

SB 82 CRISIS STABILIZATION PROGRAM - URGENT CARE CENTERS STATEMENT OF WORK (SOW)

1.0 INTRODUCTION

1.1 Overview

The Investment in Mental Health Wellness Act of 2013, also known as Senate Bill (SB) 82, intends to expand crisis services statewide by providing capital funding to counties in California. The Los Angeles County Department of Mental Health (DMH) has been awarded a total of \$40,892,700 by the California Health Facilities Financing Authority (CHFFA) to expand Los Angeles County's (County) crisis services, \$4,210,526 of which has been designated for its Crisis Stabilization Program or Urgent Care Centers (UCCs). SB 82 intends to expand access to and capacity for community-based mental health crisis services that offer appropriate alternatives to emergency room care, hospitalization and incarceration by establishing three additional UCCs in Service Area (SA) 1 (Antelope Valley), SA 3 (San Gabriel Valley), and SA 8 (South Bay/Harbor Area) within close proximity of a hospital trauma center.

DMH currently has four psychiatric UCCs, developed as part of the County's Mental Health Services Act Community Services and Supports Plan and strategically located to decompress County and private hospital emergency rooms. UCCs provide rapid access to mental health evaluation and assessment, crisis intervention and medication support 24 hours per day, 7 days per week (24/7), as well as case management/linkage to community-based resources for individuals experiencing psychological distress and/or psychiatric crisis. These programs are required to abide by federal and State statutes and regulations and County policies.

1.2 Headings and Definitions

The headings herein are for convenience and reference only and are not intended to define the scope of any provision thereof. The words used herein shall be construed to have the meanings described in this section, unless otherwise apparent from the context in which they are used.

1.3 Scope of Work

The UCCs shall provide crisis intervention services, including integrated services for co-occurring substance abuse disorders, focused on stabilization and linkage to recovery-oriented community based resources. Proposers shall deliver services in one or more of the following areas:

Antelope Valley, San Gabriel Area, and South Bay/Harbor Area, and may serve individuals residing in adjacent communities.

Each of the three UCCs shall have capacity to treat 12 adults and six (6) adolescents at any given time, for a total of 18 individuals per UCC. The UCCs shall be Lanterman-Petris-Short (LPS) designated for the UCC site and for appropriate staff.

Target population is individuals 13 years and older whose presenting problems can be met with short-term (under 24 hours), immediate care and linkage to on-going community services and supports, who would otherwise be taken to emergency rooms or incarcerated. Each individual served shall participate in the development of an individualized plan, focused on recovery and wellness principles that will promote successful re-integration into the community.

1.4 Outcomes for Urgent Care Centers

CHFFA and Los Angeles County DMH have identified the following outcomes for the Crisis Stabilization Program's UCCs regarding individuals served:

- 1.4.1 Reduced utilization of hospital emergency rooms and psychiatric inpatient units, and a reduction in incarceration;
- 1.4.2 Reduced law enforcement involvement on mental health crisis calls, contacts, custodies and/or transports for assessment;
- 1.4.3 Improved participation rates in outpatient mental health services, case management programs, crisis and other supportive residential programs and intensive services programs;
- 1.4.4 Clients' and/or their family members' satisfaction with the crisis stabilization services received; and
- 1.4.5 An increase in the percentage of individuals who, within 15 and 30 days have not returned for crisis services at a County or private hospital emergency department.

1.5 Performance-Based Criteria

- 1.5.1 Any resulting agreement shall include nine (9) Performance-based Criteria that measure the Proposer's performance related to program and operational measures and are indicative of quality mental health services. These measures assess the agency's

ability to provide the mandated services as well as the operation's ability to monitor the quality of services.

- 1.5.2 The Proposer shall provide 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 policies/regulations DMH, at its sole discretion, will advise the Proposer of the revised Performance-based Criteria with 30-day's notice.

