

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

329



FROM: Department of Mental Health

SUBMITTAL DATE:
June 18, 2009

SUBJECT: Approve the second amendment to the FY 08/09 agreement with Oasis Rehabilitation Center, Inc.

RECOMMENDED MOTION: Move that the Board of Supervisors:

1. Ratify the Second Amendment to the FY 08/09 agreement between the Department of Mental Health and Oasis Rehabilitation Center, Inc.
2. Authorize the Chairman of the Board to sign the second amendment;
3. Authorize the Purchasing Agent to sign ministerial amendments and to annually renew the agreement with Oasis Rehabilitation Center, Inc. through June 30, 2013.

BACKGROUND: On November 4, 2008, Agenda Item 3.32, the Riverside County Board of Supervisors approved the first amendment with Oasis Rehabilitation Center, Inc. (Oasis) on behalf of the Department of Mental Health (DOMH) to operate three mental health programs located at 47-915 Oasis Street in Indio, California. The programs located at this address are: the Oasis Crisis Service unit (OCS), the Psychiatric Health Facility (PHF) and the Mental Health Rehabilitation Center (MHRC) for FY 08/09. (Continued on page 2)

JW:SM

Jerry Wengard

Jerry Wengard, Director
Department of Mental Health

FINANCIAL DATA	Current F.Y. Total Cost:	\$8,467,501	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$2,347,578	Budget Adjustment:	NO
	Annual Net County Cost:	\$0	For Fiscal Year:	FY 08/09

SOURCE OF FUNDS: State 59.62%, County 26.92%, Medi-Cal/FFP 13.42% and third party .04%	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input type="checkbox"/>

C.E.O. RECOMMENDATION: APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

- Policy
- Policy
- Consent
- Consent

Dep't Recomm.:
Per Exec. Ofc.:

Prev. Agn. Ref.: 11/08 item 3.32 and 6/24/08 item 3.38 | District: 4th | Agenda Number:

ATTACHMENTS FILED WITH THE CLERK OF THE BOARD

3.49

FORM APPROVED COUNTY COUNSEL
BY: *Larisa R-Mckenna* DATE: _____
Purchasing: *Mark Seiler* Assistant Director
Departmental Concurrence

PAGE 2

SUBJECT: Approve the Second Amendment to the FY 08/09 Agreement with Oasis Rehabilitation Center, Inc.

BACKGROUND (continued):

However, on April 13, 2009, the Mental Health Rehabilitation Center (MHRC) operated by Oasis officially closed its doors for client services due to budget constraints, and all MHRC clients were subsequently placed into other facilities throughout the County of Riverside. Therefore, the DOMH is requesting that the Board of Supervisors approve the second amendment to Oasis' DOMH contract in order to reflect a decrease in their organization's FY 08/09 contract amount due to the closure of the MHRC site.

There are currently no other contract changes associated with the remaining two programs operated by Oasis, which includes the adult Psychiatric Health Facility (PHF) and the Oasis Crisis Service (OCS) programs. The PHF site includes an intensive treatment program licensed by the California Department of Mental Health, as a hospital inpatient program with the capacity of sixteen (16) beds. This is a seven-day per week intensive program providing individualized therapy, group therapy and substance abuse services. The OCS site provides a 23-hour crisis stabilization urgent care program that is designated as a 72-hour involuntary detention facility for evaluation and treatment pursuant to California Welfare & Institution Code, Section 5150.

PERIOD OF PERFORMANCE:

The second amendment with Oasis will be effective from April 13, 2009 through June 30, 2009. The contract may be renewed annually by the Riverside County Purchasing Agent until June 30, 2013 for the benefit of the two remaining Oasis programs, and upon availability of Federal, State and/or County funds.

FINANCIAL IMPACT:

The second amendment to the Oasis agreement reduces the FY 08/09 contract maximum obligation from \$8,820,509 to \$8,467,501, which is a difference of \$353,008 for FY 08/09 that will be utilized to aid in the placement of former MHRC clients into other facilities.

PRICE REASONABLENESS:

The rates and annual contract amount were negotiated by the DOMH based on the contractor's previous fiscal year performance.

1 **SECOND AMENDMENT TO THE AGREEMENT**
2 **WITH OASIS REHABILITATION CENTER, INC.**

3 That certain Agreement between the County of Riverside (COUNTY) and Oasis
4 Rehabilitation Center, Inc. (CONTRACTOR), approved by the Board of Supervisors on June 24, 2008,
5 Agenda Item 3.38; amended for the first time on November 4, 2008, Agenda Item 3.32; and is hereby
6 amended for the second time for FY 08/09, effective April 13, 2009, as follows:

- 7
- 8 • To rescind Exhibit A in its entirety and replace it with the new, attached Exhibit A that
9 deletes reference and services pertaining to the Oasis MHRC program effective April
10 13, 2009.
 - 11 • To rescind Exhibit C in its entirety and replace it with the new, attached Exhibit C,
12 in which the maximum obligation amount for FY 08/09 is decreased from \$8,820,509
13 to \$8,467,501.
 - 14 • To rescind Schedule I in its entirety and replace it with the new, attached Schedule I
15 for FY 08/09 that reflects the FY 08/09 decrease contract amount of \$8,467,501.
 - 16 • Add Attachment "A" as the attachment to the contract Schedule I for the second
17 amendment to the agreement.

18 All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

19 **IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives
20 to execute this Amendment.

21 **CONTRACTOR**

Oasis Rehabilitation Center, Inc.

22 By 

Signature

23 Kent Dunlap
24 Type or Print Name

25 **COUNTY COUNSEL**

26 PAMELA J. WELLS

County Counsel

27 Approved as to Form

28 By Jarvis R. Wells 6/9/09
Deputy County Counsel

COUNTY OF RIVERSIDE

By _____

Jeff Stone, Chairman
Board of Supervisors

ATTEST: Kecia Harper-Ihem, Clerk

By _____

Date: _____

1 EXHIBIT A

2 Fiscal Year 2008-2009

3 PROVIDER NAME: OASIS REHABILITATION CENTER

4 DEPT. ID/PROGRAM: 4100206028/83550

5 Second amendment effective April 13, 2009 through June 30, 2009

6 RCDMH MISSION STATEMENT

7 Riverside County Department of Mental Health (RCDMH – referred to as COUNTY) exists to
8 provide effective, efficient, and culturally competent community-based services that enable
9 severely mentally disabled adults and older adults, substance abusers, and individuals on
10 conservatorship to achieve and maintain their optimal level of healthy personal and social
11 functions.

12 THE FACILITY

13 The 32,000 square foot facility is constructed pursuant to Acute Psychiatric Hospital standards.
14 The facility includes: a kitchen and dining room; an occupational therapy area; medical records
15 area; administrative suite; staff offices and other support services areas. The facility houses three
16 distinct programs:

- 17 1. Oasis Rehabilitation Center's Oasis Crisis Service (OCS), a 24/7 psychiatric crisis
18 stabilization/urgent care that is 5150 designated for involuntary mental health care;
- 19 2. Oasis Rehabilitation Center's Psychiatric Health Facility, a 16 bed unit that is 5150
20 designated for acute inpatient treatment, with its own nurse's station;
- 21 3. Additional outpatient offices assigned to County Adult Outpatient services, staffed by
22 County employees and fully separate from the services described and paid for under this
23 contract.

24 SERVICES TO BE PROVIDED BY THE CONTRACTOR:

25 CONTRACTOR shall operate the facility and be open for business 24 hours per day, 365 days
per year.

CONTRACTOR shall provide the following service programs:

1) PSYCHIATRIC HEALTH FACILITY (PHF) This component is a 16 bed adult Psychiatric Health Facility with an intensive treatment program licensed by the California Department of Mental Health as an acute inpatient program.

2) CONTRACTOR shall provide the OASIS CRISIS SERVICE (OCS), a crisis stabilization – urgent care service operating twenty-four hours per day/seven days per week, providing less than 24-hour care to clients of all ages. This service either stabilizes clients sufficiently to return them to the community; or admits them to an appropriate psychiatric inpatient facility, in less than 24 hours.

