

EXHIBIT C-6

STATEMENT OF WORK 1135

**MEDICAL INTENSIVE SKILLED NURSING
FACILITY AND PSYCHIATRIC SERVICES**

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STATEMENT OF WORK (SOW)

1.0 SCOPE OF WORK

Intensive skilled nursing facility services shall be provided in a licensed medical skilled nursing facility (SNF) designed to provide a therapeutic environment of care and treatment within a residential setting. The facility shall be staffed to provide intensive psychiatric services and shall meet California Code of Regulation (CCR) Title 9 staffing standards for inpatient services. Skilled nursing care provides 24-hour care for clients who may need nursing or medical care due to the following medical conditions such as: bariatric care, wound care, continuous positive airway pressure, catheter care, in need of a feeding tube, dialysis, etc.

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

2.1 Contractor's facility(ies) where services are to be provided hereunder is (are) located at: (enter locations).

Contractor shall obtain the prior written consent of the Department of Mental Health (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).

2.2 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Contract.

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 Contract. The Plan shall be submitted to the County Contract Project Monitor 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 Contractor shall comply with all applicable provisions of the Welfare and Institutions Code (WIC), CCR, Code of Federal Regulations (CFR), Department of Health Services (DHS) policies and procedures, DMH policies and procedures related to Safety and Intelligence incident reporting (the system utilized for incident reporting), and DMH quality assurance policies and procedures, to establish and maintain a complete and integrated quality assurance system. In conformance with these provisions, Contractor shall establish: (1) a utilization review process; (2) an interdisciplinary peer review of the quality of patient/client care; and (3) monitoring of medication regimens of clients/clients. Specific to Safety and Intelligence Incident Reporting, Contractor shall electronically submit reportable incidents including but not limited to assaults, transfers requiring

outside acute medical or psychiatric care, and AWOLs. Medication monitoring shall be conducted in accordance with County policy which may be accessed at <https://dmh.lacounty.gov/for-providers/administrative-tools/policies-parameters-guidelines/>. A copy of Contractor's quality assurance system plan shall be submitted to DMH's Quality Assurance Bureau for review and written approval prior to Contractor's submission of any billings for services hereunder.

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 track 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;
- 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 ICD Director or designee. Contractor also acknowledges that DMH utilizes 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 within seven days.

4.0 QUALITY ASSURANCE PLAN

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

4.1 Monthly Meetings

Contractor is required to attend scheduled quarterly meetings.

4.2 Contract Discrepancy Report (SOW Attachment I)

Verbal notification of a Contract discrepancy will be made by the Contract 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.

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. A plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be submitted to the County Contract Project Monitor within 14 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

- **Case Manager:** A person from the contracted facility who assists with treatment planning, placement, and discharge planning.
- **Case Navigator:** A person who works on placement of clients, authorizations, and manages waitlists.
- **Case Navigation Team:** DMH staff on a team that works on placement of clients, authorizations, and manages waitlists.
- **Contractor Administrator:** A person licensed as a nursing home administrator by the California Board of Examiners of Nursing Home Administrators or a person who has a State civil service classification or a State career executive appointment to perform that function in a State facility.
- **Current Procedural Terminology (CPT) 90805:** Medical and billing code set by the American Medical Association for individual psychotherapy approximately 20 – 30 minutes face to face with medical evaluation and management services.
- **Current Procedural Terminology (CPT) 90807:** Medical and billing code set by the American Medical Association for individual psychotherapy approximately 45 – 50 minutes face to face with medical evaluation and management services.
- **DMH Clinical Reviewer/Liaison:** A DMH staff member who reviews the client's clinical information on a regular information, authorizes services, and makes level of care determinations.
- **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.

- **DMH ICD Director:** The Director of the Intensive Care Services Division within the Los Angeles Department of Mental Health.
- **InterQual:** A standardized decision-making tool used to assist with level of care determinations and utilization review.
- **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.
- **Medically Clear:** For the purposes of this SOW, “Medically Clear” for admission shall be defined as clients who meet the criteria in Attachment IV (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.
- **Safety and Intelligence Incident Reporting:** A system that is utilized to collect incident reports including assault, medical hospitalizations, and absences with approved leave.
- **Service Delivery Plan (SDP)** - 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.
- **Skilled Nursing Facility (SNF) Program/Clinical Administrator:** The person who supervises, plans, develops, monitors, and maintains appropriate standards of care throughout all the departments in the nursing home. The Administrator must be licensed by the California Board of Examiners of Nursing Home Administrators.

6.0 RESPONSIBILITIES

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

COUNTY

6.1 Personnel

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

- 6.1.1 Monitoring the Contractor's performance in the daily operation of this Contract.
- 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 Contract, Sub-paragraph 8.1 Amendments.

