

EXHIBIT A

STATEMENT OF WORK



Eating Disorders Services

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STATEMENT OF WORK (SOW)

INTRODUCTION

The Los Angeles County (LAC or County) Department of Mental Health (DMH or Department), as the Local Mental Health Plan (LMHP), is required to provide, or arrange and pay for, all medically necessary Covered Specialty Mental Health Services, including eating disorders, to Medi-Cal Beneficiaries. Covered Specialty Mental Health Services include psychiatric hospital services as defined in Title 9 section 1810.238 of the California Code of Regulations. The County provides services to Medi-Cal Beneficiaries requiring specialized treatment not immediately available through County hospitals or through facilities operated by or under contract to the LMHP. Such specialized treatment is provided to Medi-Cal Beneficiaries that demonstrate severe illness related to eating disorders (ED) that cannot be managed in a lower level of care, as demonstrated by a failure to improve in response to multiple psychiatric and medical hospitalizations, and intensive outpatient services in coordination with a Medi-Cal Beneficiary's mental health and medical providers.

1.0 SCOPE OF WORK

Contractor shall treat Medi-Cal Beneficiaries that require psychiatric inpatient hospital services and meet applicable criteria set forth in Title 9 section 1820.205 as identified and referred by LACDMH only. LACDMH will authorize a Medi-Cal Beneficiary's admission to the psychiatric facility operated by Contractor as identified in the Master Agreement.

ED services shall be provided by Contractor solely on an as needed basis, and only to those referred by LACDMH. There is no guaranteed number of referrals. There is no guaranteed funding associated with this Master Agreement (MA). Reimbursement will only be made for clients referred by LACDMH with accompanying clinical documentation of care services provided and invoices that substantiate the referral and services provided.

Technical Exhibit 1, describes and defines the array of specialty mental health services to be provided, as well as the admission criteria, intensity of service and the continued stay criteria for the four levels of service directed towards children, adolescents and adults, as shown below:

1. Eating Disorders Acute Inpatient Care Services
2. Eating Disorders Specialized Follow-up Residential Treatment Center
3. Eating Disorders Partial Hospitalization Program
4. Eating Disorders Intensive Outpatient Program (IOP)

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

- 2.1 All changes must be made in accordance with Paragraph 8.1, Amendments, of the Master Agreement.

3.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Master Agreement and any Work Order executed pursuant to the Master Agreement. The Plan shall be submitted to the LACDMH, upon request, for review. The plan shall include, but may not be limited to the following:

- 3.1** Method of monitoring to ensure that Contract requirements are being met;
- 3.2** A record of all safety, health, and services inspections conducted by the Contractor.
 - 3.2.1** 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 LACDMH upon request.

4.0 QUALITY ASSURANCE PLAN

LACDMH will evaluate the Contractor’s performance under the Master Agreement and any Work Order executed pursuant to the Master Agreement using the quality assurance procedures as defined in the Master Agreement, Paragraph 8.14, County’s Quality Assurance Plan.

4.1 Meetings

Contractor shall attend any meetings that may be schedule by LACDMH.

4.2 Contract Discrepancy Report (Technical Exhibit 5)

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

LACDMH 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 LACDMH within 60 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 LACDMH within 60 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.

5.0 DEFINITIONS

A list of definitions can be found in the Master Agreement, Paragraph 2.

6.0 RESPONSIBILITIES

LACDMH's and the Contractor's responsibilities are as follows:

LACDMH

6.1 Personnel

LACDMH will administer the Master Agreement pursuant to, Paragraph 6.0, Administration of Master Agreement - LACDMH. Specific duties will include:

- 6.1.1 Monitoring the Contractor's performance in the daily operation of the Master Agreement.
- 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 Master Agreement, Paragraph 8.1 Amendments.
- 6.1.4 LACDMH shall send pre-authorization forms to the facility via fax.

6.2 Intentionally Omitted

CONTRACTOR

6.3 Project Manager

- 6.3.1 Contractor shall provide a Project Manager that shall have full authority to act for Contractor on all administrative matters related to the Master Agreement.
- 6.3.2 Project Manager shall act as a central point of contact with LACDMH.
- 6.3.3 Project Manager shall have a minimum of one year of experience managing programs for Acute Inpatient, Specialized Follow-up Residential Treatment Center, Partial Hospitalization, or Intensive Outpatient ED services for children, adolescents and adults with an ED Diagnosis.

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 Paragraph 7.5 – Background and Security Investigations of the Master Agreement.

6.5 Identification Badges

- 6.5.1 Contractor shall ensure their employees are appropriately identified as set forth in Paragraph 7.4 – Contractor’s Staff Identification of the Master Agreement.

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 employee(s).

6.7 Training

- 6.6.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.
- 6.6.2 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 OSHA standards.

7.0 INTENTIONALLY OMITTED

8.0 WORK SCHEDULES

- 8.1 Contractor shall submit a work schedule for each facility to the County Project Director upon execution of the Master Agreement.
- 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 10 working days prior to scheduled time for work.

9.0 INTENTIONALLY OMITTED

10.0 SPECIFIC WORK REQUIREMENTS

Eating Disorders services range from acute inpatient programs (in which general medical care is readily available), residential programs, partial hospitalization programs and intensive outpatient care (in which the patient receives general medical treatment, nutrition counseling, and/or individual, group, and family psychotherapy). For complete descriptions of the Admission Criteria, Intensity of Service and Continued Stay criteria for each level of service please refer to Technical Exhibits 1.

