH FACILITY**

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# STATEMENT OF WORK PSYCHIATRIC HEALTH FACILITY

## 1.0 SCOPE OF WORK

Contractor shall provide non-hospital 24-hour inpatient services in a psychiatric health facility (PHF) designed to provide innovative and more competitive acute care service as an alternative to hospital care.

### 1.1 Facility Licensing and Staffing

1.1.1 Contractor shall be licensed by the California Department of Health Care Services (DHCS) as a PHF.

1.1.2 The PHF shall be secure and shall meet California Code of Regulations (CCR), Title 22, Sections 77061-77067 staffing standards for PHFs and CCR, Title 9, Section 663 staffing standards required for Lanterman-Petris-Short (LPS) designation to provide treatment on an involuntary basis.

### 1.2 Target Population

Contractor shall provide services to **ALL** clients that are referred by LAC-DMH. Contractor acknowledges that LAC-DMH will pre-screen clients as clinically appropriate for Acute Psychiatric Inpatient Hospital level of care according to generally accepted standards. The referred clients must meet the following criteria:

1.2.1 Are ages 13 through 17 years of age (Adolescent) or 18 years of age and older (Adult);

1.2.2 Are experiencing an acute psychiatric episode or crisis; **AND**

1.2.3 Require services either on a voluntary or an involuntary basis.

*Clients in Sub-Sections 1.2.1 through 1.2.3 may also meet the following criteria:*

1.2.4 Present or past history of substance use disorder;

1.2.5 Past history of legal charges, convictions, arrests, or justice involvement status; and/or

1.2.6 The current presence of suicidal ideation in the absence of actual suicidal behavior or intent in the previous week.

1.2.6.1 In the case of disputes between Contractor and LAC-DMH regarding whether a Client's degree of suicidal risk is appropriate for placement in Contractor's facility, suicidal risk assessment shall be completed by both parties utilizing the Columbia Suicide Severity Rating Scale (C-SSRS) administered by a licensed clinician with current training in the use of the rating scale.

- 1.2.6.2 In the case of continuing dispute, final determination will be made by the LAC-DMH Medical Director.

## **2.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS**

- 2.1 Services shall be provided at a licensed PHF facility as listed on Exhibit C Statement(s) of Work/Service Exhibit(s) List.
- 2.2 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Contract.

## **3.0 QUALITY MANAGEMENT**

- 3.1 The Contractor shall establish and utilize a comprehensive Quality Management Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Contract Project Monitor for review. The plan shall include, but may not be limited to the following:
  - 3.1.1 Method of monitoring to ensure that Contract requirements are being met
  - 3.1.2 A record of all inspections conducted by the Contractor
    - 3.1.2.1 Any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action. shall be provided to the County upon request.
- 3.2 Contractor shall comply with all applicable provisions of WIC, CCR, Code of Federal Regulations, DHCS policies and procedures, and DMH quality improvement policies and procedures, to establish and maintain a complete and integrated quality improvement system.
  - 3.2.1 In conformance with these provisions, Contractor shall establish:
    - 3.2.1.1 A utilization review process;
    - 3.2.1.2 An interdisciplinary peer review of the quality of patient/client care; and
    - 3.2.1.3 Monitoring of medication regimens of Clients. Medication monitoring shall be conducted in accordance with County policy.
  - 3.2.2 A copy of Contractor's Quality Management Plan shall be available to LAC-DMH upon request.

### **3.3 CONCURRENT AUTHORIZATION**

Contractor must read, understand, and comply with California DHCS MHSUDS Information Notice #: 19-026 dated 5/31/2019 and currently exists or as may be updated from time to time.

Contractor shall comply with LAC-DMH's policies and procedures on authorization of services. Contractor acknowledges that the County is in the process of transitioning from retrospective authorization to concurrent authorization. Contractor shall comply with all policies and procedures of providing documentation necessary for LAC-DMH to authorize the services. The exchange of HIPAA information between LAC-DMH and contract providers shall be via IBHIS Provider Connect or other available LAC-DMH approved options. Documentation exchanged may include but is not limited to clinical, demographic, administrative, financial eligibility, and/or other information requested by LAC-DMH.

