

EXHIBIT C-5

STATEMENT OF WORK 1134

FOR

MENTAL HEALTH

CONGREGATE-STYLE CARE SERVICES

SOW FOR MENTAL HEALTH CONGREGATE-STYLE CARE

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STATEMENT OF WORK

1.0 SCOPE OF WORK

- 1.1** The purpose of this Statement of Work (SOW) is provide the guidelines and requirements for the delivery of a mental health congregate care program. Congregate care is a residential care program that is either a licensed boarding home or a licensed private establishment residential care program that houses a maximum of six (6) beds in a home.
- 1.2** A congregate care program is a social rehabilitation program which addresses individualized needs of each client with a Serious Mental Illness and assists clients in transitioning into the community and eventually into a lower level of care and long-term stable housing.

Objectives of Congregate Care Program:

- 1.2.1 Reduce high cost services and hospital administrative days;
- 1.2.2 Eliminate unnecessary emergency room visits for medical and behavioral health including crisis services that can be addressed within the congregate care setting;
- 1.2.3 Provide transitional and long-term housing, meet medical and behavioral health needs, provide case management, and linkage to a lower level of care such and independent living with Wellness Recovery Action Plan (WRAP) or Supportive Housing;
- 1.2.4 Provide stabilized environment to begin or continue to address individualized treatment needs;
- 1.2.5 Implement a stable therapeutic environment for participants; and
- 1.2.6 Reduce client recidivism.

2.0 SPECIFIC WORK REQUIREMENTS

- 2.1** Persons to be served: Contractor acknowledges that DMH has pre-screened clients as clinically appropriate for this level of care according to generally accepted standards and shall make a final decision on all referrals from DMH within seven days. Contractor shall provide services in a licensed residential care program who/whose:
- 2.1.1 Clients are in need of congregate-style care services; and
- 2.1.2 Have the characteristics in accordance with this SOW and Contractor's Service Delivery Plan (SDP) and any addenda thereto, as approved in writing by DMH, for the term of the Contract.
- 2.1.3 Congregate-style care focuses on life skills training, linkage and community engagement activities that support individuals in their effort to restore, maintain and apply interpersonal and independent living skills and to access community support systems. In a congregate care program, structured day

and evening services are available seven days a week. Congregate-style care programs targets individuals in higher levels of care who require intensive mental health and supportive services to transition to stable community placement and prepare for more independent community living.

2.1.4 Services provided to each client shall be based on the client's treatment plan, which shall be designed to meet the particular client's individual needs for one or more of a broad range of mental health services. The client's treatment plan shall be individualized and updated quarterly at minimum; it shall include concrete, measurable, and achievable goals that assist the client in successfully achieving a lower level of care. Programs may include, but are not limited to, one or more of the following services, which are described in the SDP and some of which are also described in the Short-Doyle / Medi-Cal Organizational Provider's Manual (<https://dmh.lacounty.gov/qa/qama/>):

- 2.1.4.1 Mental health services such as crisis intervention, individual, family, couples, group, collateral, and targeted case management services including discharge planning services;
- 2.1.4.2 Integrated services (i.e. assessment and treatment) for co-occurring mental health and substance abuse disorders;
- 2.1.4.3 Client/family self-help and peer support services; and
- 2.1.4.4 Life support and board and care.

2.2 Time-Limited Length of Stay: DMH's initial authorized length of stay for a client shall not exceed **90** patient days. Approval beyond **90** days must have prior written approval by DMH and will occur in 30-day increments unless otherwise specified.

2.2.1 Utilization Review: DMH will implement utilization review every 30 days, including implementing a standardized decision support tool, InterQual. Authorization and certification of continued stay shall include a review of the client's concrete progress towards their treatment goals and timely documentation of such on a monthly basis. DMH reserves the right to deny authorization and certification for treatment upon failure to receive requisite documentation within 72 hours of monthly due date as indicated on the Certification Form (SOW Attachment III).

2.3 Contractor shall deliver the following core services, but are not limited to:

- Mental Health Services;
- Supportive Services;
- Psycho-Social Supportive Groups; and
- Vocational and Education Services

These four core services are described in more detail below.

2.3.1 Mental Health Services

Contractor will provide:

- i. Assistance in the self-administration of medication;
- ii. Mental health services such as individual and group therapies and family therapy (as needed);
- iii. Crisis intervention and supports by providing psychoeducation on how to seek and receive crisis services in the community: this may include, individual and group therapy; and
- iv. An individualized treatment plan for each client and incorporating a client's (1) bio-psycho-social, (2) preference, (3) input, and (4) any mobility challenges.

