

STATEMENT OF WORK

INTENSIVE CASE MANAGEMENT SERVICES
PERMANENT SUPPORTIVE HOUSING

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STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

The Department of Health Services (DHS) Housing for Health (HFH) program is a cohesive team of clinicians, community health workers, program administrators, contract managers, and other professionals who collaborate with multiple County departments, community-based service providers, cities, and other partners to provide housing and critical services to People Experiencing Homelessness (PEH) and those who have previously experienced homelessness. HFH works to meet the needs of people with complex health and behavioral health conditions.

Intensive Case Management Services (ICMS) Permanent Supportive Housing (PSH) are critical interventions to get people from being unhoused to stably permanently housed and being part of a thriving community. The participants served by the Contractor will be people who are experiencing homelessness with complex medical, substance use and/or mental health challenges, requiring a supportive housing intervention to stabilize their overall wellbeing. ICMS PSH shall be designed to assist participants experiencing homelessness with achieving and maintaining optimal physical health, mental health, and housing stability.

Contractor shall provide intensive case managers who will assist participants at every stage of the housing stabilization process. ICMS PSH shall be flexible to meet the individual needs of participants and the intensity of services shall be regularly monitored and adjusted based on each participant's level of functioning and acuity of needs. ICMS PSH may range from highly intensive individualized support as participants transition from homelessness to permanent housing, to less intense support for activities related to maintaining ICMS PSH.

The Contractor shall provide ICMS to persons residing in or awaiting placement into PSH that includes:

- 1.1 Provide high quality ICMS PSH to participants eligible for permanent housing through Los Angeles County (County) DHS.
- 1.2 Provide person-centered customer service that is sensitive to the range of medical and behavioral health challenges faced by participants working to secure and maintain ICMS PSH. This includes ensuring ICMS PSH are tailored to each participant, with ongoing reassessments to ensure relevant needs are being identified, appropriate, and delivered to meet each participant's needs.
- 1.3 Utilize a Trauma-Informed approach, without reinforcing stigma and shame, to address the consequences of trauma and facilitate healing through the core values of safety, trustworthiness, choice, collaboration, and empowerment. This includes providing low-threshold services with minimal

amounts of paperwork needed before initiating service delivery and ensuring that ICMS PSH is driven by the basic recognition that participants will have access to services that recognize their strengths, and that they are agents of change in finding stability in PSH.

- 1.4 Employ a “whatever it takes approach” to assist participants in their transition from homelessness to permanent housing which includes locating the referred participant; engaging with the participant to offer ICMS PSH; offering services to meet basic and immediate needs (e.g., food, clothing, and other essential necessities, etc.), assessing for interim housing and other urgent needs, and anything else needed by the participant or as directed by the County.

2.0 SPECIFIC SERVICES TO BE PROVIDED

The Contractor shall provide ICMS PSH in accordance with procedures approved by the County, and consistent with laws, regulations, current health and mental health best practices and standards, and the Master Agreement that includes, but are not limited to, the following:

2.1 Outreach and Engagement

- 2.1.1 Accept and process ICMS referrals for individuals matched to permanent housing opportunities through the Coordinated Entry System (CES) or other DHS partner programs, as directed by the County.
- 2.1.2 Establish rapport and build a trusting relationship with the potential participant and determine if the participant is suitable for ICMS PSH.
- 2.1.3 Work closely with the point of contact and/or referral source (e.g., street-based engagement/outreach team, interim housing provider, CES housing navigator, County social worker, etc.) to ensure participant is contacted within seven (7) business days of referral. If contact cannot be made or participant declines services, Contractor shall contact their County Program Manager to denote this in the County-approved information management system, receive approval to exit the referred individual/family from services, and receive a new referral.
- 2.1.4 Employ a “screening in” philosophy and conduct a face-to-face screening in settings such as, hospitals and clinics, County-funded interim housing (stabilization or recuperative care), jails, location of referral, school, and/or other locations to meet the participant’s needs.

- 2.1.5 Obtain all appropriate and required participant consents, authorizations, and opt-in forms for participation in ICMS PSH and suitable complementary benefits or programing (e.g. California Advancing and Innovating Medi-Cal [CalAIM] Community Supports and Enhanced Care Management [ECM]), and for communication with community partners and entities/individuals who will be part of the participant's care team (e.g., primary care physician, mental health service provider, substance use disorder service provider, ECM providers, housing navigators, street outreach case managers, family members, etc.). Contractor shall document consents, authorizations, and opt-in in the County-approved information management system.
- 2.1.6 Document initial Outreach and Engagement provided to and on behalf of the participant, within three (3) business days of the service delivery date, within the County-approved information management system. Services can include but is not limited to face-to-face visits, home visits, street outreach, etc.