CONTRACTOR

6.2 Administrator

The County will administer the Contract according to the Contract, Paragraph 7.0, Administration of Contract – Contractor. Specific duties will include:

- 6.2.1 Contractor shall provide a full-time Administrator or designated alternate. County must have access to the Administrator during regular business hours. Contractor shall provide a telephone number where the Administrator may be reached on an eight (8) hour per day basis.
- 6.2.2 Administrator shall act as a central point of contact with the County.
- 6.2.3 Administrator/Alternate shall have full authority to act for Contractor on all matters relating to the daily operation of the Contract. Administrator/Alternate shall be able to effectively communicate, in English, both orally and in writing.

6.3 Staffing

- 6.3.1 Contractor shall be required to background check their employees as set forth in Subparagraph 7.5 – Background and Security Investigations, of the Contract. Contractor's staff shall possess and maintain appropriate licenses and certificates in accordance with all statuses and regulations. Background checks, criminal records review, Department of Justice (DOJ) clearance, etc. shall be obtained and maintained in accordance with Los Angeles DMH policies and procedures.
- 6.3.2 Contractor's staffing patterns will reflect, to the extent feasible at all levels, the cultural, linguistic, ethnic, sexual and other social characteristics of the client base served in the program.
- 6.3.3 Contractor will serve clients as determined by DMH's policies, procedures, directives, guidelines, and Cultural Competency Plan to ensure that all eligible clients receive services from clinical staff that is culturally, ethnically, and linguistically competent. In addition, services will be delivered in a manner that is considerate of clients' and family members' cultures while preserving clients' dignity and respecting their right to choose.

- 6.3.4 Staffing levels need to be appropriate to provide necessary residential and treatment needs. Contractor's employee schedules must be available for review by DMH staff.
- 6.3.5 Professional Development and Training requirements will be in accordance with the Mental Health Department's standards.
- 6.3.6 Contractor will be in compliance with licensure and all laws governing the qualifications of personnel. Contractor agrees to submit any material changes in such duties or minimum qualifications to the DMH.
- 6.3.7 Contractor will engage in a continuous quality improvement process to minimize incidences of aggression directed towards the clients and others.

6.4 Identification Badges

Contractor shall ensure their employees are appropriately identified as set forth in Subparagraph 7.4 of the Contract – Contractor's Staff Identification.

6.5 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 employees.

6.6 Training

- 6.6.1 Contractor will provide continuing education to all staff to proactively address client's problematic behaviors and to minimize transfers to Emergency Psychiatric Services (EPS) and inpatient hospitalization.
- 6.6.2 Contractor shall provide training programs for all new employees within six months of hire and continuing in-service training for all employees on a yearly basis.
- 6.6.3 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 Center for Disease Control and Prevention (CDC) standards as applicable to their license and certification. Contractor shall supply appropriate personal protective equipment to employees.

6.7 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 8:00 a.m. to 5:00 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.**

7.0 INTENTIONALLY OMITTED

8.0 SPECIFIC WORK REQUIREMENTS

8.1 PERSONS TO BE SERVED: Contractor shall admit and provide services to ALL clients that are referred by DMH. Contractor shall make a final decision on all referrals from DMH within seven days. Contractor acknowledges that DMH has pre-screened clients as clinically appropriate for an intensive medical SNF level of care according to generally accepted standards. Contractor shall provide services in a licensed SNF to adult DMH clients 18 years of age or older who/whose:

- Are in need of medical intensive SNF services and psychiatric services;
- Has a chronic psychiatric illness and whose psychiatric illness pre-dated the medical condition;
- Chronic medical condition presents as greater than 50% of the cause in the decline in the client's adaptive functioning;
- Functioning is moderately to severely impaired;
- Reside primarily within all DMH Mental Health Service Areas; and has been referred by the DMH Director or designee. No DMH referrals shall be denied unless the DMH Director or designee agrees with Contractor's justification to deny client.

8.2 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.

- 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 (Attachment III).
- Clients shall receive, as necessary, active psychiatric, medical, nursing care and supportive services to develop resumption of normal activities to be able to progress to a non-institutionalized setting in a timely manner. Contractor will work closely with clients, DMH personnel, and conservators

and family members, if appropriate, to ensure that clients continue to receive services at the appropriate level of care and in the least restrictive setting.