### **3.4 CRITERIA TO BE MET FOR PHF DAY AUTHORIZATION:**

3.4.1 A client must meet the following medical necessity criteria for admission to a licensed facility for PHF services:

- a) Have an included diagnosis;
- b) Cannot be safely or more effectively treated at a lower level of care, except that a client who can be safely treated with crisis residential treatment services or psychiatric health facility services for an acute psychiatric episode shall be considered to have met this criterion; and
- c) Requires psychiatric inpatient hospital services, due to one of the following:
  - 1. Symptoms or behavior due to a mental disorder:
    - Represent a current danger to self or others, or significant property destruction.
    - Prevent the client from providing for, or utilizing, food, clothing, and shelter.
    - Present a severe risk to the client's physical health.
    - Represent a recent, significant deterioration in ability to function.

**OR**

- 2. Require admission for one of the following:
  - Further psychiatric evaluation.
  - Medication treatment.
  - Other treatment that can be reasonably provided only if the client is hospitalized.
  - Treatment while hospitalized is likely to be more effective

than at a lower level of care.

3.4.2 The medical necessity criteria are applicable regardless of the legal status (voluntary or involuntary) of the client.

3.4.3 Continued stay services in a hospital shall be reimbursed when a client experiences one of the following:

- Continued presence of indications that meet the medical necessity criteria;
- Serious adverse reaction to medications, procedures or therapies requiring continued hospitalization;
- More than two readmissions in less than 30 days within the previous 12 month period unless either the person's condition or discharge plan is substantially different for the current admission relative to prior admissions;
- Presence of new indications that meet medical necessity criteria;

**OR**

- Need for continued medical evaluation or treatment that will be more effective if the client remains in the hospital.

**3.5 RETROSPECTIVE AUTHORIZATION REQUIREMENTS FOR PHF DAYS:**

Contractor must read, understand, and comply with California DHCS MHSUDS Information Notice #: 19-026 dated 5/31/2019, and as may be updated from time to time.

- 3.5.1 Contractor may request retrospective authorization under the following limited circumstances: Retroactive Medi-Cal eligibility determination;
- b) Inaccuracies in the Medi-Cal Eligibility Data System;
  - c) Authorization of services for clients with Other Health Care coverage pending evidence of billing, including dual-eligible client; and/or
  - d) Client's failure to identify payer (e.g., for psychiatric inpatient hospital services).

**4.0 QUALITY ASSURANCE PLAN**

LAC-DMH will evaluate the Contractor's performance under the Contract using the quality assurance procedures as defined in the Contract, Paragraph 8.15, County's Quality Assurance Plan.

**4.1 Monthly Meetings**

- 4.1.1 Contractor shall attend meetings as requested by LAC-DMH.

## **4.2 Contract Discrepancy Report (SOW - Attachment II)**

Verbal notification of a Contract discrepancy will be made to the Contractor as soon as possible whenever a Contract discrepancy is identified. The problem shall be resolved within a time period mutually agreed upon by LAC-DMH and the Contractor.

LAC-DMH will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to LAC-DMH within five workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to LAC-DMH within five workdays.

## **4.3 County Observations**

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

## **4.4 Data Collection and Information Exchange**

4.4.1 Contractor shall develop measurement and tracking mechanisms to collect and report data. Contractor shall track report monthly unless otherwise specified:

- a. Available beds (daily);
- b. The number of clients who were referred to the PHF;
- c. The number of clients refused or more information pending;
- d. The average length of time to respond to referrals to the PHF;
- e. The number of clients who were accepted;
- f. The number of clients discharged; and
- g. The number of clients receiving substance use services.

4.4.2 Contractor shall acknowledge that DMH is transitioning to a bed management system. Contractor shall provide bed capacity information in real time or at least on a daily basis to DMH. Contractor also acknowledges that DMH utilizes Los Angeles Network for Enhanced Services (LANES) as a Health Information Exchange network and agrees provide admission history and physical, recent psychiatric progress notes as applicable and necessary, psychotropic medication information, and discharge / transfer summary when needed.

4.4.3 Record Keeping: Contractor shall keep a record of services that were provided, as well as the dates, agendas, sign-in sheets, and minutes of all staff meetings.

4.5 **Duration / Utilization Review**: DMH will implement utilization review every three days, including implementing a standardized decision support tool, InterQual. Authorization and certification of continued stay shall include a review of the client's

concrete progress towards their treatment goals, discharge readiness, and timely documentation of such on a monthly basis.