2.2 Intake and Enrollment

- 2.2.1 Conduct Intake and Enrollment activities with participants to determine if they meet eligibility criteria for the housing opportunity to which they were matched, including assisting with gathering housing eligibility documentation, completing intake forms, completion of housing documents and scheduling the Initial Assessment and Individualized Care Plan.
- 2.2.2 Identify and determine the need for basic financial and food assistance, through General Relief (GR), CalFresh (i.e., food stamps), and/or any other Department of Social Services (DPSS) administered service. Document participant's income information during Enrollment and update at least annually, or as changes in income occur.
- 2.2.3 Identify and determine the need for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and/or Veteran's benefits. All participants in need of benefits advocacy shall be linked to DHS' Countywide Benefits Entitlement Services Team (CBEST).
- 2.2.4 Ensure Housing First principles are followed, by supporting participants to attain and retain permanent housing without any prerequisites/conditions related to physical health, mental health, or sobriety status. Prior to attaining permanent housing, individuals/families are not required to demonstrate 'housing

readiness,' such as sobriety or behavioral health services compliance.

2.2.5 Utilize Harm Reduction-focused policies which reflect:

- A. Housing and services are not contingent on sobriety.
- B. Participants are not required to submit to testing/screening for substance and/or alcohol use.
- C. Participants who use alcohol, drugs and/or have behavioral health challenges and/or are involved in sex work are respected and treated with kindness and fairness.

2.2.6 Employ the Violence Against Women Act (VAWA) to protect survivors of domestic violence, dating violence, stalking, sexual assault, and human trafficking living in subsidized shelter or housing from being discriminated against because of their victimization. Survivors shall be protected regardless of sex, gender identity, or sexual orientation.

2.2.7 Contractor shall discuss the Grievance Policies and Procedures and the Termination Policies and Procedures during intake, obtain signature of the participant acknowledging receipt and a copy shall be offered to the participant.

2.2.8 Document Intake and Enrollment provided to and on behalf of the participant, in the County-approved information management system within three (3) business days of the service delivery date.

2.2.9 Once participant is enrolled in services, Contractor shall provide a minimum of two (2) monthly service updates in the County-approved information management system within three (3) business days of services provided. Documentation shall serve to update housing navigation and tenancy milestones, such as, housing application submission date, voucher issuance date(s), move in date(s), move out date(s), incident report date(s), etc. Services can include but are not limited to meaningful and substantive face-to-face visits, home visits, Reassessments, Care Plan updates, and other wrap around services as needed, etc.

2.3 Initial Assessment and Quarterly Reassessment

2.3.1 Conduct a comprehensive Initial Assessment using County-approved assessment tools (e.g., 5 x 5, Housing Acuity Index, etc.) within thirty (30) days of the participant's initial Enrollment in ICMS

PSH and record the results in the County-approved information management system. Initial Assessment results shall be used to determine the initial ICMS PSH acuity billing rate. Assessments shall be conducted face-to-face and shall assess the needs related to the following life domains:

- A. Physical Health.
- B. Mental Health.
- C. Substance Use.
- D. Ability to perform activities of daily living.
- E. Social Functioning: Including financial, legal, education, vocational, family, leisure, community services/supports, and other strengths/needs.
- F. Physical Environment: Current housing status and housing history.

2.3.2 Conduct a Reassessment every ninety (90) days after Initial Assessment using County-approved assessment tools (e.g., 5x5, Housing Acuity Index, etc.), and record the results in the County-approved information management system. Reassessment results shall be referenced by the intensive case manager to help develop and update the Individualized Care Plan and may also be used to update the ICMS PSH billing rate if the acuity changes.

2.4 Individualized Care Plan

2.4.1 Develop and implement an Individualized Care Plan based on the needs and barriers identified in the Initial Assessment which shall include the participant's goals, steps to reach goals, time frame for completing goals. The Individualized Care Plan shall be completed within thirty (30) days of Enrollment.

2.4.2 The Individualized Care Plan shall be updated every ninety (90) days at minimum. Updates shall include, but not be limited to, development of new goals, progress made toward achieving stated goals, and any changes to goals or action steps, with specific target dates and outcomes noted in the County-approved information management system.

2.5 Interim Housing

Until permanent housing placement is secured, Contractor shall facilitate access to temporary housing through referrals. Temporary housing may include but not be limited to, County-funded interim housing (stabilization or recuperative care), Continuum of Care (CoC) crisis/bridge housing, privately funded shelters, motel vouchers, or other temporary housing opportunities. Contractor shall provide ICMS PSH throughout the duration of Interim Housing.

2.6 Housing Navigation and Move-In Coordination

2.6.1 Timely and thorough completion, submission, and coordination of housing subsidy and/or lease applications, including gathering all necessary documentation (e.g., government issued identification/driver's license, social security card, tax ID number, consulate card, birth certificate, etc.) and all related paperwork required by Public Housing Authorities, Flexible Housing Subsidy Pool (FHSP), and other permanent housing programs.