The Performance-based Criteria are as follows:

PERFORMANCE BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. Agency has ethnic parity of staff to clients served	Review of staffing pattern and personnel records	Ethnic staff is in proportion to the percentage of ethnic minority clients to be served.
2. Agency has linguistic capability sufficient to meet the needs of clients to be served	Review of staffing pattern and personnel records	Staff is available to meet the linguistic needs of clients served.
3. Provider offers immediate access to mental health services for clients in a crisis	Sample review of client records; client satisfaction surveys	100% of clients entering the Program are seen in a timely fashion, ensuring client satisfaction as measured by self-reports that are included in a client satisfaction survey.
4. Agency has sufficient number of LPS designated staff to serve clients	Review of staffing records	LPS designated staff on each shift
5. Agency identifies clients with co-occurring mental health and substance abuse disorders and provides appropriate services	Integrated System (IS) report of clients who have substance abuse diagnosis; sample review of client records.	A minimum of 50% of clients are identified as having co-occurring mental health and substance abuse disorders.
6. Agency provides (or arranges access to) peer support and self-help groups	Sample review of client records	A minimum of 50% of clients will be referred to peer support and self-help groups
7. Agency has paid staff who are clients/peer advocates and/or family members	Review of personnel records	Approximately 10% of staff will be persons with lived experience.

PERFORMANCE BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
8. Agency serves uninsured clients	IS report	Approximately 20% of clients served were uninsured at the time of admission.
9. UCC reduces hospital admissions for clients served	IS report and analysis	Clients using UCC demonstrate decreased use of hospital services compared with baseline period.

1.6 Staffing

Proposer and/or its Subcontractor(s) shall ensure that the following staff and volunteer requirements are met:

- 1.6.1 Criminal Clearances: Criminal clearances and background checks shall have been conducted for all Proposer's staff and volunteers and all Subcontractor staff prior to beginning and continuing work under any resulting contract. The cost of such criminal clearances and background checks is the responsibility of Proposer, whether or not the Proposer or Subcontractor's staff or volunteers pass or fail the background and criminal clearance investigations.
- 1.6.2 Linguistic and Cultural Capacity: Proposer personnel, as well as all Subcontractor staff performing services under this SOW shall be able to read, write, speak, and understand English in order to conduct business with County. In addition to having competency in English, Proposer shall ensure there is a sufficient number of ethnically and linguistically diverse staff to meet the cultural and language needs of the community served.
- 1.6.3 Service Delivery: Proposer shall ensure that all professional and paraprofessional staff and volunteers are able to provide services in a manner that effectively responds to differences in cultural beliefs, behaviors and learning, and communication styles within the community in which the Proposer will provide services. Staff shall include professionals, paraprofessionals, and persons with lived experience
- 1.6.4 Driver's License: Proposer shall maintain copies of current driver's licenses, including current copies of proof of auto insurance, of staff providing transportation for clients.

- 1.6.5 Driving Record: Proposer shall maintain copies of driver's Department of Motor Vehicles (DMV) printouts for all Proposers' drivers providing service under this SOW. Reports shall be available to County upon request. County reserves the right to conduct a DMV check on Proposer's drivers upon request.
- 1.6.6 Experience: Proposer shall be responsible for securing and maintaining staff who have sufficient experience and expertise necessary to provide the services required in this SOW. Proposer shall obtain written verification for staff with foreign degrees that the degrees are recognized as meeting established standards and requirements of an accrediting agency authorized by the U.S. Secretary of Education.
- 1.6.7 Staff Training: Proposer shall provide orientation to all professional and paraprofessional staff, interns and volunteers providing UCC services prior to their beginning service and shall complete initial training within thirty (30) business days from their start date. Training shall continue throughout an employee's provision of services.
- 1.6.8 Documentation: Proposer shall maintain documentation in the personnel files of all professional and paraprofessional staff, interns, and volunteers of: (1) all training hours and topics; (2) copies of résumés, degrees, and professional licenses; and (3) current criminal clearances.
- 1.6.9 Rosters: Proposer shall provide County, at the beginning of each contract term and within 30 days of any staff change(s), a roster of all staff that includes: (1) name and positions; (2) work schedules; and (3) facsimile and telephone numbers.
- 1.6.10 Changes: Proposer shall advise County in writing of any change(s) in Proposer's key personnel, consisting of management staff and the Project Manager, at least twenty-four (24) hours before proposed change(s), including names and qualifications of new personnel. Proposer shall ensure that no interruption of services occurs as a result of the change in personnel.