- 8.3 TEMPORARY PATIENT/CLIENT ABSENCES FROM CONTRACTOR'S FACILITY(IES):** Clients with escalating psychiatric symptoms resulting in a brief stay in an acute psychiatric hospital or who develop serious medical needs resulting in a brief medical hospital stay shall have their beds held for up to a maximum of seven days. Contractor shall work collaboratively with DMH Staff to decrease clients' inpatient administrative days within acute inpatient hospitals when clients' medical conditions have stabilized. Contractor shall also decrease the use of psychiatric emergency departments within Emergency Departments by utilizing psychiatric urgent care centers and psychiatric health facility beds, where appropriate, to stabilize clients' psychiatric conditions. This collaboration shall ensure that Contractor make every effort to retain clients in order to prevent unnecessary placement/treatment disruption.

Contractor may be reimbursed for temporary client absences from Contractor's facility(ies). Contractor may be reimbursed for temporary patient/client absences from Contractor's facility(ies) only with written consent of DMH Director or designee. County payment for temporary absences must be therapeutically indicated and approved in writing by DMH Director or designee. Contractor may be reimbursed for temporary patient absences from the Contractor's facility(ies) if they meet the following criteria.

- 8.3.1 Bed hold(s) due to temporary leave of absence for acute hospitalization shall be limited to a maximum of seven calendar days.
- 8.3.2 After the seven calendar days, in order to be reimbursed under the terms of this Contract, a new admission authorization must be processed for re-entry into Contractor's facility.
- 8.3.3 The purpose and plan of each temporary absence, including, but not limited to, specified dates, shall be incorporated in progress notes in the patient's/client's case record. No payment for temporary absence shall be claimed or made where the patient/client is not expected to return to Contractor's facility(ies).

- 8.4 EMERGENCY MEDICAL TREATMENT:** Clients/clients who are provided services hereunder and who require emergency medical care for physical illness or accident shall be transported 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 this Contract. Contractor shall establish and post written procedures describing appropriate action to be taken in the event of a medical emergency. Contractor shall also post and maintain a disaster and mass casualty plan of action in accordance with CCR Title 22, Section 80023. Such plan and procedures shall be submitted to DMH's Intensive Care Division

at least 10 days prior to the commencement of services under this Contract.

8.5 NOTIFICATION OF DEATH: Contractor shall immediately notify the DMH Director or designee upon becoming aware of the death of any patient/client provided services hereunder. 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 name of the deceased, the date of death, a summary of the circumstances thereof, and the name(s) of all Contractor's staff with knowledge of the circumstances.

8.6 PROGRAM ELEMENTS AND SERVICES: The SNF Administrator or designee(s) will work closely with DMH staff to facilitate the admission, transfer, and discharge of clients. Contractor shall work cooperatively with each client's DMH designated Care Coordinator/Case Manager or team to form an integrated network of care.

8.6.1 The Contractor will admit clients in accordance with the following:

8.6.1.1 The level of care and fee structure set in their Contract with DMH.

8.6.1.2 Frequency, scope, and severity of the client's behaviors will be determining factors to be negotiated on an individual client basis between DMH and Contractor. DMH may grant individual exceptions to the above admission criteria. All admissions are subject to the prior authorization process as described in the Section below ("**Prior Authorization**").

8.6.1.3 Contractor reserves the right to conduct a pre-admission interview or an appropriate alternative. Contractor will designate specific individuals responsible for admission authorization and admission arrangements. The interview, decision process, notifications of decision outcomes, and reasons in case of denial shall occur within three working days of request for admission.

8.6.1.4 Contractor must admit all clients referred who meet criteria for medically intensive SNF facility services and are medically cleared. The criteria for medical clearance are in Attachment IV_ (Medical Clearance Form).

8.6.2 Prior Authorization

8.6.2.1 DMH's prior authorization form, provided by DMH ICD designated staff, must be completed prior to admission of any client to the facility, or DMH will not pay for any services provided by Contractor.

8.6.2.2 DMH Clinical Reviewer / DMH ICD designated staff will provide

Contractor with a completed authorization form prior to each client admission to Contractor's program and/or facility. A client may not be admitted without a completed authorization form.

8.6.2.3 Contractor acknowledges DMH is transitioning to electronic claims submission process and may need to submit claims via IBHIS in order to be paid in a timely manner.

8.6.2.4 Contractor shall provide bed capacity information to DMH designated staff in real time on at least a daily basis.