2.3.2 Supportive Services

Contractor will provide the following services:

- i. Prompt a client to self-monitor their health indicators and dietary regimen (i.e. assisting the client to check their blood sugar/blood pressure).
- ii. Group activities to increase social interaction or a one on one activity that is customized to the client's treatment plan (i.e. low cost community-based activities that can be utilized after transition to a lower level of care, including parks and City recreation centers, and other community sponsored organizations, as appropriate).
- iii. Assistance in developing and practicing skills in the community (i.e. using public transportation, grocery shopping, banking and budgeting, etc.)
- iv. Behavioral supports and therapeutic activities focused on self-advocacy, increasing insight into physical and behavioral illness symptoms, appropriate social boundaries and communication, assistance in budgeting, activities of daily living and independent living skills.
- v. Supportive services for clients who are unwilling or unable to participate in the independent living skill, such as cooking, cleaning, etc.

2.3.3 Psycho-Social Supportive Groups

Contractor shall provide the following types of groups, but are not limited to:

- i. Wellness and Self-care: The overall purpose of this group is to provide education regarding the importance of living a healthier lifestyle and how to utilize a holistic approach to decrease symptomology and increase healthier living. The group will provide a forum for discussion related to developing a more holistic lifestyle approach as well as a chance to learn methods to enhance serenity and self-esteem through self-care. They will explore old and new ways to enhance healthy living using practices such as meditation, grooming to help improve self-esteem, and yoga for mind/body connection. Clients are encouraged to practice their own method of spirituality; clients are given the option to attend religious services with staff providing transportation to their chosen worship site.
- ii. Exercise: Contractor's staff will lead clients in an exercise group and offer verbal encouragement. Clients will engage in activities such as walking in the

park, yoga, stretching, basketball, and dancing. Groups will be held indoors and outdoors. This group promotes physical well-being and is essential in the holistic approach of treatment. Clients will develop a tolerance for exercising and learn the importance of self-care through exercise.

- iii. Daily Living Skills: Clients will participate in activities of daily living (ADL) to teach and encourage participation in practical life skills such as laundry, hygiene, meal preparation, cooking, cleaning, and budgeting. Staff will teach and model how to perform these tasks. The goal is to teach clients ADL skills necessary to live independently.
- iv. Community Dining: This activity creates an opportunity for clients to improve their cooking skills and engage with peers over a meal. The goal is to foster a sense of community in the program and encourage appropriate social interaction with others. Clients are encouraged to participate in preparation of meals and learn how to prepare well balanced healthy meals. Menus are created by a nutritionist to ensure meals and snacks are balanced.
- v. Mental and Health Well-Being: The overall purpose of these clinical groups is to encourage the restoration of community functioning. Clients are given the tools and resources to successfully re-integrate into the community setting, and ultimately improve client's quality of life. These groups will focus on psychoeducation related to health and mental illness.
- vi. Clients will be given the opportunity to learn acceptable ways to adapt to medical and psychiatric symptoms in order to minimize the negative effects of their functioning in the community. Clients will also learn to develop and improve basic inter and intrapersonal communication skills, such as listening, speaking, and non-verbal communication. Groups will focus on development of healthy relationships and appropriate boundaries.
- vii. Peer Support: Clients will meet weekly to discuss any issues or concerns occurring in the facility. The purpose of these meetings is to identify any problems that may cause conflict in the facility or among peers. Clients are encouraged to respectfully share any feelings, likes or dislikes, and make suggestions on how improvements of the overall functioning of the program can be made.
 - a) During these meetings, clients will determine their preferred activities and community outings. Meetings will promote a sense of community and mutual support, improve communication and conflict resolution skills, and empower clients to exercise their opinions thereby enhancing their own treatment.

2.3.4 Vocational/Education Services

Contractor shall provide:

- i. Special education services and learning disability assessment and remediation. Contractor will ensure that clients who need special education services will receive assistance to enroll in special education programs offered at local adult schools.
- ii. Pre-vocational and vocational services such as preparing resumes, job seeking skills, etc. Contractor will provide individual assistance in making a resume, on-line support for job searches, preparation for interviews, etc.
 - a) Vocational rehabilitation services are designed to help clients prepare for, secure, regain, or retain employment. The overall purpose of these clinical groups is to educate clients on pre-vocational skills, provide linkage for volunteer opportunities, and provide the tools necessary to reduce and remove barriers to employment.
 - b) Vocational Groups: Contractor will educate clients on soft and hard skills required to obtain and retain employment or volunteer opportunities. As a result, clients are further integrated into the community and provided support for community re-integration. Topics will include, but are not limited to resume building, mock interviews, interview attire, appropriate grooming and hygiene, resume writing, applications, and job search skills.