1.7 Administrative Tasks

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

- 1.7.2 Evaluation Tools: Proposer shall provide clients and their families a tool by which to evaluate the services rendered by the UCC. Proposer shall ensure the tool addresses the performance of the UCC and the satisfaction of the clients and, when appropriate, their families. Proposer shall make this tool and related information available to County upon request.
- 1.7.3 Data Entry: Proposer shall be responsible for collecting and entering data via the data collection instrument developed by County and the State on all clients referred to the agency. Proposer shall ensure the data is entered electronically at network sites and downloaded at the County centralized database (Integrated System). At a minimum, data collection shall include demographic data, the number of case openings, the number of case closings, and the services recommended and received.
- 1.7.4 Project Manager: Proposer shall designate a Project Manager responsible for the over-all administration and day-to-day management of the UCC. This manager shall be responsible for ongoing communication about the status of the Project with County and State and for addressing any community concerns.
- 1.7.5 Days/Hours of Operation: Proposer shall ensure that the services offered by the UCC are available 24 hours per day, 7 days per week (24/7). Proposer shall notify DMH of the names and phone numbers of primary contact persons for all hours of the program's operation. In addition, the Proposer's Project Manager or County approved alternate shall have full authority to act for Proposer on all matters relating to the daily operation of the UCC, and shall be available during the County's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas.
- 1.7.6 Computer and Information Technology Requirements: Proposer shall acquire a computer system within 30 days of commencement of the contract with sufficient hardware and software, and an agreement for its on-site maintenance to comply with the terms of the contract.
- 1.7.7 Cooperation: Proposer shall work cooperatively with DMH Information Technology Services staff and any contracted program evaluator, if applicable. Proposer shall provide data entry staff to process electronic/fully automated invoices for DMH web-based IS implemented by DMH. Proposer shall electronically invoice County on a monthly basis.

1.8 Service Delivery Site(s)

Services shall be delivered at the site(s) listed in any resulting agreements.

2.0 URGENT CARE CENTER PROGRAM REQUIREMENTS

- 2.1** A safe and pleasant environment that meets community standards and certification requirements;
- 2.2** Locations in the Antelope Valley, San Gabriel Valley , and the South Bay/Harbor Area and, to the extent possible, in close proximity to County Hospitals in order to provide dedicated services for these programs;
- 2.3** Medi-Cal certified within seven (7) days of initiating services, including fire clearance from the local fire department and handicapped accessibility and be LPS designated;
- 2.4** Accept admissions 24 hours per day, 7 days per week (24/7) and be available during the County's regular business hours of Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to County inquiries and to discuss problem areas;
- 2.5** Protocols for responding to suicide risks, threats, acts of violence, and refusal to participate in treatment;
- 2.6** A staffing pattern that requires a ratio of at least one licensed/waivered/registered mental health professional on site for every four clients 24/7, with a peak staffing ratio of one staff to two-three clients (8:00 a.m. to 6:00 p.m. daily). The program shall have the capacity for flexible staffing above the required minimum based on individualized needs of the clients. The Project Manager and consulting psychiatrist may provide additional coverage when on site. Staff shall include a consulting psychiatrist, other professionals, paraprofessionals, and peer support/advocates;
- 2.7** A policy for physician accessibility during and after normal business hours to ensure adequate coverage for client care;
- 2.8** A minimum of one registered nurse, psychiatric technician or licensed vocational nurse on site at all times;

- 2.9 Collaboration with local law enforcement agencies to accept appropriate referrals of individuals with mental illness;
- 2.10 Working with emergency medical service providers to access services for clients found to have critical medical problems;
- 2.11 Accessing all available funding, including Medi-Cal, Medicare and other third party revenue, and assisting clients and families to access the most cost efficient services and supports possible;
- 2.12 A “no refusal” admissions policy;
- 2.13 Provision of or arrangement for the delivery of required ancillary services including laboratory tests and X-rays and when necessary, food for special dietary requirements and linens;
- 2.14 Cooperation with CRM staff to ensure that, prior to discharge, clients are linked to Full Service Partnerships or other mental health providers that will address mental health services and supports, housing, education and employment on an ongoing basis;
- 2.15 A “no discrimination” policy against individuals with a mental illness who have co-occurring disorders and can be safely treated at a UCC. Proposer shall collaborate with other departments or entities (e.g., Regional Center, Department of Health Services) in order to ensure clients’ access to the services most appropriate for their needs and to which they are entitled;
- 2.16 Adherence to DMH policy and procedures regarding admissions and discharges, risk management and participation in quality improvement activities; and
- 2.17 **Medi-Cal Certification and LPS Designation**

Programs providing UCC services must be Medi-Cal certified as Crisis Stabilization Units by the California Department of Health Care Services, Mental Health Services Division (DHCS) pursuant to California Code of Regulations, Title 9, Sections 1840.338 and 1840.348 within seven (7) days of initiating services. If Proposer does not meet this timeline and an extension has not been granted, Proposer could be subject to forfeiture of the UCC award.