## 5.0 DEFINITIONS

- 5.1 Client:** For the purposes of this SOW, a Client is a person experiencing an acute psychiatric episode or crisis that receives PHF services by Contractor as referred by LAC-DMH.
- 5.2 InterQual:** A standardized decision-making tool used to assist with level of care determinations and utilization review.
- 5.3 Lanterman-Petris-Short (LPS) Act:** In California, establishes how an individual may be detained in a locked psychiatric facility if the individual is assessed to be a danger to themselves, a danger to others, or gravely disabled.
- 5.4 LPS Hold (Short-Term Holds):** “5150”s are 72-hour holds for evaluation and assessment and “5250”s are 14-day holds for intensive treatment. Each hold is defined under section 5150 or section 5250 of the Welfare and Institutions Code.
- 5.5 Medical Clearance:** For the purposes of this SOW, “Medically Clear” for admission shall be defined as clients who meet the criteria in Attachment I. Contractor shall work with referring institutions to efficiently accept and transfer clients to next levels of care. Any disputes regarding “medical clearance” shall be resolved by doctor-to-doctor consultation between the referring institution and the Contractor.
- 5.6 Service Delivery Plan (SDP):** An in depth report that comprises of multiple forms, known as “schedules”, that details how mental health services are being delivered, populations served, and funding expenditures for mental health contracts and other unique service contracts. SDPs are used by DMH as a monitoring tool to ensure that services are delivered effectively and efficiently. Oversight activities include: clinical programmatic monitoring (i.e. to ensure effective mental health services and supports are being delivered); fiscal and budget monitoring; and administrative monitoring.
- 5.7 Service Function Code** – A code for purposes of determining the number of units of service provided by Contractor hereunder and shall be established by LAC-DMH.

## 6.0 RESPONSIBILITIES

The County’s, and the Contractor’s responsibilities are as follows:

### COUNTY

#### 6.1 Personnel

LAC-DMH will administer the Contract according to the Contract, Paragraph 6.0, Administration of Contract - County. Specific duties will include:



- 6.1.1 Monitoring the Contractor's performance in the daily operation of the Contract.
- 6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 6.1.3 Preparing Amendments in accordance with the Contract, Sub-paragraph 8.1 Amendments.

## **6.2 Furnished Items**

- 6.2.1 Obesity or physical disability: For clients requiring specialized equipment such as a bariatric bed or chair, if the facility is not currently equipped, the necessary equipment, as determined by LAC-DMH, will be provided at the expense of LAC-DMH. Final disposition of equipment will be reviewed on a case-by-case basis.

## **CONTRACTOR**

### **6.3 Program Manager**

- 6.3.1 Contractor shall provide a full-time Program Manager or designated alternate. LAC-DMH must have access to the Program Manager during regular business hours, which are Monday through Friday 8:00 a.m. to 5:00 p.m. Contractor shall provide a telephone number and electronic mail (e-mail) address where the Program Manager may be reached on a daily basis.
- 6.3.2 Program Manager shall act as a central point of contact with the County.
- 6.3.3 Program Manager or alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Program Manager/alternate shall be able to effectively communicate in English, both orally and in writing.

### **6.4 Personnel**

- 6.4.1 Contractor shall assign a sufficient number of employees to perform the required work. At least one employee on site shall be authorized to act for Contractor in every detail and must speak and understand English.
- 6.4.2 Contractor shall be required to background check their employees as set forth in sub-paragraph 7.5 of the Contract – Background and Security Investigations.

### **6.5 Identification Badges**

- 6.5.1 Contractor shall ensure their employees are appropriately identified as set forth in sub-paragraph 7.4 of the Contract – Contractor's Staff Identification.

### **6.6 Materials and Equipment**

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by employees.

## **6.7 Training**

6.7.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

6.7.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to Occupational Safety and Health Administration (OSHA), DHCS, Department of Public Health (DPH), Community Care Licensing (CCL), and Centers for Disease Control and Prevention (CDC) standards as applicable to their license and certification. Contractor shall supply appropriate personal protective equipment to employees.

## **6.8 Service Delivery Site(s)/Administrative Office**

6.8.1 PHF services shall be provided at the facility(s) listed on Exhibit C Statement(s) of Work/ Service Exhibit(s) List and in the Contractor's Service Delivery Plan/Addenda.

6.8.1 Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of **8:00 a.m. to 5:00 p.m.**, Monday through Friday, by at least one employee who can respond to inquiries which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. **The Contractor shall answer calls received by the answering service within 24 hours of receipt of the call.**

## **7.0 HOURS/DAY OF WORK**

PHF services shall be provided 24 hours per day, seven (7) days per week and 365 days per year (24/7/365).