8.6.3 Basic SNF Services shall include, but are not limited to:

8.6.3.1 Safe and clean living environment with adequate lighting, toilet and bathing facilities, hot and cold water, toiletries, and a change of laundered bedding at least once a week;

8.6.3.2 Three balanced and complete meals each day;

8.6.3.3 24-hour supervision of all clients/clients by properly trained personnel. Such supervision shall include, but is not limited to, personal assistance in such matters as eating, personal hygiene, dressing and undressing, and taking of prescribed medications;

8.6.3.4 Regularly scheduled social and recreational activities;

8.6.3.5 Supportive individual and/or group counseling;

8.6.3.5.1 Transportation to needed off-site services;

8.6.3.5.2 Training on accessing community services;

8.6.3.5.3 Discharge planning with DMH personnel;

8.6.3.6 Coordination of Contractor's services with those facilities providing other mental health services to clients/clients;

8.6.3.7 Intensive diagnostic services, including, but not limited to, learning disability assessment;

8.6.3.8 Special education services;

8.6.3.9 Develop linkages with the general social service system;

8.6.3.10 Counseling to assist clients/clients in developing skills to move toward a less structured setting including ability to manage some medical issues on their own such as diabetes, colostomy,

and catheter, as applicable; and

- 8.6.3.11 Contractor shall develop and maintain a daily attendance log for each patient day, as defined by Director, provided hereunder.

8.6.4 Supplemental Services

- 8.6.4.1 In order to be approved for supplemental services, Contractor will provide services above and beyond the required licensing entity requirements. Contractor will accept non-ambulatory clients, clients who use wheelchairs or walker, clients in need of open wound care, and/or clients requiring major respiratory therapy or catheter care. Other medical conditions considered by Contractor will be on an individual basis. Generally, medical needs must outweigh psychiatric needs.

- 8.6.4.2 Contractor shall also provide the following supplemental services:

- 8.6.4.3 **Diabetes management:** Provide assistance and training with all aspects of managing Diabetes including blood glucose monitoring, insulin administration and tracking, exercise plan, menu planning, education and more.

- 8.6.4.4 **Dietary Program:** Provide meals to meet specific dietary and therapeutic needs, according to physician orders. Oral supplemental diets are available and regular nutritional assessments are provided on-going by a registered dietician.

8.7 Psychiatric services to be provided by the treating psychiatrist shall include, but are not limited to:

- 8.7.1 Prescribing, administering, dispensing, and monitoring of psychiatric medications, necessary to alleviate the symptoms of mental illness and to return clients to optimal function on a weekly basis;
- 8.7.2 Evaluating the need for medication, clinical effectiveness, and the side effects of medication;
- 8.7.3 Obtaining informed consent of the client or his/her conservator;
- 8.7.4 Providing medication education, including, but not limited to, discussing risks, benefits, and alternatives with the clients, conservator, or significant support persons;
- 8.7.5 Administering drugs and laboratory tests related to the delivery of psychiatric services;

- 8.7.6 The treating psychiatrist is responsible for responding to emergencies 24 hours a day, seven days a week, by telephone consultation either by himself/herself or a specifically designated colleague, and that this information is available at all times for the clinical staff on duty;
- 8.7.7 The treating psychiatrist must be available for consultation with other social and legal systems;
- 8.7.8 The treating psychiatrist and relevant treatment staff must be available for consultation with care coordinators/case managers and participate in treatment planning with them;
- 8.7.9 The treating psychiatrist or another approved psychiatrist shall testify, when necessary, in LPS Conservatorship hearings;
- 8.7.10 The treating psychiatrist will consult, whenever appropriate, with other general physicians and physician specialists who are providing care to his/her clients, and document this in the medical record;
- 8.7.11 The treating psychiatrist and relevant treatment staff will attend all quarterly multidisciplinary meetings in order to provide medical or clinical input into treatment planning. This may include identifying, documenting, and communicating discharge barriers to DMH designated staff. If the Contractor's psychiatrist disagrees with the assessment of the DMH designated staff that a particular client is ready for discharge, psychiatrist must document his or her rationale in the chart.
- 8.7.12 Clinical documentation must meet all legal and quality improvement requirements, including:
 - 8.7.12.1 Every entry and subsequent alteration in the medical record is legible, dated and timed (including starting and ending time), CPT code, and signed;
 - 8.7.12.2 Document medically necessary criteria that a particular client be kept in a locked facility;
 - 8.7.12.3 Initial assessment is complete and timely;
 - 8.7.12.4 Ready availability of the history of medication usage in the facility; and
 - 8.7.12.5 Clinical progress notes must include, at a minimum, the client's progress, clinical interventions, client response to interventions, plan full signature of clinician and discipline.
- 8.7.13 DMH clients to have a treatment session with a psychiatrist (equivalent to CPT 90805) at least once a week. One of these sessions each month