10.1 Referrals

LACDMH will make all referrals to Contractor for the provision of ED services. Referrals will be made on an as needed basis and only when LACDMH deems them necessary. Referrals from LACDMH shall reflect the needs of the Department, client acuity, and placement in the least restrictive, and most geographically advantageous environment. Self-referrals or referrals from other entities to ED contractors will not be accepted nor reimbursed.

10.2 Acute Inpatient Care

Housed within an acute psychiatric hospital setting, Acute Inpatient Care consists at a minimum of the following services:

- 10.2.1 Multidisciplinary assessment and treatment planning that addresses the beneficiary's nutritional, psychological, social, medical and substance abuse needs;
- 10.2.2 Medical and lab tests, including all relevant follow up;
- 10.2.3 Treatment by a physician seven days per week, including management of psychiatric medication;
- 10.2.4 Skilled nursing services provided by a Registered Nurse or Licensed Vocational Nurse are available 24 hours per day;
- 10.2.5 A Nutritional plan with identified target weight range and plan to achieve a gain of 1 to 2 pounds per week;
- 10.2.6 Care coordination with other clinicians providing treatment to the beneficiary; and
- 10.2.7 Discharge planning includes linkage to aftercare services and the development of an outpatient treatment plan.

10.3 Residential Treatment Program

The Residential Treatment program provides a comprehensive and specialized treatment services facility which furnishes a non-institutional, therapeutic community in which beneficiaries are supported in their efforts to develop, maintain and restore interpersonal and independent living skills and community support systems. These services include an all-inclusive structured treatment and rehabilitation program for beneficiaries with eating disorders diagnoses who require residential level of care, either following acute inpatient care or as an alternative to inpatient admission.

Intensive, structured specialized eating disorders services, provided seven days per week, including the following:

- 10.3.1 Evaluation by physician or equivalent professional within 72 hours of admission and at least once weekly;
- 10.3.2 Physical exam and lab tests done within 72 hours of admission if not done prior to admission;
- 10.3.3 24-hour skilled nursing services available on site to manage medical problems;

- 10.3.4 Within seven days of admission, an individualized treatment plan shall be completed, addressing nutritional, psychological, social, medical and substance abuse needs.

Treatment planning shall be consistent with the Medi-Cal Beneficiary's language, cognitive, speech and hearing abilities. The majority of treatment will be provided within the community setting. Treatment includes the following, at least once per day with each session lasting 60 to 90 minutes:

- 10.3.5 Community milieu group therapy;
- 10.3.6 Group psychotherapy;
- 10.3.7 Activity group therapy;
- 10.3.8 Once weekly individual therapy with a licensed provider;
- 10.3.9 Family supports identified and contacted for clients as follows: For adults, there should be, at least, weekly participation and, at least twice weekly participation for children and adolescents;
- 10.3.10 Care Coordination with other clinicians providing treatment; and
- 10.3.11 Discharge planning, including linkage to aftercare services, and development of an outpatient treatment plan.

10.4 Partial Hospitalization Program (PHP)

The Partial Hospitalization Program provides a structured multi-disciplinary treatment program as an alternative to acute inpatient and residential levels of care to allow beneficiaries to continue their recovery and avoid placement in a more restrictive setting.

PHP Program elements include the following:

- 10.4.1 Multidisciplinary treatment provided at least six hours per day, five days per week;
- 10.4.2 Treatment is individualized and not determined by the programmatic period;
- 10.4.3 Evaluation by physician upon admission with weekly visits or, if transferring from another intensive level of care those evaluations are obtained; and
- 10.4.4 Evaluation of substance use.

Treatment recommendations from these evaluations are integrated into the treatment plan. The treatment plan includes:

- 10.4.5 Targets of cognitive behavioral skills for controlling food restricting and controlling bingeing, purging and non-purging behaviors;
- 10.4.6 Nutritional assessment completed upon admission, with specific dietary intake and target weight goals;
- 10.4.7 Weekly measurement of weight, charting of calorie intake and percentage of dietary intake goals;
- 10.4.8 Community supports are identified;

- 10.4.9 Weekly family therapy for children and adolescents, with family members involved in groups and educational programs;
- 10.4.10 Care Coordination with other clinicians; and
- 10.4.11 Discharge planning, including linkage to aftercare services, and the development of an outpatient treatment plan.

10.5 Intensive Outpatient Program (IOP)

Provided within a community setting, the Intensive Outpatient Program consists of service provided by licensed clinicians for a minimum of three hours per day and three days per week as follows:

- 10.5.1 Evaluation by a physician is completed upon admission along with weekly visits;
- 10.5.2 Evaluation of substance use;
- 10.5.3 The treatment plan includes targets of cognitive behavioral skills for controlling food restricting and controlling bingeing, purging and non-purging behaviors;
- 10.5.4 The nutritional assessment includes specific dietary intake and target weight goals;
- 10.5.5 Weekly measurement of weight, charting of calorie intake/percentage of dietary intake goals;
- 10.5.6 Weekly family therapy for children and adolescents, with family members involved in group sessions; and
- 10.5.7 Care Coordination with other clinicians. Discharge planning, including linkage to aftercare services.

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 LACDMH of Contractor’s new green initiatives prior to commencement of the Master Agreement.

12.0 PERFORMANCE REQUIREMENTS

The Performance Requirements delineating required services that will be monitored by the LACDMH during the term of this Master Agreement are listed in Technical Exhibit 1 (Services) and serve as an important monitoring tool for the County.

All listings of services used as Performance Requirements are intended to be completely consistent with the Master Agreement and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Master Agreement and the SOW. In any case of apparent inconsistency between services as stated in the Master Agreement and the SOW, the meaning apparent in the SOW and all Technical Exhibits will prevail.