## **8.0 WORK SCHEDULES**

8.1 Contractor shall submit staff work schedules within five (5) business days of request. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.

8.2 Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Project Manager for review and approval within five working days prior to scheduled time for work.

## **9.0 INTENTIONALLY OMITTED**

## **10.0 SPECIFIC WORK REQUIREMENTS**

Contractor shall provide PHF services hereunder as generally described in Welfare and Institutions Code (WIC), Section 4080 et seq.; CCR, Title 22, Section 77000 et seq. and the Short-Doyle / Medi-Cal Organizational Provider's Manual (<https://dmh.lacounty.gov/qa/qama/>):

- Mode 05/Service Function Code 20 Psychiatric Health Facility Services
- Psychiatric Health Facility services include one or more of the following service components:
  - Assessment
  - Plan Development
  - Therapy
  - Rehabilitation
  - Collateral
  - Crisis Intervention

PHF services are a bundled service and are not claimed by individual staff. The Rendering Provider on the claim for PHF services must be present on the day of service. The Rendering Provider may be the staff writing the daily note (so long as all services described on the note are within scope of practice).

- Services shall not be claimable unless there is face-to-face contact between the client and a treatment staff person of the facility on the day of service and the client has been admitted to the program. (CCR §1840.340(a))

Contractor shall maintain such standards consistent with Contractor's Contract Package and any Addendum thereto, as approved in writing by LAC-DMH, for the term of the Contract.

If Contractor provides PHF services that treat youth, Contractor acknowledges that LACDMH is working with the Charles Drew University adolescent psychiatry fellowship program. Contractor agrees and will permit fellowship residents to rotate at Contractor's site and treat youth requiring PHF services, under the supervision of the Child Psychiatry Program Director or their designee.

Contractor shall work with referring institutions to efficiently accept and transfer clients to next levels of care as referenced in Attachment I (Medical Clearance Form), including aftercare instructions and appointments.

Contractor acknowledges that patients that are transferred or discharged without adequate medical clearance and follow-up plan for their co-morbid medical conditions may be subject to re-admission.

Any disputes regarding "medical clearance" shall be resolved by doctor-to-doctor consultation between the referring institution and the Contractor.

### **10.1 PHF SERVICES** shall include, but are not limited to:

- 10.1.1 Admission services 24 hours a day/ seven (7) days a week /365 days per year;
- 10.1.2 Maintain a safe and clean-living environment with adequate lighting, toilet and bathing facilities, hot and cold water, toiletries, and a change of laundered bedding;
- 10.1.3 Three balanced and complete meals each day;
- 10.1.4 24-hour supervision of all Clients by properly trained personnel. Such supervision shall include, but is not limited to, personal assistance in such matters as eating, personal hygiene, dressing and undressing, and taking of prescribed medications;
- 10.1.5 Assessment and evaluation;
- 10.1.6 Complete history and physical examination within 24 hours of admission or immediately before admission;
- 10.1.7 Laboratory services when medically indicated;
- 10.1.8 X-Rays;
- 10.1.9 EKGs and EEGs;
- 10.1.10 Medication supervision and/or support services;
- 10.1.11 Psychiatric treatment services, including, but not limited to, history and evaluation within 24 hours of admission and daily patient review;
- 10.1.12 Psychological services;
- 10.1.13 Social work services;
- 10.1.14 Nursing services;
- 10.1.15 Recreational therapy services;
- 10.1.16 Occupational therapy services;
- 10.1.17 Orders for PRN (Per re Nata, or as needed) medication occurring four or fewer times a day;
- 10.1.18 Diabetic care requirements including checking glucose levels and administering insulin up to four times a day;
- 10.1.19 Medical need for supplemental oxygen;
- 10.1.20 Wound care up to twice a day;
- 10.1.21 Recommendation for further treatment, conservatorship, or referral to other existing programs, as appropriate (i.e., day care, outpatient, etc.), relative to patient/client needs;
- 10.1.22 Prior to regular or Against Medical Advice (AMA) discharge of any Client, Contractor shall prepare and transmit a written aftercare plan in accordance with California Health and Safety Code Section 1284 and WIC Section 5622. Each aftercare plan shall be submitted to LAC-DMH at least one day prior to discharge of the Client or one day subsequent to the discharge if it is an AMA discharge; and

- 10.1.23 Maintain daily attendance log for each patient day, as defined by LAC-DMH, provided hereunder.