2.6.2 Assist participants with follow ups on their housing subsidy and/or lease application status with the relevant Public Housing Authority and FHSP operator and communicate barriers to the County Program Manager. Provide any missing or additional information to secure housing subsidy in a timely manner.

2.6.3 Support participants with the unit search process by assisting the participant with all unit viewings, conducting introductory meetings with property management, explaining the terms of the rental or lease agreement as well as the rules and responsibilities of tenancy prior to each participant's move-in date and coordinating the move-in date. Assist participant with move-in day by acquainting them with on-site services and activities, local amenities, acquisition of furniture and other items that meet the participant's basic needs (e.g., grocery gift cards, secure supply of thirty (30) days of prescription medications, introduction to nearest pharmacy, provide schedule of food bank hours near participant's permanent housing, etc.).

2.6.4 Provide tailored services that meet the needs of participants depending upon the housing type, e.g., shared housing, tenant-based housing, project-based housing, etc. This may include, coordinating tenant meetings, mediation between participants/roommates, facilitating roommate responsibilities, and coordination with property management and other County and non-County service providers.

- 2.6.5 Educate participants on tenant rights and responsibilities including, but not limited to, how to communicate effectively with ICMS PSH staff, property management staff and other entities; when and how to report maintenance problems or disclosure of financial problems; importance of complying with lease agreement, program policies, and house rules; importance of paying rent, budgeting appropriately, and participating in representative payee system; responsibility for apartment/house maintenance; getting along with neighbors; and crisis services resources.
- 2.6.6 Provide eviction prevention counseling, advocacy, intervention, and linkage to no-cost legal providers to develop and implement strategies to facilitate the early identification of issues that jeopardize participant's housing stability and the assistance needed by tenants to prevent evictions.

2.7 Tenancy Sustaining Support and Wrap Around Services

- 2.7.1 Maintain ongoing participant contact and support, and tailor the intensity of services provided based upon the needs of the participant.
- 2.7.2 Ensure all participants have a minimum of two (2) services, provided and recorded in the County-approved information management system each month regardless of billing rate within three (3) business days of the service delivery date. Services can include but are not limited to face-to-face visits, home visits, Reassessments, Care Plan update and other wrap around services as needed.
- 2.7.3 Conduct meaningful and substantive face-to-face visits to ensure housing stability and retention. The face-to-face visit shall be recorded in the County-approved information management system within three (3) business days of the service delivery date and progress notes shall include details of issues/matters discussed and addressed with participant during the visit. The number of face-to-face visits shall, at a minimum, be conducted as follows:
 - A. Participants in a high acuity shall have a minimum of two (2) documented meaningful and substantive face-to-face visits per month.
 - B. Participants in a low acuity shall have a minimum of one (1) documented meaningful and substantive face-to-face visit per month.

- 2.7.4 Deliver services through a strengths-based approach that is culturally sensitive, appropriate, and participant-centered. The Contractor shall have staff capacity to provide services in languages for non-English speaking participants (e.g., hire bilingual staff, access to translation services, etc.), provide services in a respectful manner to participants based on how the participant chooses to be identified (e.g., lesbian, gay, bisexual, transgender, queer, gay, questioning, intersex queer, etc.), and employ best practices in the provision of tailored services to meet the needs of specific subpopulations (e.g., Reentry Services, Transitional Aged Youth, Families, participants with Domestic Violence histories, etc.).
- 2.7.5 Assist participants with establishing public benefits through the DPSS Services (e.g., General Relief, CalWORKs, CalFresh, In Home Support Services, etc.). Provide ongoing follow up and advocacy to ensure eligible benefits are secured.
- 2.7.6 Assist participant with securing and/or increasing employment or vocational training. Contractor shall establish partnerships with employment services providers such as Employment Development Department, Work Source Centers, etc.
- 2.7.7 Assist participant with accessing health insurance benefits (e.g., Medi-Cal, Denti-Cal, Medicare, Veterans Administration Health Benefits, etc.). Assess all participants for Medi-Cal and Medicare eligibility and ensure those that are eligible have active Medi-Cal and Medicare. Contractor shall assist participants with securing identification documents (e.g., birth certification, California Driver's License/ID, Social Security Card, identification issued by Foreign Consulates, etc.) necessary for the completion of the benefits application. Provide support and advocacy for annual recertification of all health insurance benefits.
- 2.7.8 Assist participants in referrals to the Countywide Benefits Entitlement Services Team (CBEST) to initiate disability benefits (e.g., State Disability Insurance [SDI], Supplemental Security Income [SSI], Supplemental Security Disability Income [SSDI], Veterans Administration [VA], etc.).
- 2.7.9 Identify and review participant's legal issues that are barriers to accessing and maintaining permanent housing (e.g., poor credit history, criminal records, pending warrants, etc.). Refer participants to community legal services not provided under CBEST.
- 2.7.10 Submit a referral to the Department of Mental Health's (DMH) Housing Supportive Services Program (HSSP) and/or Full-Service

Partnership (FSP) provider for participants in need of mental health services and is not linked to any other mental health provider at the time of enrollment. Contractor shall arrange for the provision of mental health services in the absence of DMH linkage.