2.4 Emergency Medical Care:

Contractor shall transport clients provided services hereunder who require emergency medical care for physical illness or accident to an appropriate medical facility. The cost of such transportation, as well as the cost of any emergency medical care, shall not be a charge to nor reimbursable under the Contract.

- 2.4.1 Contractor shall assure that such transportation and emergency medical care are provided.
- 2.4.2 Contractor shall establish and post written procedures describing appropriate action to be taken in the event of a medical emergency.
- 2.4.3 Contractor shall also post and maintain a disaster and mass casualty plan of action in accordance with California Code of Regulation (CCR) Title 22, Section 80023. Such plan and procedures shall be submitted to DMH Contracts Development and Administration Division at least ten (10) days prior to the commencement of services under the Contract.

2.5 Notification of Death:

Contractor shall immediately notify the Director of Mental Health (Director) or designee upon becoming aware of the death of any client provided services hereunder or any individual residing at the Contractor's facility. Notice shall be made

by Contractor immediately by telephone and in writing upon learning of such a death. The verbal and written notice shall include the following:

2.5.1 Name of the deceased;

2.5.2 The date of death;

2.5.3 A summary of the circumstances thereof; and

2.5.4 The name(s) of all Contractor's staff with knowledge of the circumstances.

2.6 Aftercare/Discharge Plan:

Contractor must provide the aftercare/discharge plan. The plan will include a list of current medications to all healthcare providers that the discharge plan contemplates the patient receiving care from at least 24 hours prior to discharge. Contractor will provide the final discharge summary to all healthcare writers that the discharge plan contemplates the patient receiving care from no later than seven days following discharge.

2.7 Transfer between CONTRACTOR facilities (if applicable):

Transfers of clients among facilities within a contracted corporation will be arranged by mutual consent between Contractor and DMH and with notification to, and appropriate input from, the client's conservator, significant family members, DMH's Care Navigation Team and specified individuals involved with the client's treatment and support system.

2.7.1 Contractor acknowledges that clients that are transferred or discharged without adequate medical clearance and follow-up plan for their co-morbid medical conditions may be subject to re-admission

3.0 QUALITY CONTROL

The Contractor shall establish and utilize a comprehensive Quality Control Plan (Plan) to provide the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Contract Project Monitor and 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 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 the County upon request.

3.3 Data Collection and Information Exchange

3.3.1 Contractor will develop measurement and tracking mechanisms to collect and report data as follows:

Contractor will report monthly unless otherwise specified:

- a) Available beds (daily);
- b) The number of clients who were referred;
- c) The number of clients who were refused;
- d) The number of clients whose admission is delayed for seven days or more pending more information;
- e) The average length of time to respond to referrals;
- f) The number of clients who were accepted and placed within 14 days of referral;
- g) The number of clients discharged; and
- h) The number of clients receiving substance use services.

3.3.2 Contractor acknowledges that DMH is transitioning to a bed management system. Contractor shall provide bed capacity information in real time or at least on a daily basis to DMH. Contractor also acknowledges that DMH utilizes Los Angeles Network for Enhanced Services (LANES) as a Health Information Exchange network and agrees to provide admission history and physical and medication list within 24 hours of discharge to accepting facility upon transfer. The discharge summary will be provided to the County Program Manager via email within seven days.

4.0 QUALITY ASSURANCE PLAN

The County will evaluate the Contractor's performance under the Contract using the quality assurance procedures as defined in the Contract, Paragraph 8.15, County's Quality Assurance Plan.

4.1 Meetings

Contractor is required to attend scheduled meetings as needed.

4.2 Contract Discrepancy Report (SOW Attachment I)

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

4.2.2 The County Contract Project Monitor 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 the County Contract Project Monitor within five workdays, acknowledging the reported discrepancies or presenting contrary evidence.

4.2.3 Contractor shall submit a plan for correction of all deficiencies identified in the Contract Discrepancy Report to the County Contract Project Monitor within 10 workdays.

4.3 County Observations

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

4.4 Utilization Review

DMH will be implementing utilization review every 30 days, including implementing a standardized decision support tool. Authorization and certification of continued stay shall include a review of the client's concrete progress towards their treatment goals and timely documentation of such on a monthly basis.