Proposers must also meet the criteria and process requirements to be LPS designated by DHCS to evaluate and treat individuals involuntarily detained pursuant to Welfare and Institutions Code, Sections 5150 and 5585.

3.0 POPULATION TO BE SERVED

Proposer shall ensure that the following populations are served:

- 3.1 Adolescents, aged 13-17; adults 18 years of age or older, including older adults (60+), and families in mental health crisis;
- 3.2 Individuals with a primary diagnosis of mental illness, including those who have co-occurring substance abuse, developmental, medical and/or cognitive disorders;
- 3.3 Identified frequent users of psychiatric emergency and inpatient services;
- 3.4 Mentally ill individuals referred by specially trained law enforcement personnel or DMH Law Enforcement Teams because of contact with the criminal justice system for low-level offenses resulting from or associated with their mental illness;
- 3.5 Individuals with an urgent need for mental health services who are unable to access services in a timely manner, thereby risking decompensation and the need for a higher level of care;
- 3.6 Individuals who need medication management;
- 3.7 Individuals at high risk for suicide; and
- 3.8 Individuals referred/diverted from County and private hospital emergency departments.

4.0 SERVICES TO BE PROVIDED

Proposer shall provide the services described below directly or by referrals to agencies with which the UCC has established relationships, as follows:

- 4.1 Culturally and Linguistically Appropriate Services: These are services delivered by professional and paraprofessional staff with similar cultural and linguistic backgrounds to those of the population(s) being served. Service providers understand and utilize the strengths of culture in service delivery, and incorporate the languages and cultures of their clients into the services that provide the most effective outcomes.
- 4.2 Assessment/Mental Health Services: Assessment refers to an analysis of the history and current status of mental, emotional or behavioral disorder. Mental Health Services refers to individual and group therapies and interventions designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency.

Providers design, support and implement services that are client, and family-driven, when appropriate, and strength-focused.

- 4.3 Crisis Intervention: These are services rendered to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit. Crisis Intervention Services last less than 24 hours and include activities such as assessment, collateral services, therapy and case management/linkage.
- 4.4 Co-Occurring Services: These are services for individuals with a primary diagnosis of mental illness who have co-occurring disorders such as substance abuse, physical health difficulties, cognitive disorders and developmental disabilities. This includes individual and group interventions (e.g. Alcoholic Anonymous meetings on-site).
- 4.5 Medication Evaluation and Support: – These are services provided by physicians and nurses to evaluate an individual’s need for psychiatric medication and administer medications, monitoring clients’ status as appropriate. Medication Evaluation and Support Services are provided by staff persons who have within the scope of practice of their professions, prescribing, administering, dispensing and monitoring the psychiatric medications necessary to alleviate the symptoms of mental illness.
- 4.6 Case Management/Linkage: These services are consistent with the Medicaid/Medicare definition for Targeted Case Management: services that assist a client to access needed medical, education, social, pre-vocational, vocation, rehabilitative, or other community services. Multidisciplinary staff provides linkage and transition to necessary community supports, based on assessments conducted at the time of admission to the program.
- 4.7 Transportation Services: Transportation to crisis residential facilities or emergency, transitional or permanent housing when appropriate to ensure that successful linkage takes place.
- 4.8 Housing Services: These services assist clients to access emergency, transitional, temporary, and permanent housing. Services may include helping homeless individuals link with emergency shelter bed program(s), and/or assisting individuals who require crisis residential or longer-term transitional residential program(s) to access such services.
- 4.9 Physical Health Care: Basic physical health assessment, including assessment of symptoms related to co-occurring mental health and substance abuse disorders, including arrangements to ensure rapid access to emergency medical care for individuals in a health crisis and referrals to ensure follow-up treatment.