Crisis Stabilization – Urgent Care is defined by the State Department of Mental Health Rehabilitation Option Manual as an “immediate face-to-face response lasting less than 24 hours, to or on behalf of an individual exhibiting acute psychiatric symptoms, provided in a 24 hour health facilityas allowable under the facility licensure. The goal is to avoid the need for inpatient services by alleviating problems which, if not treated, present an imminent threat to the individual or other’s safety or substantially increase the risk of the individual becoming gravely disabled. Service activities include, but are not limited to assessment, evaluation, collateral contacts, medication support services, crisis intervention, and therapy. “

GENERAL SERVICES

CONTRACTOR is to provide a caring, qualified staff, a pleasing environment and proven treatment programs. Since a single therapeutic approach does not work for everyone, program offerings are based on the needs of the clients, including group, individual and family counseling, behavior modification, a variety of therapeutic and recreational activities and one to one staff to client interactions. The total therapeutic approach is solidly anchored in a well-supervised milieu. The catalyst of therapeutic stabilization and change is the activities of everyday living, ADLs. The goal of treatment is to place clients in a less restrictive level of care at a lower cost as soon as the individual achieves an appropriate level of personal responsibility for self-care and stability of psychiatric symptoms.

1 STAFFING

2 At the minimum, the staffing level shall comply with minimum staffing requirements as defined
3 by the licensing agency, the California Welfare and Institutions code and the California Code.

4 The CONTRACTOR shall increase staffing levels above the minimum requirements, as needed
5 to safely serve the needs of the target population.

6 Nursing staff shall be composed of a sufficient number and competence level to ensure a safe
7 and therapeutic milieu. CONTRACTOR shall have the nursing staff capability to serve severely
8 disturbed patients with one to one supervision and 15-minute checks as ordered by the
9 Psychiatrist and appropriate for the type of licensure.

10 The COUNTY shall approve the weekly staffing pattern at the inception of the contract period
11 and shall meet and confer with CONTRACTOR quarterly thereafter to discuss the continued
12 adequacy of that staffing ratio. The County reserves the right to require a higher staffing ratio or
13 more skilled staff discipline than is required in the state regulations, which will require a
14 reasonable and commensurate increase in the contract payment.

15 The CONTRACTOR shall provide the COUNTY with a staff roster and work schedule each
16 month. This will include accounting for the number of hours of MD time spent in providing
17 client care, by unit (PHF and OCS), date, and physician name.

18 STAFF SUPERVISION AND TRAINING

19 CONTRACTOR shall meet all supervision and training requirements as required by state
20 licensing. In addition, the CONTRACTOR shall provide the staff with on-going relevant training
21 to ensure a high quality of client care. At a minimum, staff will receive on-going training on
22 mental health issues, management of assaultive behavior, CPR, first aid and involuntary
23 treatment issues.

24 An orientation of sixteen (16) hours, consisting of an explanation of the goals and objectives of
25 the program, a description of the individual departments, explanation and demonstration of fire,
safety, emergency, Patients Rights, confidentiality, and policies and procedures related to

1 HIPAA regulations, and infection control requirements and procedures will be provided to every
2 employee. Additional orientation to the Treatment Planning process and documentation
3 requirements will be provided for all licensed and clinical staff members.

4 Additional orientation will be provided for all staff involved with direct client care, and will
5 include:

- 6 • assessment procedures,
- 7 • risk management guidelines and community standards,
- 8 • client registration and financial assessment procedures,
- 9 • treatment interventions,
- 10 • management of assaultive behavior,
- 11 • denial of patients' rights,
- 12 • family engagement,
- 13 • discharge planning, information and referral resources, and transfer procedures;
- 14 • documentation requirements.

15 All staff having direct client contact will be trained in seclusion and restraint techniques as
16 approved by the County. An annual in-service of four (4) hours will be required of all
17 employees to re-emphasize the goals and objectives of the programs, fire, safety, emergency,
18 Patients Rights and infection control requirements and procedures.

19 Formal education and training will occur at in-service and continuing education sessions offered
20 by the CONTRACTOR's designee with additional training provided by department heads,
21 physicians and consultants. The CONTRACTOR is responsible for designing and conducting the
22 orientation, reorientation, in-service and continuing education for all staff, students and
23 volunteers.

24 Formal education and training will occur at in-service and continuing education sessions offered
25 by the Director of Quality Management and Education (DQME) with additional training
provided by department heads, physicians and consultants. The DOE is responsible for designing
and conducting the orientation, reorientation, in-service and continuing education for all staff,
students and volunteers.

1 A Director of Quality Management and Education shall possess education and experience
2 appropriate for the duties and consistent with the job description reviewed and approved by the
3 County. The DQME will have primary responsibility to conduct mandatory orientation and
4 annual in-service education to staff including basic nursing and behavioral techniques as well as
5 modifying staff behavior with continuing training and in-service education that may result from
6 quality assurance audits.

7 CONTRACTOR shall provide to the COUNTY a quarterly comprehensive calendar of all
8 training occurring during the period and listing of staff in attendance at each training activity.

9 The facility will be organized using a departmentalized organizational structure. Each
10 department will have a full-time department head responsible for the operation of the
11 department. All departments will report to the Administrator who has overall responsibility for
12 the facility.

13 CONTRACTOR shall provide an organizational chart that includes all staffing titles. Staffing
14 titles and names will be provided to the department head level. This organizational chart will
15 accurately reflect the chain of command each month.

16 Job descriptions, including minimum qualifications for employment and duties performed for all
17 personnel shall be on file with the administrator. Individual department job descriptions will also
18 be available in each department.

19 CONTRACTOR shall provide to the COUNTY a monthly staff report reflecting all personnel
20 transactions for the month. This will include new hires, terminations and change of employee
21 status.

22 CULTURAL COMPETENCE

23 CONTRACTOR shall promote implementation of regular cultural awareness programs for both
24 clients and staff believing that such programs dispel ignorance, shape values and behaviors, and
25 heighten acceptance and sensitivity in responding to cultural and ethnic differences.

The facility shall affirmatively seek a bilingual employee compliment and translators will be
provided for any non-English speaking client. A bilingual/bicultural management staff will be

1 sought. There will be a written policy on service to clients who do not speak English which
2 addresses treatment and social services. Due to the high incident of monolingual Spanish
3 speaking clients in the area being served, the CONTRACTOR shall ensure Spanish-speaking
4 staff is present in the facility at all times.

5 The program shall treat adults of any ethnic or ancestral group, race, sex, sexual orientation,
6 religion, or national origin and will provide culturally oriented programming for these groups, as
7 they are present in the facility.

8 PATIENTS RIGHTS

9 All clients shall be advised of their rights upon admission and given a Patients Rights handbook
10 in a language or modality that the client understands. This information must be documented in
11 the medical record. Patient's Rights Posters, along with the Patients Rights Advocate's telephone
12 phone number and address, shall be prominently posted on each unit in public view. Upon or
13 prior to admission, the CONTRACTOR shall inform the client and/or guardian of their
14 individual rights as well as the rules and regulations of the program. Financial liability for all
15 services will be explained and client/guardian will sign indicating understanding of the charge
16 for care and agreement to payment for services rendered. Additional advisement will be provided
during the stay as required by Statute.

17 The facility will comply with CAC, Title 9 requirements for emergency restraint and/or seclusion
18 and restraint and/or seclusion. Restraint and seclusion rooms will be maintained in a state of
19 readiness for possible use at all times.

20 CONTRACTOR shall maintain a policy of equal access to the treatment and services for all
21 applicants meeting admission criteria.

22 CONTRACTOR shall insure that all clients who appear to meet criteria for urgent care
23 assessment will be assessed, and the assessment will be documented

24 CONTRACTOR shall provide access to the Patients Rights program staff to the facility, patients
25 and medical records to carry out the provisions of the Welfare and Institutions Code, section
5500, for the purposes of monitoring and program review and 5150 and 5250 designation.

1 CONTRACTOR shall develop, implement and provide copies of the policies and procedures for
2 the following areas:

3 Patient's Rights; Seclusion and Restraint; Denial and Restoration of Patients Rights; Reporting
4 of Denial of Patients Rights; ECT; Certification Review Hearing; Informed Consent for
5 Psychotropic Medication; Smoking; Consensual Sex; Advance Directives; Complaints and
6 Release of Information, HIPPA and Confidentiality Compliance.

7 CONTRACTOR agrees to have facility staff receive in-service training in the areas of
8 PATIENTS RIGHTS, including confidentiality at an initial orientation and again in annual re-
9 orientation.