shall be more comprehensive (equivalent to CPT 90807); and

- 8.7.14 The treating psychiatrist shall make (and document) active, and continual efforts to optimize the clients' medication in order to maximize their functional level, minimize both "positive" and "negative" symptoms of psychosis, stabilize mood and behavior, and minimize adverse medication reflect a protocol which is made clear in the medical record. Services provided will be directly related to the client's treatment plan and will be a necessary component to assist the client in reaching the goals set forth in the treatment plan.
- 8.7.15 The psychiatrists and the treatment team will proactively identify clients for discharge. The Facility staff will notify the DMH Clinical Reviewer or liaison staff of clients that clinically can be moved to a lower level of care who refuse to leave the facility.
- 8.7.16 If the psychiatrist disagrees with the assessment of the DMH Clinical Reviewer or liaison that a particular client is ready for discharge, the psychiatrist must document his/her clinical rationale in the chart.
- 8.7.17 The psychiatrists will follow the Mental Health Plan's medication monitoring guidelines.

8.8 Discharge Criteria and Planning

- 8.8.1 At time of admission, DMH Clinical Reviewers will specify discharge readiness criteria for each client's service plan.
- 8.8.2 DMH Clinical Reviewers will review treatment plans of clients for adherence to treatment goals and timeline for estimated length of stay on a regular basis. Clients whose length of stay is beyond average will be reviewed for treatment adjustment and/or level of care adjustment as clinically appropriate.
- 8.8.3 Clients are generally discharged from the facility only upon the written order of the attending physician or facility medical director, or on-call physician. No medication changes shall be made during the last 30 days prior to discharge that would cause a delay in scheduled discharge unless medically necessary.
- 8.8.4 If a client is a voluntary admission and wishes to leave the facility without a physician's order, the client must sign a statement acknowledging departure from the facility without a written physician's order.
- 8.8.5 Assistance with discharges may be obtained from DMH's public agencies, including the Public Guardian's Office, Department of Public Health, and California Department of Social Services

8.8.6 Upon discharge or death of the client, Contractor will refund the following:

8.8.6.1 Any unused funds received by Contractor for the client's bill to the payor source within 30 days; and/or

8.8.6.2 Any entrusted funds held in an account for the client will be disbursed to the client not conserved or conservator within three banking days.

8.8.7 Any money or valuables entrusted by the client to the care of the Contractor's facility will be stored in the facility and returned to the client not conserved or conservator in compliance with existing laws and regulations.

8.8.8 Contractor will notify DMH's Case Navigator when a client is discharged from the facility and admitted to another Contractor's facility within 24 hours.

8.8.8.1 All such discharges and admissions will be authorized by DMH's Care Coordinator and arranged by mutual consent, with family members, DMH, and specified individuals involved with client's treatment and supports.

8.8.9 Contractor will 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.

8.8.10 Transfer between CONTRACTOR facilities, if applicable:

8.8.10.1 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.

8.8.10.2 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.

9.0 GREEN INITIATIVES

9.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

9.2 Contractor shall notify County's Project Manager of Contractor's new green initiatives prior to the contract commencement.

10.0 PERFORMANCE REQUIREMENTS SUMMARY

A Performance Requirements Summary (PRS) chart, SOW Attachment II, provides a listing of required services that will be monitored by the County during the term of the Contract.

All listings of services used in the 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.

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: Prepared: _____
 Returned by Contractor: _____
 Action Completed: _____

DISCREPANCY / ISSUE: _____

Signature of County Representative_____
DateCONTRACTOR RESPONSE (Cause and Corrective Action): _____

Signature of Contractor Representative_____
DateCOUNTY EVALUATION OF CONTRACTOR RESPONSE: _____

Signature of Contractor Representative_____
DateCOUNTY 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	SERVICE	MONITORING METHOD
SOW: Sub-section 8.1 (Persons to be Served)	No DMH referrals shall be denied unless the DMH Director or designee agrees with Contractor's justification to deny client.	Inspection and Observation
SOW: Sub-section 8.2 (Time-limited length of stay)	Any length of stay extension requests shall be authorized in 30-day increments under the DMH utilization review process. In accordance with utilization review, certifications of length of stays and services shall be linked to achievement of treatment goals.	Inspection of files and Observation
SOW: Sub-section 8.6.2.4 (Prior authorization)	Contractor shall provide bed capacity information to DMH designated staff in real time on at least a daily basis.	Inspection and Observation
SOW: Sub-section 8.8.1(Discharge Criteria and Planning)	At time of admission, DMH Clinical Reviewers will specify discharge readiness criteria for each client's service plan.	Inspection and Observation

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 ☐ FemaleCOUNTY: **PART III - CERTIFICATION BY**☐ Local Mental Health Director☐ You are authorized to claim payment for Treatment as recommended by you.☐ Request DeniedFROM: 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: _____