- 4.10** Interagency Collaboration: These are formal or informal relationships, with other community agencies and/or resources that serve mentally ill individuals and share accountability for achieving outcomes on their behalf in the community served by the Proposer.
- 4.11** Community Partnerships: These are formal or informal arrangements with an array of community-based organizations and collaboratives that meet regularly to promote the well-being of clients and their families.
- 4.12** Referrals and Coordination of Care: These are linkages to services necessary to meet the needs of clients and their families. This includes linkage with intensive mental health services programs, community mental health centers in the client's community of choice and/or clients' existing service providers; Wellness Centers and client-run support programs; and/or other public agencies, private agencies, or other community resources to ensure coordination of services that support wellness and recovery.
- 4.13** Benefits Establishment and Services to the Uninsured: These are services designed to assess individuals' financial status, identify all benefits to which they may be entitled (e.g., Medicaid, Medicare) and perform all actions with or on behalf of clients who do not have entitlements, insurance, or income at the time of admission to initiate benefits establishment processes while clients are receiving services.

5.0 QUALITY ASSURANCE AND DATA COLLECTION

5.1 Quality Assurance

- 5.1.1 Proposer shall establish and utilize a comprehensive Quality Assurance Plan (Plan) to ensure that required UCC services are provided at a consistently high level of service throughout the term of the contract. The Plan shall be submitted to DMH for review and approval. The Plan shall be effective on the contract start date and shall be updated and re-submitted for DMH approval as changes occur.
- 5.1.2 The Plan shall include an identified monitoring system covering all the services listed in this RFP and SOW. The system of monitoring to ensure that SOW requirements are being met includes:
- 5.1.2.1 The activities to be monitored, frequency of monitoring, samples of forms to be used in monitoring, title/level and qualifications of personnel performing monitoring functions;

- 5.1.2.2 Ensuring the services, deliverables, and requirements defined in this SOW are being provided at or above the level of quality agreed upon by the County and the Proposer;
- 5.1.2.3 Assuring that professional staff rendering services under this SOW meets the necessary prerequisites;
- 5.1.2.4 Identifying and preventing deficiencies in the quality of service before the level of performance becomes unacceptable;
- 5.1.2.5 Taking any corrective action needed, providing to County upon request a record of all inspections, the corrective action taken, the time the problem is first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action;
- 5.1.2.6 Continuing to provide services in the event of a strike or other labor action of the Proposer's employees; and
- 5.1.2.7 Timely notification to County by the Proposer of community complaints and concerns, including indication of the corrective actions taken to address/resolve the complaint or concern.

5.2 WData Collection

The Proposer shall have the ability to collect, manage and submit the data specified by DMH to demonstrate client outcomes inclusive of guidelines set forth by DMH and CHFFA. Proposer shall work with DMH to develop and implement client tracking systems that include client characteristics and demographics, collection and reporting of data on the outcomes and objectives, method of monitoring the quality of services provided by the UCC, and survey instruments. Proposer shall perform data entry to support these activities. Proposer shall use this outcome data to assess the program's design and implementation and make any mid-course corrections necessary to ensure the achievement of positive outcomes.

6.0 INFORMATION TECHNOLOGY REQUIREMENTS

6.1 Functional Requirements

- 6.1.1 Proposer shall admit individuals and provide basic clinical and demographic information, services detail, assessment and outcomes data, and submit claims for services provided in an electronic form.
- 6.1.2 Throughout the duration of the contracted services, Proposer shall obtain, certify, submit, and review comprehensive information on client status and the outcomes of the service in accordance with

CHFFA and DMH requirements. Proposer shall comply with all DMH deadlines for time-specific processes for the submittal and delivery of information. These include:

- 6.1.2.1 Claims for reimbursement that shall be submitted timely to avoid penalty, payment delays, or outright denial of a claim;
 - 6.1.2.2 Comprehensive admission-time information about the status of clients; and
 - 6.1.2.3 Assessment information at admission and discharge, and reports of key event indicators during the period of service.
- 6.1.3 For claims-related enrollment, units of service reporting and claiming, Proposer shall submit information to the DMH IS by one of two methods: 1) Electronic Data Interchange (EDI), which is electronically submitting Health Insurance Portability and Accountability Act (HIPAA) compliant claims transactions, or 2) Direct Data Entry (DDE), which is entering claims data directly into the IS. EDI is strongly preferred by DMH.
- 6.1.4 Proposer shall provide status and outcomes information by:
- 6.1.4.1 Transmitting the information electronically to DMH from the provider, billing company, or clearinghouse systems using an XML format that DMH will provide that is substantially similar to what the State requires DMH to submit; or
 - 6.1.4.2 Using DDE as above into a web-based DMH Outcomes Measurement System.
- 6.1.5 For claiming, status and outcomes information, an Internet connection shall be required and broadband shall be essential.