10 CONTRACTOR agrees to provide required reports on all admissions; legal status changes, Reise
11 capacity hearings and certification hearings

12 CONTRACTOR must maintain 5150 and 5250 designation of the PHF unit and 5150
13 designation of the OCS unit as a condition of the contract.

14 CLIENT AND FAMILY EMPOWERMENT AND RECOVERY:

15 In line with the State and County's focus on client empowerment and recovery philosophy, the
16 CONTRACTOR shall provide services consistent with a focus on psychosocial rehabilitation
17 treatment the role, the family plays in assisting the client in managing their own treatment, and
18 instilling a sense of hope for improved quality of life outcomes. Clients and their families will
19 be invited and expected to participate actively in all phases of the client's treatment, including
20 treatment team meetings, case conferences and discharge planning.

- 21 1. Client Empowerment and Recovery - The philosophy of client recovery entails a
22 cooperative relationship between client and staff with the treatment program focused on
23 assisting clients to develop their own choices, goals and outcomes. This differs from
24 treatment goals developed by staff and imposed on clients. This approach motivates
25 clients to take responsibility for their lives and leads to improved quality of life
outcomes.

1 2. Family Empowerment and Recovery - Involvement of family and significant others is a
2 crucial in clients accomplishing their long and short-term goals. The CONTRACTOR
3 will involve the client's family and significant others in the services whenever possible
4 and clinically indicated. All clients and conservators will be encouraged to sign a release
5 of information for family/significant other/support person contact upon admission. The
6 medical record shall reflect inclusion of family members in the recovery process to the
7 fullest extent possible and appropriate.

8 PATIENT CARE

9 The CONTRACTOR agrees to provide client accommodations necessary for the care of patients
10 suffering from mental disorders, including meals, services of a dietician and general nursing,
11 social and psychological services and psychiatric services.

12 This shall include:

13 1. For OCS clients:

14 a) Assessment of the client by a licensed/waivered staff person to include presenting
15 problem, MSE (mental status exam), imminent risk (danger to self, danger to others,
16 and/or grave disability) psychiatric history, and basic medical clearance.

17 b) Efforts to contact client's support system and any current outpatient mental health
18 treatment providers. All treatment will be coordinated with the current psychiatric
19 care the client may be receiving on an outpatient basis whenever possible.

20 Collaboration between outpatient and OCS shall be documented in the OCS record.

21 c) Psycho-pharmaceutical services, including medications used by the clients while in
22 OCS. Clients discharged from the OCS will be given a paper prescription for
23 psychotropic medication(s) upon discharge, as prescribed by the attending
24 psychiatrist. Medication will be prescribed in accordance with "RCDMH Medication
25 Guidelines". Medi-Cal beneficiaries will be prescribed medication consistent with the
Medi-Cal formulary. Uninsured clients will be prescribed medication that they can
afford to acquire following discharge, whenever possible. All clients who are

1 prescribed medication will receive medication education provided by an M.D. or
2 licensed nursing personnel prior to discharge from the facility to the community.

3 d) Arrangements for medical care when medically necessary, including the following:

- 4 - Clinical laboratory services- upon admission as ordered by the psychiatrist or other
5 physician.
- 6 - On-site drug screens will be conducted on all clients upon admission, unless the client
7 has had a drug screen done at a referring acute facility, and the results are available to
8 the OCS staff prior to the client's discharge from OCS. The results of the drug screen
9 will recorded in the OCS chart, and provided to either the inpatient or outpatient
10 treatment provider, at the time of discharge or transfer from OCS.
- 11 - Radiology services, as required by the treating physician.
- 12 - Medical testing as required by the treating physician, to identify urgent medical
13 conditions, and determine urgent medical clearance, including EKG, EEG AND EMG.
- 14 - The program will have a written procedure allowing for access to immediate medical
15 care, including proximity to a hospital and a contract or agreement with that facility.

16 2. For PHF

- 17 a) Assessment and preparation of psychiatric history, evaluation and diagnosis by the
18 attending psychiatrist. All care and treatment will be coordinated with the current
19 psychiatric care the client may be receiving on an outpatient basis. Case collaboration
20 between outpatient and inpatient shall be documented by the psychiatrist as necessary
21 in the client record.
- 22 b) A comprehensive psychosocial history will be completed by a Qualified Mental
23 Health Professional within their scope of practice.
- 24 c) Individual Treatment planning by a multi-disciplinary team, including the client and
25 their family/support persons.

- 1 d) Psychiatrist participation in the development of an Individualized Treatment Plan and
2 for carrying out those aspects of the plan that are appropriate to their scope of practice
3 (e.g. medication management, psychiatric assessment, management of
4 physical/medical status).
- 5 e) Pharmaceutical services, including drugs used by the patients while in the facility,
6 and medication taken while on leave from the facility. Medication will be prescribed
7 in accordance with "RCDMH Medication Guidelines". All clients will receive on-
8 going medication assessment/discussion/education provided by an M.D. or licensed
9 nurse. Uninsured clients discharged from the PHF will be given a paper prescription
10 for psychotropic medication(s) upon discharge, as prescribed by the attending
11 psychiatrist. Uninsured clients will be prescribed medication that they can afford to
12 acquire following discharge, whenever possible. Medi-Cal beneficiaries will be
13 discharged with a two week supply of actual medication, consistent with the Medi-
14 Cal formulary. All clients who are prescribed medication will receive medication
15 education provided by an M.D. or licensed nursing personnel prior to discharge from
16 the facility to the community. Discharge medication may be withheld if the MD feels
17 that discharging the client with medication is contraindicated, or unless other
18 discharge medication orders are necessary to comply with requirements of agencies to
19 which client are discharged and agreeable to the discharging physician.
- 20 f) Completion of the medical history and physical exam of each client within 24 hours
21 for PHF and 72 hours for MHRC of admission by the attending physician. A
22 physician shall be responsible for physical health treatment of physical health issues.
23 The CONTRACTOR's physician will coordinate any medical care with current
24 outpatient medical care the client has been receiving and may recommend medical
25 follow up care as appropriate for individual clients.

1 g) Arrangements for medical care services when medically necessary, including the
2 following:

3 - Clinical laboratory services- upon admission will include CBC, UA, RPR, SMA-
4 20 PREGNANCY, lipid panel, and DRUG SCREEN. In addition thyroid panels,
5 medication levels and other tests as needed and necessary for psychiatric treatment
6 are expected

7 - Radiology services as required for the treatment of the psychiatric condition or at
8 the discretion of the treating physician.

9 - Physical therapy as required for the diagnosis and/or treatment of the psychiatric
10 condition.

11 - Medical testing as required for the diagnosis and/or treatment of the psychiatric
12 condition including EKG, EEG AND EMG.

13 - Speech and Hearing evaluation, as required for the diagnosis/treatment of the
14 psychiatric condition.

15 - Psychological testing, when ordered by the Psychiatrist. Psychological testing will
16 conducted by a licensed psychologist.

17 - Individual, group, and family therapy or counseling will be provided by
18 professional and paraprofessionals within their specific scope of practice.

19 h) Vocational rehabilitation testing and counseling when ordered by the Psychiatrist.
20 These services will be provided by CONTRACTOR's employees or community
21 agencies at no cost to the county.

22 i) Recreational therapy

23 j) Occupational therapy

24 3. For all clients:

25 a) Referral and discharge planning. The discharge plan shall include arrangements to
insure continuity of care and will be developed in collaboration with COUNTY staff.
COUNTY case management staff will develop the discharge plan prior to implementation.
The attending Psychiatrist must also approve the level of care at the time of discharge.

1 CONTRACTOR's staff must document family or support system participation in the client's
2 discharge plan or the reason for their lack of participation. The CONTRACTOR'S
3 Treatment Team will recommend to the county case manager outpatient follow up as
4 appropriate for each client. All placements and outpatient mental health follow-up of County
5 residents are the responsibility of COUNTY staff.

6 b) Placements and discharge plans involving out of county residents will be solely the
7 program responsibility of CONTRACTOR staff. Out of county residents will be referred
8 back to the county and state of their residence. The CONTRACTOR will have no
9 financial responsibility for such placements or discharge plans.

10 a. Making post-discharge medical appointments and follow-up are the responsibility of
11 CONTRACTOR staff for clients being discharged to independent living (non-
12 placement clients)

13 b. Psychiatric testimony in all legal proceedings, required for the institutionalization and
14 treatment under the terms of this contract, including Reise hearings, ex parte hearings,
15 writs, conservatorship proceedings, certifications, etc.