5.0 RESPONSIBILITIES

The County's and the Contractor's responsibilities are as follows:

COUNTY

5.1 Personnel

The County will administer the Contract according to the Contract, Paragraph 6.0, Administration of Contract - County. Specific duties will include:

- 5.1.1 Monitoring the Contractor's performance in the daily operation of the Contract.
- 5.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 5.1.3 Preparing Amendments in accordance with the Contract, Subparagraph 8.1 (Amendments).

CONTRACTOR

5.2 Program Manager

- 5.2.1 Contractor shall provide a full-time Program Manager or designated alternate. County must have access to the Program Manager during hours of operation as defined by the County or as identified in Section 6.0 (Hours/Day of Work). Contractor shall provide a telephone number where the Program Manager may be reached during normal business hours.
- 5.2.2 Program Manager shall act as a central point of contact with the County.

- 5.2.3 Program Manager shall be a Certified Administrator. For Certified Administrators, a copy of their current and valid Administrator Certification meets this requirement and needs to be submitted via email to the County's Program Manager upon renewal.
- 5.2.4 Program Manager/alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Program Manager/alternate shall be able to effectively communicate in English, both orally and in writing.
- 5.2.5 Program Manager will review written monthly report of the clients' progress in treatment, updates on physical and behavioral health conditions and medications.
- 5.2.6 If a client requires a learning disability assessment, the Program Manager will coordinate with the client's Primary Care Physician to coordinate a learning disability assessment.
- 5.2.7 The Program Manager/alternate is the point of contact for any crises that may arise at the congregate care facility.

5.3 Personnel

- 5.3.1 Contractor will 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.
- 5.3.2 Contractor will be required to background check their employees as set forth in the Contract, Subparagraph 7.5 (Background and Security Investigations).
- 5.3.3 Contractor assigns full-time, dedicated training and program coordinators and licensed professionals to provide clinical oversight. Staffing includes, but is not limited to clinicians and staff:
 - a) Contractor shall ensure that sufficient direct care staff are at the congregate care facility whenever clients are enrolled in the program.
 - b) Any time clients are in the facility, there shall be at least one direct care staff person on duty and on the premise.
 - c) Any time there is only one direct care staff person on duty and on the premise, another direct care staff person shall be on call and capable of responding within 30 minutes in person.
- 5.3.4 Contractor ensures that staff will provide daily goal focused progress notes with weekly clinical reviews, and monthly staffing.
- 5.3.4 Contractor will ensure all staff is appropriately trained to handle a crisis. The training will include appropriate guidelines for intervening and safeguarding other clients when a client is in a crisis.

5.4 Identification Badges

5.4.1 Contractor shall ensure their employees are appropriately identified as set forth in the Contract, Subparagraph 7.4 (Contractor's Staff Identification).

5.5 Materials and Equipment

5.5.1 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 employees.

5.6 Training

5.6.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees.

5.6.2 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 Occupational Safety and Health Administration (OSHA), Department of Health Care Services (DHCS), Department of Public Health (DPH), Community Care Licensing (CCL), and Centers for of Disease Control and Prevention (CDC) standards as applicable to their license and certification. Contractor shall supply appropriate personal protective equipment to employees.

5.7 Contractor's Administrative Office

Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 9 a.m. to 5 p.m., Monday through Friday, by at least one employee who can respond to inquiries, which may be received about the Contractor's performance of the Contract. When the office is closed, an answering service shall be provided to receive calls and take messages. **The Contractor shall answer calls received by the answering service within 24 hours of receipt of the call.**

6.0 HOURS/DAY OF WORK

6.1 Contractor is required to provide congregate care services 24/7.

7.0 WORK SCHEDULES

7.1 Contractor shall submit for review and approval a work schedule for each facility to the County Program Manager or designee within five days prior to starting work. Said work schedules shall be set on an annual calendar identifying all the required on-going maintenance tasks and task frequencies. The schedules shall list the time frames by day of the week, morning, and afternoon the tasks will be performed.

7.2 Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Program

Manager or designee for review and approval within five working days prior to scheduled time for work.

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

- 8.1** All changes must be made in accordance with the Contract, Subparagraph 8.1 (Amendments).
- 8.2** Contractor shall obtain the prior written consent of the DMH Director or designee at least 70 days before terminating services at a designated facility and/or before commencing such services at any other facility(ies).