- 2.7.11 Submit a referral to the Department of Public Health (DPH) Client Engagement Navigation Services provider for participants in need of substance abuse counseling and/or referrals and is not linked to any other provider at time of enrollment. Contractor shall arrange for the provision of substance abuse counseling services in absence of DPH linkage.
- 2.7.12 Initiate all referrals and linkages to services within three (3) business days, once identified; monitor the progress and outcome of referrals in the County-approved information management system; and ensure access to eligible services and ongoing maintenance of services. These activities shall be documented in the County-approved information management system.
- 2.7.13 Provide and maintain care coordination necessary to ensure participants are linked to and accessing primary care, mental health, and substance use services as needed. Assist participants with establishing a mental health provider, primary care physician, and any outpatient substance use services and maintain continuity with wrap-around services. DHS, DMH and DPH may provide additional medical and behavioral health services through linkages to directly operated or contracted service providers including on-site and mobile services, when available.
- 2.7.14 Assist participants with treatment regimens, including accompanying participants to appointments with health, mental health and/or other care providers. Assist with medication management and after care when necessary.
- 2.7.15 Provide Transition of Care (TOC) assistance by visiting participants within twenty-four (24) hours of discharge from an inpatient hospital stay. All details of admission, duration of stay, and discharge from an inpatient hospital stay shall be documented within the County-approved information management system.
- 2.7.16 Ensure participants have access to 24-hour/7 days a week on-call crisis intervention for ICMS PSH.
- 2.7.17 Ensure all participants are offered overdose response training and naloxone, regardless of whether the participant uses drugs or not, or

other harm reduction supplies (disposable syringes, pipes, wound care, condoms, lube, etc.) if legally permissible to do so.

- 2.7.18 Assist with connection to community participation, volunteer opportunities, educational opportunities, and social/leisure activities.
- 2.7.19 Assist with gaining, restoring, improving and/or maintaining activities of daily living, personal hygiene skills, and other independent living skills (e.g., cooking, cleaning, etc.).
- 2.7.20 Assist with budgeting and money management, including, but not limited to, assistance with household budgeting; assistance with overcoming bad credit, no credit, and/or eviction histories (e.g., linkage to no cost legal assistance); and arranging for representative payees for participants who require assistance in money management and/or are at-risk for non-payment of rent.
- 2.7.21 Provide transportation assistance by means of bus fare/pass, private vendor, or with agency/personal vehicle, as needed. Contractors should assist participants with ongoing transportation needs, including helping participants navigate public transportation systems, assisting with access to paratransit services, and assisting with applications for reduced cost public transit passes.
- 2.7.22 Work with property management and County and non-County partners to help participants resolve issues that threaten their housing stability. Meet jointly with participants, property management staff, other appropriate partners and care team member (e.g., primary care provider, FSP, Participant Engagement Navigation Services, etc.) to address chronic and acute issues and develop plans for improvement that result in housing stability.
- 2.7.23 For participants who are successfully exiting ICMS PSH (e.g., moving out of the area, family reunification, program exit, or change in housing needs), Contractor shall coordinate activities with other County and non-County service providers to ensure that the participant receives assistance with relocating to other affordable housing and linking to ongoing primary health care, behavioral health services, and other wrap around services. These activities shall be conducted with the cooperation and authorization of the participant. The case closure documentation and exit from ICMS PSH shall be noted in the County-approved information management system prior to the end of the billing month with approval from the County.

3.0 PARTICIPANT SATISFACTION

- 3.1 Assess participant satisfaction on a continual basis through feedback gained via one-on-one conversations and participant/tenant meetings and via participant satisfaction surveys administered in conjunction with the County.
- 3.2 Develop, conduct, and analyze a DHS-approved survey to assess participant satisfaction with the Contractor and provide the County with copies of completed surveys, a report of the survey results and findings every six (6) months or as requested by the County. Services should be adjusted as necessary, based on survey findings, while maintaining appropriateness based on County input and approval.

4.0 COLLABORATION AND PARTNERSHIPS

- 4.1 Collaborate with the County, and other County partners to coordinate participants' care and ensure participants receive the appropriate services and support they need to achieve and maintain health, mental health, and housing stability.
- 4.2 Attend regularly scheduled and as-needed coordination and/or team meetings and/or performance improvement meetings with the County, and other County partners to manage the participants enrolled in ICMS PSH to problem solve around issues including but not limited to health, behavioral health, substance use disorder, life skills, legal, employment/education or any housing-related issues. Contractor shall engage County partners and other service providers as appropriate.
- 4.3 Build and maintain collaborative partnerships with community organizations, County and non-County partners to ensure participants have access to a comprehensive array of wrap around services.