16 c. Licensed nursing staff responsible for:

17 24-hour supervision of the client in such matters as eating, personal hygiene, dressing,
18 undressing client behavior, and taking prescribed medication. Nursing staff will orient the
19 client to the personnel and environment of the unit.

20 Comprehensive nursing assessment within 24 hours of admission.

21 Administration of medications as prescribed by the physician and documentation of
22 same.

23 Follow-up and monitoring of lab work, x-rays and other medical needs as prescribed by the
24 physician. Contracts will be maintained with a medical laboratory, pharmacy and a portable x-
25 ray company for service on a 24-hour basis.

Licensed nurses will be specifically trained to administer psychoactive medication through the
use of medication tests and simulated practicum. Medications may be given either orally or by
injection. Medication education will be considered a crucial aspect of medication dispensing.

1 Should the administering nurse question a medication order or the appropriateness of the
2 medication or observe any untoward effect of the prescribed medication, the nurse will notify the
3 prescribing physician or the Medical Director immediately, and before further administration of
4 the medication.

5 Administrative and support services performed in the facility by the CONTRACTORS
6 personnel as required in providing services under this contract.

7 MEAL PREPARATION

8 The Food Service Department will provide food of the quality, quantity to meet each
9 client's needs in accord with the physician's orders, and to meet recommended daily
10 dietary allowances. These nutritionally complete meals shall be served daily, with no
11 more than a 14-hour span between the last meal of the day and the first meal of the
12 following day. Between-meal feeding shall be provided as required and late evening
13 nourishment shall be offered to all residents unless contraindicated. Client food
14 preferences shall be taken into consideration. When religious or cultural restrictions are
15 present alternative meals will be prepared (e.g. Kosher style, vegetarian, etc.) Menus
16 shall be planned with consideration for cultural background and food habits of all clients.
17 All food groups shall be represented and condiments shall be available at all meals unless
18 contraindicated. Regular and therapeutic diet menus shall be prepared in consultation
19 with a registered dietician. Food shall be served attractively, at appropriate temperature,
20 with appropriate eating utensils in a community environment where nutritive values,
21 flavor and appearance are conserved.

22 For PHF clients, a current profile card shall be maintained on each client, indicating diet
23 orders, likes, dislikes, allergies to food, diagnosis and instructions or guidelines to be
24 followed in the preparation and serving of food for that client.

25 A current therapeutic diet manual, approved by the consulting dietician with physician
input shall be readily available to the attending physician, nursing and dietary staff. It
shall be reviewed annually and revised as often as necessary.

1 Menus for regular and therapeutic diets shall be written at least one month in advance and
2 posted in the kitchen and on the units at least one week in advance. Changes shall be
3 noted on the posted menus. Menus shall be varied for the same day of the consecutive
4 weeks and shall be adjusted for seasonal variations.

5 Food service storage, preparation, cooking and cleaning areas and equipment shall
6 comply with Federal, State and local public health and sanitation regulations and the
7 Food Service Director shall be responsible for meeting such regulations.

8 CONTRACTOR shall provide the COUNTY copies of all food services inspection
9 reports as they occur.

10 DOCUMENTATION OF SERVICES

11 CONTRACTOR shall maintain appropriate records documenting all of the services
12 provided to or on behalf of clients. These records shall conform to the requirements of the
13 licensing authority, the State Department of Mental Health and the Riverside County
14 Department of Mental Health. Medical records will be stored and secured in a way that
15 meets all regulatory requirements.

16 PHF DISCHARGE COORDINATION AND PLANNING

17 Discharge planning shall be an integral part of the client's treatment program. Beginning
18 at the time of admission and throughout the course of treatment, discharge planning is
19 addressed by the CONTRACTOR'S social services staff in collaboration with the
20 Treatment Team and the COUNTY staff. A tentative discharge plan will be established
21 and reflected on the client's initial treatment plan. Ongoing collaboration is expected
22 between the COUNTY case manager and CONTRACTOR's staff. All clients will have
23 their readiness for discharge assessed on an ongoing basis, with the goal of discharge to a
24 lower level of care as soon as possible. Continued assessment of the client's readiness for
25 discharge will be done by CONTRACTOR staff and discussed with COUNTY case
manager. Prior to discharge, the COUNTY will develop a comprehensive discharge plan,

1 which the CONTRACTOR will place in the inpatient record. The discharge plan will
2 address housing, treatment and support resources.

3 Upon discharge a comprehensive legible discharge summary signed by the psychiatrist
4 shall be sent within 14 days, along with pertinent medical records, to the COUNTY office
5 providing follow up or case management services. The discharge summary shall include:

- 6 a. Physical assessment
- 7 b. Psychiatric assessment
- 8 c. Psychological assessment (if available)
- 9 d. Length of stay
- 10 e. Course of treatment and treatment provided
- 11 f. Response to treatment
- 12 g. Status of treatment plan objectives at discharge
- 13 h. Mental status at discharge
- 14 i. Final DSM IV diagnosis (5 axis)
- 15 j. Admission and discharge GAF
- 16 k. Medications
- 17 l. Discharge plan, inclusive of family participation and support

18 All discharges will be planned in advance and with full approval of the COUNTY. Every effort
19 will be made to avoid precipitous discharges. The CONTRACTOR shall maintain policies and
20 procedures approved by RCDMH Director or his designee, in regard to AMA (Against Medical
21 Advice) and AWOL (Absent Without Leave) discharges. For unplanned discharges, the
22 CONTRACTOR will be responsible for referring the client to appropriate mental health services
23 and providing information and aftercare plans to placement facilities, the family or other
24 providers.

1 FOLLOW UP

2 All patients shall have a written aftercare plan and appointment for outpatient services, as
3 coordinated with the COUNTY. The aftercare instructions shall include the following;

- 4 1 client name,
- 5 2 admission date,
- 6 3 discharge date and time,
- 7 4 DSM IV diagnosis (5 axis),
- 8 5 medications (including quantity provided and explanation of dosage),
- 9 6 Nurse/M.D. signature,
- 10 7 follow up appointments and referrals,
- 11 8 expected course of recovery,
- 12 9 treatment recommendations,
- 13 10 discharge destination,
- 14 11 legal status,
- 15 12 conservator name and number (if any),
- 16 13 confirmation that client and others designated received a copy
- 17 14 signatures of client and staff member.

18 For PHF clients, a "mini-chart" will be attached to the aftercare plan, to include at
19 minimum a copy of the inpatient face sheet (patient demographics), psychiatrist initial
20 assessment, and psycho-social assessment, and forwarded via fax or hand-carried, to the
21 receiving OP provider on the day of discharge.

22 For OCS, the aftercare instructions will be forwarded via fax or hand-carried to the
23 receiving OP provider on the day of discharge.

1 QUALITY IMPROVEMENT

2 The facility will adhere to COUNTY reporting requirements as provided in the COUNTY'S
3 State approved Q.I. plan.

4 1. Medication Monitoring

5 To be completed by the CONTRACTOR

6 2. Peer Review

7 To be conducted by the CONTRACTOR for Psychiatrists on quarterly basis and
8 submitted to the COUNTY quarterly.

9 3. Utilization Review

10 PHF and OCS - will be conducted daily by the COUNTY

11 4. Adverse Incident Reporting

12 The CONTRACTOR shall comply with CA CC&R Title 9, Section 784.5 and Title 22
13 Section 77036 related to the reporting of unusual occurrences. Additionally, the
14 CONTRACTOR shall report to the COUNTY any adverse incidents. An adverse incident
15 is any event or situation, which in the mind of a reasonable person, jeopardizes or is
16 reasonably considered to be physically or psychologically harmful to clients, employees,
17 or visitors. Incident Reports are confidential communications and are, as a result,
18 privileged information and need to be identified as such. Reportable adverse incidents
19 include:

- 20 a. Physical injury to any client or clinic visitor requiring medical attention.
21 b. Suicide or suicide attempts
22 c. Homicide.
23 d. Significant injury caused by physical assault/battery by client upon another.
24 e. Significant injury caused by physical assaults on clients, or visitors.
25 f. Significant injury to client while at the program.
g. Death of client.