9.0 LICENSING REQUIREMENTS

- 9.1** Contractor must be licensed by the State's Community Care Licensing Division as a Social Rehabilitation Facility.

10.0 DEFINITIONS

- 10.1** Congregate Care Program: This is a residential facility for the elderly. The minimum age limit for the elderly is 55 years for the residents, with younger spouses permitted. The facility typically has a central lobby, common dining area, hobby and/or recreational rooms.
- 10.2** DMH Intensive Care Division (ICD): The Los Angeles Department of Mental Health division which both authorizes the care for and performs utilization review of clients needing treatment for 24-hour residential care due to severe and persistent mental illness in a variety of different levels of care throughout Los Angeles County.
- 10.3** InterQual: A standardized decision-making tool used to assist with level of care determinations and utilization review.
- 10.4** Level of Care Utilization System: The system through which a client is referred to the various different levels of care offered within the LACDMH network, which is subject to screening and utilization review.
- 10.5** Medically Clear: For the purposes of this SOW, "Medically Clear" for admission shall be defined as clients who meet the criteria in SOW Attachment IV (DMH Medical Clearance Form). Contractor shall work with referring institutions to efficiently accept and transfer clients to next levels of care. Any disputes regarding "medical clearance" shall be resolved by doctor-to-doctor consultation between the referring institution and the Contractor.
- 10.6** Service Delivery Plan: An in depth report that comprises of multiple forms, known as "schedules", that details how mental health services are being delivered, populations served, and funding expenditures for mental health contracts and other unique service contracts. SDPs are used by DMH as a monitoring tool to ensure that services are

delivered effectively and efficiently. Oversight activities include: clinical programmatic monitoring (i.e. to ensure effective mental health services and supports are being delivered); fiscal and budget monitoring; and administrative monitoring.

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 County’s Program Manager of Contractor’s new green initiatives prior to Contract commencement.

PERFORMANCE REQUIREMENTS SUMMARY

- 12.1** A Performance Requirements Summary (PRS) chart, SOW Attachment II, listing required services that will be monitored by the County during the term of this Contract is an important monitoring tool for the County.
- 12.2** All listings of services used in this PRS are intended to be completely consistent with the Contract and this SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and this SOW. In any case of apparent inconsistency between services as stated in the Contract and this SOW and this PRS, the meaning apparent in the Contract and this SOW will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and this SOW, that apparent service will be invalid and place no requirement on Contractor unless and until incorporated into the Contract.

STATEMENT OF WORK ATTACHMENTS

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CONTRACT DISCREPANCY REPORT

TO: _____

FROM: _____

Dates: _____ Prepared: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY / ISSUE: _____

Signature of County Representative

Date

CONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative

Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of Contractor Representative

Date

COUNTY ACTIONS: _____

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date _____

Contractor Representative's Signature and Date _____

PERFORMANCE REQUIREMENTS SUMMARY (PRS) CHART

SPECIFIC PERFORMANCE REFERENCE	REQUIRED SERVICE	COUNTY MONITORING METHOD
SOW: Subsection 2.1 (Persons to be Served)	Contractor accepts all clients referred to DMH Intensive Care Division (ICD) for which it has available beds. Contractor acknowledges ICD has prescreened clients as clinically appropriate for supervised living level of according to generally accepted standards.	100% compliance as measured by the number of referrals accepted by the Contractor within 14 days of referral.
SOW: Subsection 2.1.4 (Specific Work Requirements)	Contractor demonstrates that all clients improve in their level of functioning and are able to demonstrate concrete progress towards goals and discharge planning in a timely manner.	100% compliance as defined by examining a sample of 20% of Contractor's clients who have increased in their level of function and/or privileges per month and achieved discharge-planning status. 20% of appropriate clients are discharged from facility per month.
SOW: Subsection 2.1.4.2 (Specific Work Requirements)	Contractor ensures each client is assessed for co-morbid alcohol and drug abuse.	100% compliance in sample review of records.

State of California Health and Welfare - Department of Health Services

CERTIFICATION FOR SPECIAL TREATMENT PROGRAM: ☐ CERTIFICATION ☐ RECERTIFICATION**PART I - COMPLETED BY FACILITY**

CLIENT'S NAME:

DATE HS-231 COMPLETED:

CLIENT'S -

FACILITY NUMBER:

LEGAL STATUS:

ADMISSION DATE:

FACILITY NAME & ADDRESS:

MEDI-CAL IDENTIFICATION NUMBER:

SOCIAL SECURITY NUMBER:

MIS#

PART II - COMPLETED BY DESIGNEE:

BIRTHDATE:

AGE:

SEX:

☐ Male

COUNTY:

☐ Female**PART III - CERTIFICATION BY**☐

Local Mental Health Director

☐

You are authorized to claim payment for Treatment as recommended by you.