5.0 RECORDS, FORMS AND RECORD KEEPING

The Contractor shall generate and maintain retrievable program records, records relating to each ICMS PSH participant that receives services under this Work Order, as directed by the County. The Contractor shall ensure appropriate safeguards are implemented to secure participant's protected health information at all times. These records shall include, but not be limited to, the following:

5.1 Participant Files

Each participant file may include hard copies, but not be limited to, the following:

- 5.1.1 Participation agreements documents (e.g., program policies, consent for ICMS PSH, participant rights, participant confidentiality, etc.).
- 5.1.2 Participant grievance procedures with signed acknowledgement by participant and any submitted grievances.
- 5.1.3 Initial Assessments and Quarterly Reassessments.
- 5.1.4 Housing Documents: Housing subsidy applications, lease applications, housing deposit applications, as directed by the County.
- 5.1.5 Incident Reports.
- 5.1.6 Case closure documentation (follow the program exit procedure as required by the County).
- 5.1.7 Documentation of performance measures and outcomes as directed by County.
- 5.1.8 Monthly/quarterly reports directed by the County.
- 5.1.9 Request for exit process and completion of documentation within three (3) business days of service delivery date.
- 5.1.10 Other participant documentation required at the County's discretion.

5.2 Information Management System

Each participant file shall be maintained in the County-approved information management system must include, but not be limited to:

- 5.2.1 The DHS Consent Form and Notice of Privacy Practices.
- 5.2.2 Authorizations to release, disclose, use, and/or share information.
- 5.2.3 Initial Individualized Care Plans, Individualized Care Plan updates, Initial Assessment and Quarterly Reassessments.
- 5.2.4 All participation documentation of services and progress notes shall be recorded at a minimum of two (2) times per month within three (3) business days of service delivery. If the Contractor does not enter a minimum of two (2) documentation of services or progress notes in

the participant's profile over a 30-day span it will be considered missing.

- 5.2.5 Documentation of participant's medical and behavioral health homes and primary care provider contact information.
- 5.2.6 Health insurance information including, but not limited to, health plan and member identification (CIN Number).
- 5.2.7 Verification of move-in date and other milestones reached during the permanent housing lease up process, etc.
- 5.2.8 PSH/Participant record status housing update within three (3) business days.
- 5.2.9 Other participant file updates as required at the County's discretion.

5.3 Contractor Files

The Contractor shall maintain documentation addressing the following areas:

- 5.3.1 Employee Handbook.
- 5.3.2 Contractor policy sign off sheets.
- 5.3.3 ICMS PSH policies and procedures.
- 5.3.4 Housing for Health Program Guide sign off sheet.
- 5.3.5 Any County-approved Agreements and/or Memorandums of Understanding with service providers, project partners, and other providers (if applicable).
- 5.3.6 Case Conferencing documentation.
- 5.3.7 Participant Satisfaction Surveys and Analysis.
- 5.3.8 Other documents related to quality control activities.
- 5.3.9 Staff training documentation (e.g., certificate of completion from Case Management Training, etc.).
- 5.3.10 Other records and program documentation required at the County's discretion.

6.0 REPORTING

Ensure all participant data and service documentation is managed appropriately and that participants' protected health information is kept secure in accordance with regulations described in the Work Order.

6.1 Electronic Reporting

- 6.1.1 Maintain participant documentation and progress notes in County-approved information management system with details on ICMS PSH provided to the participant.
 - 6.1.2 Maintain demographic and other data in each participant file in the County-approved information management system.
 - 6.1.3 Data inaccuracies, errors, or omissions identified in County Data Quality Reports (DQRs), or any other County reports must be corrected within three (3) business days.
 - 6.1.4 Generate and maintain electronic files for each participant enrolled in ICMS PSH. The Contractor shall utilize the County-approved information management system or other electronic systems such as Homeless Management Information System (HMIS).
 - 6.1.5 The County may request Contractor to utilize other electronic documentation systems as directed by HUD designated CoC, or Public Housing Authority, etc.
- 6.2 The Contractor shall have up to date ICMS PSH participant documentation and progress notes in the County-approved information management system that will be utilized for payment of services provided in the last 30-day period. The County reserves the right to deny payment for which the minimum documented service requirements are missing or not met during the billing period.
 - 6.3 The Contractor shall submit a program budget for DHS approval on an annual basis or as directed by the County. The budget shall include program staffing, participant assistance funds, and operational and administrative expenses.
 - 6.4 Maintain incident reports, including documentation of how and when issues were resolved. Incidents include injuries, death, disturbances, property damage, etc. Provide copies of incident reports to DHS within 24 hours of incident taking place.