- 1 h. State Licensing Reports
- 2 i. AWOL incidents
- 3 j. Major damage to COUNTY property
- 4 k. Contractor errors that result in failure of the CONTRACTOR to meet legal requirements
- 5 to maintain a client's involuntary detention.

6 In addition to adverse incidents, the CONTRACTOR will report to the Program Monitor high
7 profile incidents that will likely result in inquiries to the Department of Mental Health from the
8 State DMH, other County Agencies (Board of Supervisors, DPSS), the press or other community
9 stakeholders.

10 COUNTY staff shall have access to all clinical records and files as needed. CONTRACTOR
11 adverse incident reports shall be made verbally within one hour of the incident to the COUNTY
12 Program Monitor. The CONTRACTOR shall submit a written report to the COUNTY Program
13 Monitor within 48 Hours. The CONTRACTOR shall notify the COUNTY case manager and
14 conservator of the incident within 24 hours. CONTRACTOR must notify Patients Rights office
15 in cases involving abuse. The CONTRACTOR will provide the COUNTY with a copy of all
16 reports submitted to other agencies including other County departments, licensing agencies and
17 law enforcement within 24 hours of the report.

18 COUNTY CASE MANAGEMENT SERVICES:

19 The COUNTY will assign regional program staff to provide case management to
20 inpatients, act as the liaison between outpatient services and the CONTRACTOR and to
21 assist the CONTRACTOR with individual client needs. Case manager(s) will attend and
22 participate in treatment planning meetings. Issues and concerns identified by COUNTY
23 case managers regarding CONTRACTOR performance will be brought to the Program
24 Monitor for resolution.

25 COUNTY case managers will determine regional assignment, identify any client who is
an out of county resident, and will be responsible for determining all clients' current

1 addresses. CONTRACTOR will be responsible for updating client addresses within 24
2 hours of being notified by COUNTY case manager of a change in client address.

3 CONTRACTOR shall allow COUNTY case managers access to all areas of the facility,
4 the clients, medical records and relevant meetings and conferences.

5 PROGRAM MONITORING

6 The COUNTY will provide an on site Program Monitor under the direction of the
7 RCDMH Desert Regional Administrator. The Program Monitor will be responsible for
8 monitoring contractual compliance, serving as a liaison between the CONTRACTOR and
9 the COUNTY, providing consultation, education and information to the CONTRACTOR
10 and assisting the CONTRACTOR as directed.

11 The CONTRACTOR shall grant access to the COUNTY Program Monitor to all areas of
12 the facility, meetings, medical records, information and reports referenced within this
13 contract.

14 CONTRACT MONITORING

15 The COUNTY shall perform formal contract monitoring at least annually. The
16 monitoring will include all clinical, fiscal and administrative components. RCDMH will
17 utilize the "Program Monitoring Team Manual" (PMT) as a tool to monitor the services
18 provided by the CONTRACTOR.

19 DISASTER PREPAREDNESS AND RESPONSE

20 CONTRACTOR shall develop and update contingency plans to continue the delivery of
21 services in the event of a man made or natural disaster. In the event that an emergency is
22 declared within Riverside County as a result of a disaster, the CONTRACTOR agrees to
23 cooperate with the COUNTY in the implementation of the Mental Health Services
24 Disaster Preparedness Plan.

25 The CONTRACTOR will conduct joint disaster and emergency response planning with
COUNTY regional staff, and shall invite participation by COUNTY staff who work on
site at Oasis MH facility in CONTRACTOR'S fire and disaster drills.

1 CONFLICT OF INTEREST

2 CONTRACTOR and its employees shall avoid fiduciary conflict of interest in discharge
3 recommendations. CONTRACTOR and its employees shall avoid fiduciary conflict of
4 interest in admission and discharge recommendations, and will comply with conflict-of-
5 interest oversight as determined by the COUNTY.

6 INDEPENDENT PROVIDERS

7 All services appropriate for assessment, treatment and proper discharge of the client are
8 included under this contract. Individual providers who are not employees of the facility
9 may bill fees, as appropriate, to third party payors for services rendered to patients
10 certified under this contract.

11 LEASE PAYMENTS

12 By the last day of each month, payment shall be submitted to the Riverside County
13 Department of Mental Health at 4095 County Circle Drive, Riverside, CA 92503.

14 MANAGEMENT INFORMATION SYSTEM

15 COUNTY shall provide "SPUDS" terminals, initial training and on-going consultation in
16 the use of the COUNTY's MIS system. CONTRACTOR shall provide sufficient number
17 and competency of staff to enter data as instructed, within the timeframes given.

18 CONTRACTOR may be required to enter data regarding client identification, financial
19 status, demographics, episode openings and closings, and services provided.

20 CONTRACTOR will ensure data regarding episode opening/closing is entered within
21 twenty-four (24) hours of occurrence and services on all clients once every 24 hours.

22 CONTRACTOR is responsible for accuracy and self-monitoring using SPUDS reporting
23 tools. The COUNTY requires accurate, complete and timely entry of all data as a
24 condition of the contract. CONTRACTOR is responsible for accuracy and self-
25 monitoring using SPUDS reporting tools.

SERVICES PROVIDED BY COUNTY

COUNTY shall provide:

1. Training and orientation regarding COUNTY expectations
2. Provide monitoring and evaluation of program operation
3. Transportation from COUNTY facilities to CONTRACTOR facility
4. Cost of ambulance for medical emergencies; and transfer from OCS to other inpatient facilities.
5. Utilization review as described in Quality Assurance section

OTHER SERVICES PROVIDED BY THE CONTRACTOR

The CONTRACTOR shall provide:

- Food services for clients as ordered by CONTRACTOR staff.
- Housekeeping services, including linen and supplies
- Disposal of biohazardous waste.

CONTRACT OUTCOME MEASURES:

Program outcome measures will be developed by mutual agreement between CONTRACTOR and COUNTY.

CONTRACTOR REPORTING REQUIREMENTS:

The following table outlines the data that is required of the CONTRACTOR, the due dates and the location to which it is to be submitted.

REPORT	FREQUENCY	SUBMIT TO
INVOICING	MONTHLY	Mental Health Administration
STAFF ROSTER	MONTHLY	Program monitor
STAFF WORK SCHEDULE	MONTHLY	Program monitor
MD Work Schedule (including name, & number of hours worked per day and program)	MONTHLY	Program Monitor
PERSONNEL TRANSACTIONS (Staff	MONTHLY	Program monitor

1	hired, terminated and current vacancies).		
2	TRAINING CALENDAR & ATTENDANCE SIGN- IN SHEETS	MONTHLY	Program monitor
3	FOOD SERVICE INSPECTIONS	MONTHLY	Program monitor
4	MEDS MONITORING	QUARTERLY	Program monitor
5	PEER REVIEW	QUARTERLY	Program monitor
6	EQUIPMENT INVENTORY	QUARTERLY	Program Monitor
7	ADVERSE INCIDENTS	VERBAL, WITHIN 1 HR. WRITTEN, WITHIN 48 HRS.	Program monitor
8	PATIENT ABUSE INCIDENT	VERBAL- WITHIN 1 HR. WRITTEN WITHIN 48 HRS.	On site monitor and Patients Rights Office
9			
10			
11			
12			
13			

14 NOTE: Monthly reports are due no later than the 15th of the succeeding month. Quarterly reports
15 are due no later than the 15th of October, January, April and July.

1 **PSYCHIATRIC HEALTH FACILITY (PHF)**

2 TARGET POPULATION

3 The clients referred to the PHF will have received an assessment by a COUNTY 5150
4 authorized professional at a licensed healthcare facility, or at the OCS.

5 Prior to admission, clients will have a DSM IV diagnosis eligible for admission to a PHF,
6 and exhibit symptoms and behaviors justifying an assessment that they pose a danger to
7 self, a danger to others or are gravely disabled. . Admission may be under a legal hold for
8 involuntary inpatient care pursuant to WIC 5000-5350, including 5150, 5250, 5260,
9 Temporary Conservatorship, and Permanent Conservatorship or may be voluntary.

9 TREATMENT PHILOSOPHY

10 The PHF will provide short-term inpatient care to clients suffering from acute mental
11 illness, ameliorating and stabilizing their symptoms to the extent that the clients can
12 successfully function at a less restrictive level of care.