10.2 Temporary Client Absences:

- 10.2.1 The purpose and plan of each temporary absence, including, but not limited to, specified dates, shall be incorporated in progress notes in the Client's case record. No payment for temporary absence(s) shall be claimed or made where the Client is not expected to return to Contractor's facility.
- 10.2.2 Contractor may be reimbursed for temporary Client absences from Contractor's facility only as allowable in the CR/DC Manual, Chapter I (Introduction). County payment for temporary absences must be therapeutically indicated and approved in writing by LAC-DMH.

10.3 Notification of Death:

- 10.3.1 Contractor shall immediately notify LAC-DMH upon becoming aware of the death of any Client provided services hereunder. Notice shall be made by Contractor immediately by telephone and in writing upon learning of such a death. The verbal and written notice shall include the name of the deceased, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor's staff with knowledge of the circumstances.
- 10.3.2 Contractor shall report by telephone all special incidents to LAC-DMH and shall submit a written special incident report within 72 hours. Special incidents shall include, but are not limited to: suicide or attempt; absence without leave (AWOL); death or serious injury of Clients; criminal behavior (including arrests, with or without conviction); and any other incident which may result in significant harm to the Client or staff or in significant public or media attention to the program.
- 10.3.3 Contractor shall inform LACDMH of every client admitted to the emergency department and/or inpatient unit on an involuntary hold (5150 or 5585) and the follow up plan including patient name, patient date of birth, patient phone number, date of admission, and disposition. Provided Contractor has capacity, Contractor shall accept all clients who meet the criteria for acute psychiatric hospitalization, and will provide a report of clients denied access or referred elsewhere on demand in a timely manner.

10.4 Emergency Medical Care:

- 10.4.1 Clients who are provided services hereunder and who require emergency medical care for physical illness or accident shall be transported to an appropriate medical facility. The cost of such transportation as well as the cost of any medical care shall not be a charge to nor reimbursable under this Contract.

- 10.4.2 Contractor shall have written agreement(s) for emergency and other medical services with one or more general acute care hospitals in accordance with CCR, Title 22, Section 77089.
- 10.4.3 Contractor shall establish and post written procedures describing appropriate action to be taken in the event of a medical emergency.
- 10.4.4 Contractor shall also post and maintain a disaster and mass casualty plan of action in accordance with CCR Title 22, Sections 77129 and 77133. Such plan and procedures shall be submitted to LAC-DMH upon request.

## **11.0 GREEN INITIATIVES**

- 11.1 Contractor shall use reasonable efforts to initiate “green” practices for environmental and energy conservation benefits.
- 11.2 Contractor shall notify LAC-DMH, upon request, of Contractor’s new green initiatives.

## **12.0 PHF OUTCOMES, PERFORMANCE MEASURES, AND PERFORMANCE-BASED CRITERIA**

### **12.1 PHF Outcomes:**

Contractor **SHALL** ensure the PHF services are designed to produce the following outcomes for individuals served by Contractor. The following list is not exhaustive and may be subject to change:

- 12.1.1 Reduced utilization of Urgent Care Centers (UCCs), hospital psychiatric emergency rooms, inpatient units, and a reduction in incarceration;
- 12.1.2 Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment;
- 12.1.3 Improvement in participation rates in outpatient mental health services, case management services, supportive residential programs and intensive services programs; and
- 12.1.4 Clients’ and their family members’ (when appropriate) satisfaction with the crisis intervention services received.

### **12.2 Performance Measures**

- 12.2.1 Contractor **SHALL** ensure PHF services are aligned with the Performance-based Criteria identified in Table 1 - Performance-Requirements Criteria. These measures assess the Contractor’s ability to provide the services as well as the ability to monitor the quality of services.

- 12.2.2 Contractor **SHALL** maintain processes for systematically involving families, key stakeholders, and direct service staff in defining, selecting, and measuring quality indicators at the program and community levels. Should there be a change in federal, State and/or County statutes, policies, rules, and/or regulations, DMH will advise the Contractor of the revised Performance-based Criteria with 30-days' notice.