- 6.5 As directed by the County, the Contractor shall submit any other ad hoc reports as requested by the County, Board of Supervisors, the State or other County agencies or entities for budgetary or other purposes. Reports shall include all the required information and shall be completed in the manner and time frame to be described by the County.

7.0 QUALITY CONTROL PLAN

The Contractor shall establish and utilize a comprehensive Quality Control Plan (QCP) to ensure the County a consistently high level of quality and service throughout the term of this Work Order. The QCP, which is subject to approval by the County, shall be submitted to the County within thirty (30) calendar days from the effective date of the Work Order. Revisions to the QCP shall be submitted to the County for approval. The QCP shall specify activities to be monitored to ensure that the Master Agreement, and Work Order, as well as any applicable Work Order subcontractor(s) requirements are being met. The monitoring system must specify methods for identifying and preventing deficiencies in the quality of service performed before the level of performance becomes unacceptable. The Contractor shall ensure the QCP includes, but is not limited to the following:

- 7.1 Staff providing services under this Work Order have qualifying experience.
- 7.2 Adequate number of staff are maintained at all times.
- 7.3 Procedures to monitor the Work Order and Master Agreement requirements are being met.
- 7.4 Monitoring Subcontractor(s), if any, for compliance and quality of services.
- 7.5 Procedures for identifying, preventing, and correcting deficiencies in the quality of service before the level of performance becomes unacceptable.
- 7.6 Development and implementation of procedures to maintain confidentiality of participant information.
- 7.7 Resolving and addressing any participant grievances that include, but are not limited to, ensuring prompt and appropriate action and documenting/reporting when the problem(s) were first identified, the corrective action(s) taken, date(s) of resolution, etc. Grievance reports shall be provided to the County upon request.
- 7.8 Procedures for Clinical supervision, supervision of staff, annual staff performance evaluation, and identifying and addressing staff training needs.

- 7.9 Development, implementation, and update of policies and procedures under this Work Order and Master Agreement.
- 7.10 24/7 on-call participant crisis intervention procedures for staff under this Work Order and Master Agreement.
- 7.11 Conflict resolution procedures for addressing operational concerns reported, including interpersonal conflict between Contractor staff and County and non-County staff involved in the coordination of participant cases.
- 7.12 Procedures for developing and administering participant satisfaction surveys and analyzing and reporting on results.
- 7.13 Updating the QCP annually, at a minimum, and according to additional requirements as requested by the County.

8.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under this Work Order using the quality assurance procedures as defined in Paragraph 8.0, STANDARD TERMS AND CONDITIONS, Sub-paragraph 8.18, COUNTY'S QUALITY ASSURANCE PLAN, of the Master Agreement.

8.1 Meetings

The Contractor is required to attend any scheduled meetings. Special meetings or emergency meetings, depending on the nature of an event or issue, may be scheduled during the same business day, of which the Contractor is also required to attend. The Contractor agrees to have at least one (1) representative to participate in the following:

- 8.1.1 Monthly collaborative provider meetings.
- 8.1.2 Monthly check-in meetings.
- 8.1.3 Quarterly strategic program planning meetings.
- 8.1.4 Quarterly program performance dashboard meetings.

Meetings topics shall include but are not limited to discussions about operations, facility updates, policy and procedures, risk management, program updates and SOW in this Work Order.

8.2 Regularly Scheduled Monitoring

The County will conduct routinely scheduled administrative and programmatic review of Contractor to ensure contract compliance and quality assurance.

8.3 Contractor Discrepancy Report (Attachment A)

8.3.1 The County will issue a Contractor Discrepancy Report (CDR) to the Contractor as soon as possible whenever a discrepancy is identified.

8.3.2 Upon receipt of the CDR, the Contractor is required to respond in writing to the County within five (5) business days with a Corrective Action Plan (CAP) of all deficiencies identified in the CDR. The County will review the CAP for approval or may request an updated CAP to be resubmitted as necessary.

8.3.3 Any unresolved CDR deficiencies may result in the withholding and/or reclaim payment(s) for noncompliance.

8.4 County Observations

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

9.0 RESPONSIBILITIES – COUNTY

9.1 Administrative

The County will administer the Work Order according to the Master Agreement, Paragraph 6.0, ADMINISTRATION OF MASTER AGREEMENT – COUNTY. Furthermore, for purposes of this Work Order, County shall:

9.1.1 Monitor the Contractor's performance in the daily operation of this Work Order.

9.1.2 Provide guidance and direction to the Contractor on policies and procedures, data collection, and addressing clinical needs.

9.1.3 Prepare Amendments in accordance with Paragraph 8.0, STANDARD TERMS AND CONDITIONS, Sub-paragraph 8.1, AMENDMENTS, of the Master Agreement.