13 ADMISSION HOURS AND PROCESS

14 The PHF shall be available to accept admission 24 hours per day, 7 days per week.
15 All admissions shall be screened and referred by the COUNTY, or by COUNTY 5150
16 authorized staff at licensed healthcare facilities, and deemed appropriate for acute
17 inpatient psychiatric care. The CONTRACTOR will determine the acceptance or
18 rejection of a referral for admission with one hour of receiving the referral. Persons
19 eligible for admission are mentally disordered adults who shall have been found by the
20 COUNTY, or by COUNTY's 5150 authorized professionals at a licensed healthcare
21 facility, to be a danger to self, a danger to others or gravely disabled. Admissions may be
22 involuntary or voluntary, and require an order for admission by the CONTRACTOR's
23 psychiatrist.

23 The PHF charge nurse receive the request to admit. The nurse shall immediately
24 determine if capacity exists to accept the client and notify the referring party at the time
25 of the call. The PHF MD may deny admission only when the PHF is at full capacity and
no discharge can occur in a timely fashion; or if the client is not medically stable for

1 treatment at the PHF level of care. If unusual circumstances justify the PHF MD to deny
2 admitting a client to the PHF, the denial of admission must be communicated at the time
3 of denial by voice mail message to the Program Monitor.

4 CLIENT INTAKE, ASSESSMENT AND EVALUATION:

5 The CONTRACTOR shall provide the following services:

- 6 • Upon admission, nursing staff shall complete an admission agreement ; complete all
7 admission paperwork; complete the Patients Rights advisement; notify the client of their
8 legal status and financial obligation; complete a personal property inventory and
9 appropriately secure the client's belongings; , orient the client to the rules, regulations,
10 personnel and environment of the unit; notify the family/guardian/conservator of the clients
11 arrival on the unit, and obtain client's signed consent to speak with the family/significant
12 others. All information shall be complete as soon as possible subsequent to admission.
- 13 • If applicable, a copy of LPS conservatorship court appointment documents (either public or
14 private) shall be obtained upon admission, and conservator consent for treatment and release
15 of information shall be obtained in lieu of client consent. It is the COUNTY'S responsibility
16 to ensure that the admitting facility receives all legal paper work prior to or at the time of the
17 client's admission. At minimum, the facility will receive "permission to admit" and
18 "permission to treat" from the client's conservator. An e-mail or verbal authorization from
19 the conservator's office referring to the client by name and authorizing admission and
20 treatment will be acceptable up to a maximum of ninety-six (96).hours after which time the
21 hard copy paperwork shall have been received and entered into the patient's chart.
- 22 • Within 48 hours, the signed interdisciplinary treatment plan and all assessments including
23 food service and rehabilitation treatment shall be completed and present in the chart.
- 24 • Obtain from each client admitted any insurance/financial data as requested by the COUNTY.
25

TREATMENT PLANNING

1 The interdisciplinary treatment plan shall include objectives that are clear, specific and
2 measurable, treatment goals, method of achieving the goals including treatment
3 modalities, medications, etc. Diagnosis, medical necessity criteria, dangerous behaviors
4 and tentative discharge plan will be documented on the interdisciplinary treatment plan.
5 The client will review and sign the interdisciplinary treatment plan and be given a copy.
6 The interdisciplinary treatment plan will substantiate all persons involved in developing
7 the interdisciplinary treatment plan including the client, family, case manager,
8 conservator and PHF staff.

9 The interdisciplinary treatment plan will be formulated with PHF staff including a
10 psychologist, psychiatrist, registered nurse, social services staff and rehabilitation
11 therapist.

12 The interdisciplinary treatment plan shall be reviewed daily in treatment team meetings
13 and updated in writing as needed, but at least weekly. Client's participation in treatment
14 modalities as outlined in the interdisciplinary treatment plan shall be clearly documented
15 in the record. The interdisciplinary treatment plan will reflect the input of the client's
16 family/support persons whenever feasible.

16 5150/5250 DESIGNATION

17 The CONTRACTOR will apply for to the COUNTY for designation of the PHF for
18 involuntary treatment of individuals pursuant to W & I Code Sections 5150 and 5250.
19 The County will notify the State Department of Mental Health of their recommended
20 approval of the designation. The CONTRACTOR shall maintain the ability to receive,
21 hold and treat involuntary admissions at all times pursuant to State approved designation.
22 Appropriate documentation shall be maintained pursuant to all legal statutes including
23 Department of Justice Firearms notification, hearings, etc. and will be incorporated into
24 the medical record.

24 PHF SERVICES

25 Psychiatry

The PHF psychiatrist shall be responsible for all care and treatment upon admission.

1 There will be a legible psychiatrist progress note each time the client is seen but at least
2 daily (seven days/week) reflecting a face to face contact with the client. The psychiatrist
3 note will describe medication employed to ameliorate the medical, psychiatric or
4 behavioral symptoms including the side effects and response to the medication. The
5 absence or discontinuation of medication will be documented in the psychiatrist's
6 progress note, including rationale for not providing medication. In the event medication
7 is not included in the treatment milieu, ongoing monitoring for the need for
8 psychopharmacology intervention shall be included in the interdisciplinary treatment
9 plan.

9 Social Service

10 The PHF social services staff shall enter a daily note daily (seven days a week) reflecting
11 a face-to-face client contact. Notes will also document all collateral contacts with family,
12 agencies and others contacted on the client's behalf. Individual, group and family therapy
13 or counseling will be provided as needed by a Qualified Mental Health Professional
14 within their scope of practice. CONTRACTOR will staff the PHF Social Services with a
15 minimum of 1.4 FTE LCSW, with additional social service staffing to include staff who
16 are either licensed or have Associate status with the CA Board of Behavioral Sciences.

16 Nursing

17 Nursing shall enter a note summarizing client activity that occurred during the shift.
18 Charting should be present at least once each shift and whenever significant events occur.
19 The nursing note will reflect the client's current status, functioning, and response to
20 treatment and medical necessity criteria. Registered Nurses and Licensed Vocational
21 Nurses or Licensed Psychiatric Technicians shall administer medication as prescribed and
22 complete all documentation regarding medication.
23
24
25

1
2 Rehabilitation Services

3 Rehabilitation staffing on the PHF unit shall comply with Title 22 requirements and the
4 RCDMH Policy No. 140, and CONTRACTOR shall use any combination of staffing that
5 does so and is approved by the State Department of Mental Health, Licensing and
6 Certification Section

7 Treatment Program

8 A structured schedule of activities and groups will be maintained daily, during both day
9 and evening shifts including weekends. The client will be incorporated into the intensive
10 treatment program immediately upon admission and assisted into attending groups. A
11 variety of individual, group and therapeutic milieu activities will be provided within a
12 highly structured schedule. The treatment program will be designed to address major
13 presenting psychiatric problems, facilitate rapid stabilization of mental status and
14 functioning and increase reality contact, leading to an ability to return to a lower level of
15 care. This highly structured schedule will be individually planned in order to provide
16 pertinent treatment based on each client's needs, strengths, functioning level and
17 discharge plan. It is expected that all clients will complete Activities of Daily Living
18 (ADL's), dress in street clothes and participate in all activities.

18 FAMILY INVOLVEMENT

19 The PHF staff shall obtain a signed consent to release of information from the client to
20 contact family/significant others at the time of admission whenever possible. The
21 Qualified Mental Health Professional staff shall contact the family within 24 hours of
22 admission. If the client refuses to consent to family contact, they will be asked daily
23 throughout their stay and the outcome of these efforts will be documented in the record.
24 Every attempt will be made to involve the family in treatment/discharge planning. All
25 contact with family/significant others will be documented in the chart.

1 DISCHARGE PLANNING

2 The CONTRACTOR will be responsible for preparing the client and family for
3 discharge, and assisting the COUNTY with discharge planning. The attending
4 Psychiatrist must approve the level of care at the time of discharge. The CONTRACTOR
5 shall arrange transfer, placement and follow up for out of county clients. The cost for the
6 out of county transfers will be assumed by the COUNTY. COUNTY staff will be
7 responsible for placement and follow-up for Riverside County clients.

8 CLIENT OUTCOME MEASURES

9 Both parties to this Agreement commit to developing and implementing more appropriate
10 measures of outcomes in the areas such as:

- 11 • client functioning,
- 12 • service utilization,
- 13 • discharges to lower levels of care,
- 14 • discharge to and maintenance in safe and home-like settings,
- 15 • attendance and progress in school, vocation training, and/or jobs,
- 16 • absence of involvement with the legal system, and
- 17 • improved health and mental health status.