☐

Request Denied

FROM:

TO:

A TOTAL OF MONTHS

*****THE BELOW IS SUPPORTIVE INFORMATION FOR THIS RECOMMENDATION*****

ADMISSION:

EMOTIONAL STATE:

Reason for Hospitalization:

CURRENT
BEHAVIORS/
DISCHARGE
BARRIERS
REQUIRING
SNF - IMD
LEVEL OF
CARE:*Problem #1:
Manifested By:**Current Average Frequency:**Problem #2:
Manifested By:**Current Average Frequency:**Problem #3:
Manifested By:**Current Average Frequency:*SHORT TERM
GOALS
(< 90 DAYS)*Goal #1:**Goal Average Frequency:**By the date of:**Goal #2:**Goal Average Frequency:**By the date of:**Goal #3:**Goal Average Frequency:**By the date of:*LONG TERM
GOALS
(> 90 DAYS)*Goal #1:**Goal Average Frequency:**By the date of:**Goal #2:**Goal Average Frequency:**By the date of:**Goal #3:**Goal Average Frequency:**By the date of:*SPECIAL
TREATMENT
PROGRAM
(STP) GOALS*Problem/Goal Focused**Groups/Activities:**Average STP/week Participation/Attendance:**Average STP/week Participation Goal:**By the date of:**Response to Special
Treatment Program:**Current Level:**Response to Incentive
Program:**Level Goal:**By the date of:*

Designee Signature

Designee Title

Affiliation

Date

Contract Liaison

Contract Liaison Title

County and Department

Date

**DMH reserves the right to deny authorization and certification for treatment upon failure to receive requisite documentation within 72 hours of the quarterly due date.

DMH Medical Clearance (All Levels)

Patient Information

Name: _____

DOB: _____

SSN: _____

Core Items (within past year unless otherwise noted)

☐ **Medical History & Physical Examination**

☐ Unremarkable

☐ Allergies: _____

☐ Positive Findings:

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **Comprehensive Psychiatric Evaluation**

☐ DSM-V Diagnosis: _____

☐ **Active Medical & Psychiatric Medication List**

☐ Medication Compliant

☐ **Labs / Drug Screen (CBC, Chem panel, LFTs, TSH, HgA1C)**

☐ Unremarkable

☐ Positive Findings:

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **RPR-VDRL (if applicable)**

☐ Negative

☐ Positive

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **Pregnancy Test (if applicable)**

☐ Negative

☐ Positive

☐ OB/GYN Consultation

☐ **PPD / Chest X-Ray / QuantiFERON-TB Gold (within 30 days)**

☐ Negative

☐ Positive

☐ Medicine/Sub-Specialty Consultation & Treatment

☐ **COVID-19 (within 1 week)**

☐ **Vaccinated**

☐ Negative

☐ Positive

☐ Medicine/Sub-Specialty Consultation & Treatment

- ☐ **Forensic History Reviewed**
 - ☐ On Probation
 - ☐ On Parole
 - ☐ Registered Sex Offender
 - ☐ Registered Arsonist
- ☐ **Voluntary**
- ☐ **Lanterman Petris Short (LPS) Act**
 - ☐ Not applicable
 - ☐ LPS Application or LPS Letters
- ☐ **High Elopement Risk**
- ☐ **Assaultive Behavior Risk**

Additional Items (if applicable)

- ☐ **Five (5) Consecutive Inpatient Days of Nursing Progress Notes**
- ☐ **Five (5) Consecutive Acute Inpatient Days of Psychiatry Progress Notes**
- ☐ **One (1) Administrative Inpatient Day of Psychiatry Progress Notes**
 - ☐ **Medication Administration Record (MAR) with PRNs**
 - ☐ No IM PRNs administered in past 5 days
 - ☐ Medication Compliant
 - ☐ **Seclusion & Restraint Record**
 - ☐ No seclusion or restraints applied in past 5 days
- ☐ **Physician's Report Completed**

Comments: _____

Referring Psychiatrist / Medical Provider Information

Name: _____

Signature: _____ **Date:** _____

Contact Number: _____

Physician / Medical Provider Information (if applicable)

Name: _____

Signature: _____ **Date:** _____

Contact Number: _____