9.1.4 Provide County participant referrals to the Contractor.

9.1.5 Provide overall project coordination to link the Contractor, County partners, and other County departments involved in the project.

10.0 RESPONSIBILITIES – CONTRACTOR

10.1 Program Manager

The Contractor shall provide a Program Manager or designated alternate who shall be responsible for the overall day-to-day activities, management, and coordination of the Work Order, and be a liaison with the County. The County must have access to the Program Manager or designated alternate twenty-four (24) hours, 365 days per year. The Contractor shall provide a telephone number where the Program Manager or designated alternate may be reached on a twenty-four (24) hour per day basis. The Program Manager or designated alternate shall:

10.1.1 Have experience with the following, but not limited to:

- A. Working with homeless and/or special needs populations.
- B. Provision of case management and/or mental health services in PSH, including establishment of a crisis response system.
- C. Agreement management and compliance.
- D. Budgets and expenditure tracking.
- E. Supervising case managers.
- F. Developing and implementing QCPs on an ongoing basis.
- G. Working closely with property management companies and other supportive service agencies, including case management and mental health providers to ensure participants' needs are being met.
- H. Building collaborative partnerships.

10.1.2 Be responsible for developing policies and procedures and creating forms that facilitate the effective operation of and delivery of high quality ICMS PSH.

10.1.3 Have proficient writing and computer skills and have the ability to produce reports on a regular basis and as requested by the County.

10.1.4 Have full authority to act for the Contractor on all matters relating to the daily operation of the Work Order.

10.2 Personnel

10.2.1 The Contractor shall assign a sufficient number of qualified staff to perform the required work.

10.2.2 The County has the right to approve or disapprove all staff performing work hereunder the Work Order and any proposed changes to staffing.

10.2.3 The Contractor shall ensure all staff levels needed for the delivery of direct services are on-site and when there is a vacancy, a replacement is made within thirty (30) days. If a position becomes vacant the Contractor must notify the County within seventy-two (72) hours. If unable to backfill any vacancies within a 30-day period, the Contractor must provide County with a written reason for the ongoing vacancy, and a plan to backfill the vacant position(s), to be submitted no later than the 30th day.

10.2.4 Staff shall be recruited, or current staff shall be assigned within thirty (30) days of execution of Work Order. Contractor shall maintain clear and comprehensive job descriptions for all staff positions. Contractor shall ensure staff provides signed acknowledgement of job descriptions.

10.2.5 The Contractor shall maintain an organizational chart (staff roster) which lists all staff funded under the ICMS program, and shall be submitted monthly to DHS, or upon request.

10.2.6 The Contractor shall provide DHS with resumes of potential program management and clinical staff and receive approval from DHS prior to hiring.

10.2.7 Intensive case managers shall serve as the central point of contact for the referred participant through which care is coordinated. The intensive case manager shall coordinate the participant's care in collaboration with the participant, and all members of the participant's care team (e.g., primary care physician, mental health service provider, substance use disorder service provider, ECM providers, housing navigators, street outreach case managers, family members, etc.). Intensive case managers shall:

- A. Be required to have at least one (1) year of experience working with homeless individuals AND have a social work/mental health related bachelor's degree or have a minimum of two (2) years of experience providing direct mental health services or ICMS PSH, unless otherwise approved by the County.
- B. Have experience working with participants with mental illness, chronic health issues, and substance use disorders.
- C. Have expertise in the following areas: chronic homelessness, outreach and engagement strategies, intensive case management services, best practice models, mental health and substance use disorder services, crisis intervention, suicide assessment and prevention, affordable housing and public benefits applications, housing and landlord/tenant rights, eviction prevention, etc.

10.3 Clinical Supervision

Contractor shall establish a system for providing appropriate clinical supervision to ICMS PSH staff. Clinical supervision shall be provided by licensed individuals and should not be an administrative supervisor. Responsibilities include, but are not limited to, the following:

- 10.3.1 Clinical oversight of the case management services provided, staff interactions with ICMS PSH participants, program and participant services documentation, etc.
- 10.3.2 Chart review and case conferences with Contractor staff regarding ICMS PSH participants.
- 10.3.3 Regular clinical supervision sessions with ICMS PSH staff.
- 10.3.4 Available on an on-call basis to provide guidance during any emergency situations encountered by ICMS PSH case management staff.

10.4 Case Conferencing

- 10.4.1 Case Conferencing shall be conducted at a minimum, once every six (6) months from the time the participant is enrolled in ICMS PSH. Case Conferencing shall occur in concert with Clinical Supervision (as described in Section 10.3, Clinical Supervision) and include but is not limited to the inclusion of mental health and health care professionals, community partners and with County staff when appropriate.