18 The parties will meet to identify such mutually acceptable measures and to initiate their use
19 in the PHF program. It is recognized that this reflects both COUNTY and CONTRACTOR
20 objectives and outcome performance since admissions and discharges to Oasis are controlled
21 by both the COUNTY and CONTRACTOR. For the current purposes of this Agreement,
22 contract performance will be evaluated in part by the following outcome objectives:

- 23 1. Fewer than 10% of all PHF discharges will be re-hospitalized at the acute level of care
24 within 30 days of discharge from the PHF. The CONTRACTOR shall prepare a quarterly
25 report utilizing SPUDS data to show incidence of re-hospitalization at Riverside County
contracted facilities.

- 1 2. Maintain the number of unauthorized bed days to less than twenty (20) per month.
- 2 3. Maintain an average length of stay (ALOS) on the PHF that is less than the ALOS for the
- 3 PHF during the 2004/05 fiscal year.
- 4 4. Maintain at least an average daily census of 13.0 patients.

5 **OASIS CRISIS SERVICES (OCS)**

6 TARGET POPULATION

7 The OCS emergency service treats clients who are in need of urgent psychiatric
8 services. Referrals are made from local emergency rooms and acute medical hospitals;
9 5150 designated facilities; psychiatric hospitals; law enforcement agencies; outpatient
10 mental health services; Indio County Jail (Sheriff's Department); and self referrals.
11

12 All clients who present at the door will be assessed and triaged, and contact with the
13 client and their disposition will be documented. No client will be referred away from
14 OCS prior to assessment.

15 TREATMENT PHILOSOPHY AND PLANNING

16 The Oasis Crisis Services (OCS) is committed to providing immediate, quality crisis
17 stabilization services for patients with a full range of behavioral and psychiatric
18 emergencies who will require high levels of supervision. Professional staff and a
19 supportive milieu will be trained to safely and legally contain patients who may lack the
20 capacity for informed consent or decision making. OCS staff will primarily facilitate the
21 rapid resolution of crises and the appropriate disposition and referral to community
22 services or in hospital care as needed and secondarily avoid potentially inappropriate
23 inpatient hospitalization due to misdiagnosis.
24

25 ADMISSION HOURS AND PROCESS

1 OCS shall be available to accept admission of adults and youth 24 hours per day, 7 days
2 per week. Patients may be admitted to OCS only by the order of an active Medical Staff
3 member either voluntarily or involuntarily. Individuals are admitted involuntarily only if
4 they manifest a danger to others, are seriously suicidal, or cannot provide for their basic
5 life needs (including food, clothing or shelter), and these problems result from a mental
6 disorder. Patients may be admitted voluntarily if they are capable of giving informed
7 consent to treatment, need acute inpatient psychiatric care, and cannot be treated in a less
8 restrictive setting or lower level of psychiatric care.
9

10 The charge nurse receives the client or the referring party's communication, contacts the
11 psychiatrist on duty for admission clearance and orders. He or she then greets the client
12 and advises him/her of and completes the admission process, documenting all pertinent
13 information, and obtaining patient's signature on all forms. Medical evaluation will be
14 performed as needed.

15 CLIENT INTAKE, ASSESSMENT AND EVALUATION:

16 The CONTRACTOR shall provide the following services:

- 17
- 18 • Upon admission, nursing staff shall complete an admission agreement ; complete all
19 admission paperwork; complete the Patients Rights advisement; notify the client of their
20 legal status and financial obligation; complete a personal property inventory and
21 appropriately secure the client's belongings; orient the client to the rules, regulations,
22 personnel and environment of the unit; notify the family/guardian/ conservator of the client's
23 arrival on the unit, and obtain client's signed consent to speak with the family/significant
24 others.
25

- 1 • If applicable, a copy of the 5150 paperwork and/or LPS conservatorship court appointment
- 2 documents (either public or private) shall be obtained upon admission, and conservator
- 3 consent for treatment and release of information shall be obtained in lieu of client consent.
- 4 • The treatment plan and all interdisciplinary assessments shall be completed and present in the
- 5 chart.
- 6 • Attempt to obtain from each client admitted any insurance/financial data as required for
- 7 billing for services.
- 8

9 5150 DESIGNATION

10 The CONTRACTOR will apply for to the COUNTY for designation of the OCS for

11 involuntary treatment of individuals pursuant to W & I Code Section 5150. The County

12 will notify the State Department of Mental Health of its recommended approval of the

13 designation. The CONTRACTOR shall maintain the ability to receive, hold and treat

14 involuntary admissions at all times pursuant to State approved designation.

15 OCS SERVICES

16 The range of services provided by OCS interdisciplinary staff includes:

- 17 a. Psychiatric evaluation and diagnostic services;
- 18 b. Psychosocial assessment;
- 19 c. Crisis Intervention
- 20 d. Medical evaluation
- 21 e. Medication therapy;
- 22 f. Discharge planning.
- 23
- 24
- 25

1 The interdisciplinary treatment team works with patients to reduce the acute nature of the
2 disorder as quickly as possible in order to return or refer the client to a less intensive level
3 of care.

4 CHILD/ADOLESCENT SERVICES

5 Minors are defined as persons aged 17 and under, who have not been legally emancipated
6 either through a legal marriage, or by court action. Minors will be treated in the OCS
7 either voluntarily, as admitted by their parent or legal guardian; or involuntarily, as
8 documented by a 5150/4011.6 hold. The treatment standards of care, and patient's rights,
9 are the same as adults, unless as noted in policies of the OCS or as specified by law.
10

11 FAMILY INVOLVEMENT

12 The OCS staff shall obtain a signed consent to release of information from the client to
13 contact family/significant others at the time of admission whenever possible. Every
14 attempt will be made to involve the family in treatment/discharge planning. All contact
15 with family/significant others will be documented in the chart.

16 DISCHARGE PLANNING

17 The OCS staff is responsible for discharge planning and referrals. County Case Managers
18 may be available to assist during regular business hours. The objective is to provide
19 evaluation, stabilization and referral to meet the needs of the client and family as well as to
20 take preventive measures to avoid the necessity for repeated crisis intervention and to
21 allow the client and family to appropriately utilize community resources.

22 Those clients assessed as capable of transitioning to a lower level of care will be provided
23 with discharge preparation and planning services. Prior to discharge the OCS staff will
24 formulate a comprehensive discharge plan which will be placed in the patient's medical
25

1 record. This should include housing, treatment and support planning for successful
2 transition to a lower level of care. If the client is discharged after hours or on weekends
3 without this plan in place, approval via telephone will be obtained from the designated
4 county staff member. All discharges shall have a discharge summary prepared by the
5 licensed nurse.

6
7 Unplanned discharges may occur as a result of medical acuity, in which case clients may
8 be transferred to an acute medical facility; because the client is absent without leave
9 (AWOL) from facility; or against medical advice (AMA.) An Incident Report will be
10 completed for all AMA discharges.

11 CLIENT OUTCOME MEASURES

12 Both parties to this Agreement commit to developing and implementing appropriate
13 outcomes measures for the OCS. These may include, but not be limited to, the following
14 measurement areas:

- 15 • client functioning,
- 16 • service utilization,
- 17 • discharges to non-acute psychiatric inpatient care,
- 18 • discharge to and maintenance in safe and home-like settings, and
- 19 • improved health and mental health status.

20
21 The parties will meet to identify such mutually acceptable measures and to initiate their use in
22 the OCS program.

23 ///

24 //

25 /

EXHIBIT C

REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: OASIS REHABILITATION CENTER, INC.

A. PERIOD OF PERFORMANCE:

This agreement shall be in effect from July 1, 2008 to June 30, 2009. **The Second Amendment becomes effective April 13, 2009 through June 30, 2009.**

B. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the maximum obligation as specified in Schedule I divided by the number of months this Agreement is in effect. CONTRACTOR will submit a claim on their stationery and a signed "Certification of Claims and Program Integrity" form (PIF) with each claim. The claim must be approved and signed by the DIRECTOR or authorized designee of the CONTRACTOR. Monthly claims shall be submitted to the appropriate Program or Regional Manager of the COUNTY'S Department of Mental Health no later than the tenth (10th) working day of each month.
2. **The one- twelfth reimbursement for June 2009 will be reduced by the net FY 08/09 savings of \$353,008 as a result of the MHRC closure on April 13, 2009, and the amount invoiced for FY 08/09 revised Contract Maximum Obligation of \$8,467,501 shall not be exceeded, or repayment shall occur at Cost Report Settlement.**
3. Contract will submit a monthly report and invoice for payment, describing outcomes, progress updates and services delivered based on the contract's Exhibit A, "Scope of Services".
4. Monthly reimbursements may be withheld at the discretion of the Director or designee due to material contract non-compliance, including audit

1 disallowances and/or adjustments or disallowances resulting from the
2 COUNTY Contract Monitoring Review (CMT) and/or Annual Program
3 Monitoring Process.