**Table 1 – Performance Based Criteria:**

<b>Performance Based Criteria</b>	<b>Method of Monitoring</b>	<b>Performance Targets</b>
SOW: Bed Capacity Information: Contractor shall provide bed capacity information in real time or at least on a daily basis.	Observation or inspection of reports or bed management system.	Provide daily bed availability information 100% of the time.
SOW: Contractor's Obligation to document and inform LAC-DMH of every client admitted to emergency department and or inpatient unit on an involuntary hold and follow-up plan, including patient name, date of birth, patient phone number, date of admission, and disposition.	Observation or inspection of admission records.	100% reporting of admissions to emergency department and or inpatient unit of 5150s and 5585s on a monthly basis and follow-up plan, including patient name, date of birth, patient phone number, date of admission, and disposition.
SOW: Contractor's obligation to provide written discharge aftercare plan to anticipated follow-up providers at least 24 hours prior to discharge, including appointment time and medication list. This information shall also be provided to LAC-DMH.	Observation of Chart review and documentation.	Compliance in the in documentation of patient chart in 100% of discharges.



## DMH Medical Clearance (All Levels)

### Patient Information

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

### Core Items (within past year unless otherwise noted)

☐ **Medical History & Physical Examination**

☐ Unremarkable

☐ Allergies: \_\_\_\_\_

☐ Positive Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **Comprehensive Psychiatric Evaluation**

☐ DSM-V Diagnosis:

\_\_\_\_\_

☐ **Active Medical & Psychiatric Medication List**

☐ Medication Compliant

☐ **Labs / Drug Screen (CBC, Chem panel, LFTs, TSH, HgA1C)**

☐ Unremarkable

☐ Positive Findings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **RPR-VDRL (if applicable)**

☐ Negative

☐ Positive

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **Pregnancy Test (if applicable)**

☐ Negative

☐ Positive

☐ OB/GYN Consultation

- ☐ **PPD / Chest X-Ray / QuantiFERON-TB Gold (within 30 days)**
  - ☐ Negative
  - ☐ Positive
    - ☐ Medicine/Sub-Specialty Consultation & Treatment
- ☐ **COVID-19 (within 1 week)**
  - ☐ **Vaccinated**
  - ☐ Negative
  - ☐ Positive
    - ☐ Medicine/Sub-Specialty Consultation & Treatment
- ☐ **Forensic History Reviewed**
  - ☐ On Probation
  - ☐ On Parole
  - ☐ Registered Sex Offender
  - ☐ Registered Arsonist
- ☐ **Voluntary**
- ☐ **Lanterman Petris Short (LPS) Act**
  - ☐ Not applicable
  - ☐ LPS Application or LPS Letters
- ☐ **High Elopement Risk**
- ☐ **Assaultive Behavior Risk**

**Additional Items (if applicable)**

- ☐ **Five (5) Consecutive Inpatient Days of Nursing Progress Notes**
- ☐ **Five (5) Consecutive Acute Inpatient Days of Psychiatry Progress Notes**
- ☐ **One (1) Administrative Inpatient Day of Psychiatry Progress Notes**
  - ☐ **Medication Administration Record (MAR) with PRNs**
    - ☐ No IM PRNs administered in past 5 days
    - ☐ Medication Compliant
  - ☐ **Seclusion & Restraint Record**
    - ☐ No seclusion or restraints applied in past 5 days
- ☐ **Physician's Report Completed**

**Comments:**

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**Referring Psychiatrist / Medical Provider Information**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Contact Number: \_\_\_\_\_

**Physician / Medical Provider Information (if applicable)**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Number: \_\_\_\_\_

**CONTRACT DISCREPANCY REPORT****TO:****FROM:****DATES:**      **Prepared:** \_\_\_\_\_**Returned by Contractor** \_\_\_\_\_**Action Completed****DISCREPANCY / ISSUE:** \_\_\_\_\_\_\_\_\_\_  
Signature of County Representative\_\_\_\_\_  
Date**CONTRACTOR RESPONSE (Cause and Corrective Action):** \_\_\_\_\_\_\_\_\_\_  
Signature of Contractor Representative\_\_\_\_\_  
Date**COUNTY EVALUATION OF CONTRACTOR RESPONSE:** \_\_\_\_\_\_\_\_\_\_  
Signature of Contractor Representative\_\_\_\_\_  
Date**COUNTY ACTIONS:** \_\_\_\_\_**CONTRACTOR NOTIFIED OF ACTION:**

County Representative's Signature and Date

\_\_\_\_\_  
Contractor Representative's Signature and Date \_\_\_\_\_