

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
ENRICHED RESIDENTIAL CARE PROGRAM**

**SERVICE PROVIDER RESPONSIBILITIES**  
**(To be reviewed, completed and signed by the  
Client's Assigned Case Manager and Program Manager)**

Name of Client: \_\_\_\_\_

Name of Agency: \_\_\_\_\_

It is the expectation of the Los Angeles County Department of Mental Health (DMH) that the above client will have an assigned case manager that will be responsible for the following duties for the duration of the client's participation in the DMH Enriched Residential Care (ERC) Program:

- Review ERC Program Guidelines and Procedures to ensure client eligibility and understanding of the program requirements.
- Assist the client in accessing the ERC program by completing all required referral forms including:
  - DMH ERC Program Referral Form
  - 5X5 Assessment Tool
  - Authorization for Use/Disclosure of Protected Health Information to Licensed Residential Facilities Form
  - Service Provider Responsibilities Form
  - Payment Responsibility Form
- Assist the client with terminating General Relief and CalFresh benefits, if they are being received, as these programs are considered duplicative of the services provided by Adult Residential Facilities (ARFs) and Residential Care Facilities for the Elderly (RCFEs).
- Assist the client in locating an appropriate ARF or RCFE that is licensed by and in good standing with Community Care Licensing Division of the State of California and willing to accept the client.
- Assist the client with completing the Brilliant Corners Flexible Housing Subsidy Pool (FHSP) application through the Brilliant Corners online portal.
- Assist the client with the move-in process including coordinating the move-in date with the identified facility and completing and returning the ERC Move-In Confirmation Form in a timely manner to begin payment.
- Ensure that DMH ERC Program Administration remains updated regarding the client's current contact information, the case manager's current contact information and any changes in client income, conservatorship status and/or legal status and that all related forms are completed.
- Complete all necessary documentation to reflect any client exit or relocation.

- Maintain, at a minimum, monthly contact with the participant and quarterly home visits.
- Respond to any client concerns raised by Brilliant Corners, the facility operator and/or DMH ERC Program Administration including those that may jeopardize the client's housing within two (2) business days.
- Conduct needs assessments to determine appropriate linkage to community-based services such as health care, substance abuse services, education and/or job training and other services that support the client's recovery.
- Conduct ongoing assessments/evaluations to monitor progress and provide appropriate interventions as needed.
- If the client has no income, assist them in applying for Supplemental Security Income (SSI) or other income benefits including linking them to the Countywide Benefits Entitlement Services Team (CBEST) program.
- For DMH contracted agencies expected to support the housing costs of clients with low to no-income housing costs through Client Supportive Services (CSS) or similar funding sources, ensure payments to the facility are made and provided in a timely fashion.
- Participate in regularly scheduled Housing Liaison meetings, conferences and program-related webinars to obtain updates on program requirements.
- If the client is transferred to another directly-operated provider or Legal Entity contractor, ensure that the new provider/contractor is aware that the client is a DMH ERC Program participant and that they understand the requirements of the program by obtaining the signature of the new Case Manager on the Service Provider Responsibilities Form and submitting it to DMH ERC Program Administration.

Program Manager Name: \_\_\_\_\_

Program Manager Signature: \_\_\_\_\_

Program Manager Email Address: \_\_\_\_\_

Program Manager Phone Number: \_\_\_\_\_

Assigned Case Manager Name: \_\_\_\_\_

Assigned Case Manager Email Address: \_\_\_\_\_

Assigned Case Manager Phone Number: \_\_\_\_\_

Assigned Case Manager Signature: \_\_\_\_\_

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