ACUTE PSYCHIATRIC INPATIENT HOSPITAL SERVICES

SERVICE EXHIBIT I

PSYCHIATRIC DIVERSION PROGRAMS and INSTITUTION OF MENTAL DISEASE EXCLUSION POPULATION SERVICES

Notwithstanding language in section 9.0 of the Statement of Work (SOW), the following applies for services provided to Psychiatric Diversion Program (PDP) clients, uninsured clients, and Institution of Mental Disease (IMD) Exclusion clients at an Acute Psychiatric Hospital (APH) and/or a General Acute Care Hospital (GACH). It is the Contractor's responsibility to review the SOW and Service Exhibit (SE) to ensure the appropriate billing is submitted.

Los Angeles County (LAC) DMH is currently required to reimburse acute inpatient psychiatric hospital services provided in an IMD to Medi-Cal beneficiaries between the ages of 21 and 65 in accordance with Bronzan-McCorquodale Act of 1991 pursuant to DHCS Information Notice 18-008, dated February 7, 2018.

LACDMH has a finite annual budget to cover its responsibility for acute psychiatric inpatient hospital services provided in an IMD to Medi-Cal beneficiaries who meet medical necessity and are between the age of 21 and 65. For the purpose of this SE, this population shall be referred to as the IMD Exclusion population. For IMD exclusion clients, the Administrative Day Rate is not reimbursable for clients at an APH.

In order to maximize treatment for this population, Contractor agrees to participate in the following PDP activities:

1. Assessments by independent psychiatric emergency teams of whether an IMD Exclusion client meets criteria for medical necessity and for an involuntary hold will be reimbursed at $100 per assessment if client gets admitted to GACH.
2. If a client meets criteria for involuntary hold and there is a bed available at a GACH acute inpatient psychiatric unit, client must be referred to the GACH.
3. Acute inpatient psychiatric hospitalizations will be completed at a GACH if there is a bed available. This also means that clients shall be transferred to the nearest GACH as soon as a bed is available and the client is stable for transfer.

LACDMH will reimburse acute inpatient psychiatric hospital services provided to uninsured clients of all ages. Contractor shall submit reimbursement claim for uninsured clients through LACDMH.

Contractor shall be responsible for delivering services to new clients to the extent that LACDMH has funding available. Where Contractor determines that services to new clients

can no longer be delivered, Contractor shall provide 30-calendar days' prior notice to County. Contractor shall also thereafter make referrals of new clients to County or other appropriate agencies.

Invoice and Payment

LACDMH will pay Contractor in arrears for eligible services provided and in accordance with this SE for the uninsured population and IMD Exclusion population.

Contractor shall, no later than the 15th day of each month following the service month, submit an invoice to the County for approved services provided to eligible clients as described in SOW Section 2.0 Program Elements for Acute Psychiatric Inpatient Hospital Services. Said invoice shall be in a form as specified by the County and will include an itemized accounting of all charges for each patient day. Invoices shall be submitted to the address identified below.

The following is the Contractor's reimbursement process:

a) Within 15 days of the end of the month in which eligible services are delivered, Contractor submits a monthly invoice to LACDMH for actual services provided for the previous month.

b) The invoice should include the relevant information and documentation to support the payments (https://dmh.lacounty.gov/pc/cp/ffs1/).

c) DMH reviews the invoice for approval to reimburse Contractor within 30 calendar days after receipt of a complete and accurate invoice via the appropriate reimbursement method to be agreed upon by both parties.

d) In the event of correction of a prior period invoice or reimbursement such as "retro-delete" (overpayment) or "retro-add" (underpayment), the adjustment will be shown and included in Contractor's current invoice.

Invoices shall be reimbursed at the base rate determined by LACDMH plus the rate for specialized programming and/or provision of more intensive mental health services provided to clients at County's request, if applicable, and as approved by LACDMH.

LACDMH will inform Contractor annually of the reimbursement rate and, as needed, rate changes.

The Contractor shall comply with all requirements necessary for reimbursement as established by federal, State, and local statues, laws, ordinances, rules, regulations, manuals, policies, guidelines, contractor bulletins/alerts and directives.

The Contractor shall be subject to any restrictions, limitation, or conditions imposed by County, State, and/or federal government entities, which may in any way affect the

provisions or funding of the Contract, including, but not limited to, those contained in County Budget as adopted by County's Board and/or State's Budget Act.

Contractor shall submit all Invoices, including any supporting documentation, to the following:

Los Angeles County Department of Mental Health

Financial Services Bureau — Accounting Division

550 S. Vermont Avenue, 8th Floor

Los Angeles, CA 90020

Attn: Provider Reimbursement Section