10.4.2 Documentation of Case Conferencing (e.g., team meeting notes, Clinical Supervision notes, individual progress notes, etc.) shall include, but not limited to, the following and shall be maintained within the participant record:

- A. Date of Case Conference and participant name or identification number;
- B. Name, title, and signature of Case Conference participants;
- C. Psychosocial issues and concerns identified; and
- D. Description of interventions to be implemented.

10.5 Training

10.5.1 The Contractor shall provide training programs for all new employees and provide continuing in-service training for all employees as directed by the County. Training shall be focused on topics that include but not limited to: excellent customer service, crisis de-escalation/dealing with difficult people, cultural awareness, sexual harassment prevention, harm reduction, housing first, Housing for Health 101, etc.

10.5.2 All employees shall be trained in their assigned tasks. The Contractor shall ensure that ICMS PSH staff providing direct participant services have expertise in or receive training and supervision on topics that include, but are not limited to: chronic homelessness, outreach and engagement strategies, intensive case management services, best practice models, mental health and substance use disorder services, crisis intervention, suicide assessment and prevention, affordable housing and public benefits applications, housing and tenant/landlord rights, eviction prevention, data management, securing protected health information, etc.

10.5.3 Staff have access to naloxone either on site or on their person if Contractor is registered with the County pursuant to LA County Department of Health Services Standing Order to Obtain and Dispense Naloxone Hydrochloride.

10.5.4 Staff are prepared to assist participants with safe syringe disposal, which may include linkage to Syringe Service Programs (SSP), providing FDA-cleared sharps disposal containers, educating participants on how to safely dispose of used syringes and where to dispose.

- 10.5.5 Establish a system for and ensure participants have access to 24-hour/7 days a week on-call crisis intervention for ICMS PSH. This system shall include the establishment of policies and procedures, and training ICMS PSH staff on the responsibilities for each crisis response staff member and how ICMS PSH staff will ensure a timely crisis response, effectively coordinate the crisis response, identify the appropriate service providers, etc.
- 10.5.6 Certificates and/or other documentation that verify attendance for DHS mandatory trainings shall be maintained for each employee and documented in the employee's file.
- 10.5.7 The County may require additional mandatory trainings for any and all Contractor staff, as deemed necessary by the County.
- 10.5.8 The Contractor shall provide ongoing staff training to promote continuous quality improvement.

10.6 Policies and Procedures

The Contractor shall maintain a written set of Grievance Policies and Procedures and Termination Policies and Procedures. The Contractor shall submit a copy of the Grievance Policies and Procedures and the Termination Policies and Procedures to the County for review and approval within thirty (30) calendar days of executing the Work Order. The Grievance Policies and Procedures and the Termination Policies and Procedures shall be discussed with participants during intake, a signature of the participant shall be obtained acknowledging receipt and a copy shall be offered to the participant.

10.7 Contractor's Office

The Contractor shall establish a system addressing office management responsibilities including, but not limited to:

- 10.7.1 Responding timely to inquiries and complaints received from the County, other County and non-County partners, and/or participants.
- 10.7.2 Establishing appropriate office hours, handling of after-hours calls, maintaining a working e-mail account(s) that is checked regularly during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, etc.
- 10.7.3 The Program Manager or designated alternate shall respond to inquiries and complaints within two (2) hours of receipt of the e-mail or call.

11.0 IMPLEMENTATION PLAN

The Contractor shall develop an implementation plan which shall be approved by the County. The implementation plan must be finalized within thirty (30) calendar days of executing the Work Order. Implementation activities are to be completed according to the timelines agreed upon by the Contractor and County and shall be documented and/or submitted as specified. Any updates to the implementation plan must have the County's approval. All program documents, completed materials, evaluations, etc., will be maintained on file and available for review by the County upon request. Any failure by the Contractor to comply with the implementation plan may constitute a material breach of this Work Order, upon which the County may take corrective action, up to and including termination of this Work Order.

12.0 CALAIM REQUIREMENTS

Consistent with the State of California's California Advancing and Innovating Medi-Cal (CalAIM) waiver, the State is instituting a new benefit called ECM. According to the State's policy guidance as of December 2021, ECM will coordinate all care for the highest risk enrolled members with complex medical and social needs, including across the physical and behavioral health delivery systems. In many of these instances, the ECM benefit will be additive, improve management of care across delivery systems, and comprehensively address any unmet medical and/or social needs. Contractor understands and acknowledges that, from time-to-time, it may provide certain services under this SOW to individuals who are concurrently enrolled in, and receiving, the ECM benefit (or other services like those approved under 42 C.F.R. § 438.3(e)(2)). Therefore, Contractor hereby agrees to coordinate with providers, as appropriate, to ensure that there is neither interruption nor duplication of services. Contractor further agrees that it shall not, under any circumstances, bill more than one payor for its provision of services hereunder. Finally, Contractor agrees to adhere to any and all of the County's policies and procedures guidelines, which may provide additional guidance on who is the appropriate provider or payor.