6.2 Privacy And Electronic Security

- 6.2.1 Proposer shall comply with federal and state laws as they apply to protected health information (PHI), individually identifiable health information (IIHI), and electronic information security. Any communication containing PHI or IIHI to DMH via an electronic mailing system shall be done through the use of DMH's Email Encryption Solution.
- 6.2.2 Any Proposer that is a deemed a "Covered Entity" under HIPAA shall comply with HIPAA privacy and security regulations independently of any activities or support of DMH or the County.

- 6.2.3 Any Proposer that is deemed a HIPAA "Business Associate" of County shall enter into a Business Associate Agreement with the County of Los Angeles to ensure compliance with privacy and electronic security standards.

6.3 Technology Requirements

- 6.3.1 Proposer shall acquire, manage, and maintain its own information technology and systems in order to meet the functional, workflow, and privacy/security requirements listed above. For claiming, status and outcomes information, an Internet connection shall be required; broadband shall be essential unless the provider is a very small agency.
- 6.3.2 A Proposer who elects to connect to County systems for DDE shall maintain an Internet Connection and use a Web browser at the level of Internet Explorer 6.0 or better. Neither the IS nor the Outcomes Measurement System has been tested using a Macintosh, and DDE using a Macintosh, while theoretically possible, is not supported by DMH. The most effective systems for this purpose will be Microsoft Windows-based PCs equipped with Internet Explorer 6.0 or better.
- 6.3.3 A proposer who elects to submit internally generated electronic information to DMH shall use Secure Internet File Transfer protocol to do so. DMH will provide the XML specifications for the outcomes data. Claiming, remittance advice, enrollment, eligibility, and other financial transactions shall comply with the HIPAA standard for transactions and code sets. The applicable trading partner agreements and specifications are available at the DMH web site and will be provided at the time the Contract is approved. DMH does not maintain and will not support a private network of any kind.
- 6.3.4 Proposer shall be solely responsible for complying with all applicable state and federal regulations affecting the maintenance and transmittal of electronic information.

7.0 SUBCONTRACTOR(S)

- 7.1 If Proposer intends to employ a Subcontractor(s) to perform some of the services described in this SOW, the transmittal letter shall clearly indicate the other agency(ies) involved and describe the role of the Subcontractor(s). A statement from all Subcontractors indicating their willingness to work with the Proposer and the intent to sign a formal

agreement between/among the parties shall be submitted over the signature of the person authorized to bind the subcontracting organization.

- 7.2 If a Proposer is selected for funding, the Proposer shall obtain prior written approval from DMH in order to enter into a particular subcontract, and all requests for approval shall be in writing. The Proposer shall remain responsible for any and all performance required under the Contract.
- 7.3 All Subcontracting Agreements shall be required for County review and the official record after award of the Contract, if any.
- 7.4 The role that the Subcontractor will play in the UCC must be fully described in the proposal narrative.

8.0 REQUIRED DOCUMENTS

Proposer shall demonstrate in writing how the services impact the performance targets. Proposer shall maintain, at a minimum, the following documents that indicate whether performance targets have been reached:

- 8.1 Required statistical reports related to the Proposer's services.
- 8.2 Required documents such as licenses, certification, etc. related to the services.
- 8.3 Training schedules and curricula.
- 8.4 Documentation in client records of activities related to performance targets.

9.0 ONE-TIME COSTS

- 9.1 Proposer shall be reimbursed for up to two (2) months of allowable program startup costs, consisting of lease payments, utilities, repairs or maintenance of facility, personnel costs, moving expenses, cleaning supplies or supplies for offices, kitchens and bathrooms. Supplies do not include foods, beverages or medications. Although the Regulations allow for *up to* three (3) months of start-up costs, DMH has limited these costs to up to two (2) months to maximize CHFFA Funding to support the renovation costs, furnishing and equipment, and information technology (see Request for Proposal, Appendix D – Required Forms, Exhibit 11 Budget Narrative/Justification and Budget Sample Form for eligible start-up costs).
- 9.2 Proposer shall be reimbursed according to procedures established for allowable one-time expenses associated with starting a new UCC.