- 4 5. The combined final year-end settlement for Medi-Cal and non Medi-Cal
5 services shall not exceed the net negotiated amount maximum obligation of the
6 COUNTY as specified herein.
7

8 **C. MAXIMUM OBLIGATION:**

9 **COUNTY'S maximum obligation for fiscal year 2008/2009 shall be \$8,467,501**
10 **subject to availability of Federal, State, and local funds.**

11 **D. BUDGET:**

12 Schedule I presents for planning purposes the budgetary details pursuant to this
13 Agreement. Schedule I contains the mode(s) of service, the service functions(s),
14 units, revenues received, maximum obligation, and source of funding pursuant to this
15 Agreement. **"Attachment to Schedule I" is the line item proposed savings for FY**
16 **08/09 due to the April 13, 2009 closure of the MHRC program.**

17 **E. REALLOCATION OF FUNDS:**

- 18 1. No funds allocated for any Mode of Service as designated in Schedule I may
19 be reallocated to another Mode of Service unless written approval is given by
20 the Program Manager prior to the end of either the Contract Period of
21 Performance or Fiscal year. Approval shall not exceed the maximum
22 obligation. Approval must be obtained prior to the end of the fiscal year (June
23 30th).
- 24 2. If this Agreement includes more than one Exhibit C, shifting of funds from one
25 Exhibit C to another is prohibited without written approval from the Program
26 Manager prior to the end of either the Contract Period of Performance or Fiscal
27 year.

28 **F. REVENUES:**

- 1 1. Pursuant to the provisions of Sections 4025, 5717 and 5718 of the Welfare &
2 Institutions Code, and as further contained in the State Department of Mental
3 Health Revenue Manual, Section I, CONTRACTOR shall collect revenues for
4 the provision of the services described pursuant to Exhibit A. Such revenues
5 may include but are not limited to, fees for services, private contributions,
6 grants or other funds. All revenues received by CONTRACTOR shall be
7 reported in their annual Cost Report, and shall be used to offset program costs.
- 8 2. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance,
9 Medicare or other third party benefits shall be determined by the
10 CONTRACTOR. CONTRACTOR shall pursue payment from all potential
11 sources in sequential order, with Short/Doyle Medi-Cal as payor of last resort.
12 CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare
13 certified), then insurance and then first party.
- 14 3. If a client has both Medicare or insurance and Medi-Cal coverage, a copy of
15 the Medicare or insurance Explanation of Benefits (EOB) must be provided to
16 the COUNTY within 30 days of receipt.
- 17 4. CONTRACTOR is obligated to collect from the client any Medicare co-
18 insurance and/or deductible if the site is Medicare certified, and to collect and
19 clear with the State any Medi-Cal Share of Cost. Patients/clients with Share of
20 Cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of
21 their annual liability. Medicare clients will be responsible for any co-insurance
22 and/or deductible for services rendered at Medicare certified sites.
- 23 5. All other clients will be subject to an annual sliding fee schedule by
24 CONTRACTOR for services rendered, based on the patient's/client's ability to
25 pay, not to exceed the CONTRACTOR'S actual charges for the services
26 provided. In accordance with the State Department of Mental Health's
27 Uniform Method of Determining Ability to Pay (UMDAP) Manual,
28 CONTRACTOR shall not be penalized for non-collection of revenues provided
 that reasonable and diligent attempts are made by the CONTRACTOR to

1 collect these revenues. Past due patient/client accounts may not be referred to
2 private collection agencies. No patient/client shall be denied services due to
3 inability to pay.

- 4 6. CONTRACTOR shall submit to COUNTY, with signed contract, a copy of
5 CONTRACTOR'S published charges.
6

7 **F. RECOGNITION OF FINANCIAL SUPPORT:**

8 CONTRACTOR'S stationery/letterhead shall indicate that funding for the program is
9 provided in whole or in part by COUNTY of Riverside Department of Mental Health.

10 **H. COST REPORT:**

- 11 1. For each fiscal year, or portion thereof, that this Agreement is in effect,
12 CONTRACTOR shall provide to COUNTY two (2) copies per each Reporting
13 Unit (RU) number, an annual Cost Report with an accompanying financial
14 statement and applicable supporting documentation to reconcile to the Cost
15 Report within forty-six (46) calendar days following the expiration or
16 termination of the contract. The Cost Report shall detail the actual cost of
17 services provided. The Cost Report shall be provided in the format and on
18 forms provided by the COUNTY. Final payment to CONTRACTOR shall not
19 be made by COUNTY until receipt of a properly prepared Cost Report or
20 exceed the maximum obligation of this agreement.
- 21 2. CONTRACTOR shall use OMB Circular A-122 to formulate proper cost
22 allocation methods and distribute costs between COUNTY and non-COUNTY
23 programs.
- 24 3. CONTRACTOR shall send one representative to the training held by
25 COUNTY regarding preparation of the year-end Cost Report. The COUNTY
26 will notify CONTRACTOR of the date and time of the training. Attendance
27 of the training is necessary in order to ensure that the Cost Reports are
28 completed appropriately. Failure to attend this training may result in delay of
payment.

- 1 4. CONTRACTOR will be notified in writing by COUNTY if the Cost Report
2 has not been received within forty-six (46) calendar days after the end of the
3 COUNTY Fiscal year. If the Cost Report is not postmarked in the forty-six
4 (46) calendar day time frame, future monthly reimbursements will be withheld
5 until the county is in possession of a completed cost report. Future monthly
6 reimbursements will be withheld if the Cost Report contains errors which are
7 not corrected within ten (10) calendar days of written or verbal notification
8 from the COUNTY. Failure to meet any pre-approved deadlines extension will
9 immediately result in the withholding of future monthly reimbursements.
- 10 5. The Negotiated Net Amount shall serve as the basis for year end settlement to
11 the CONTRACTOR as **stated in Section B.2 and Section C.** A cost report
12 shall be submitted as required by WIC 5718 (c) and shall include a
13 reconciliation of payments to CONTRACTOR and all revenue received by
14 CONTRACTOR.

15 I. AUDITS:

- 16 1. CONTRACTOR agrees that any duly authorized representative of the Federal
17 Government, the State or COUNTY shall have the right to audit, inspect,
18 excerpt, copy or transcribe any pertinent records and documentation relating
19 to this Agreement or previous Agreements in previous years.
- 20
- 21 2. The COUNTY will conduct an Annual Program Monitoring Review and/or
22 Contract Monitoring Review (CMT). Upon completion of monitoring,
23 CONTRACTOR will be mailed a report summarizing the results of the site
24 visit. A corrective Plan of Action will be submitted by CONTRACTOR
25 within thirty (30) calendar days of receipt of the report. CONTRACTOR'S
26 failure to respond within thirty (30) calendar days will result in withholding of
27 payment until the corrective plan of action is received. CONTRACTOR'S
28 response shall identify time frames for implementing the corrective action.

1 Failure to provide adequate response or documentation for this or previous
2 year's Agreements may result in contract payment withholding and/or a
3 disallowance to be paid in full upon demand.
4

5 3. If this contract is terminated in accordance with Section XXIX,
6 TERMINATION PROVISIONS, COUNTY, Federal and/or State
7 governments may conduct a final audit of the CONTRACTOR. Final
8 reimbursement to CONTRACTOR by COUNTY shall not be made until all
9 audit results are known and all accounts are reconciled. Revenue collected by
10 CONTRACTOR during this period for services provided under the terms of
11 this Agreement will be regarded as revenue received and deducted as such
12 from the final reimbursement claim.

13 4. Any audit exception resulting from an audit conducted by any duly authorized
14 representative of the Federal Government, the State or COUNTY shall be the
15 responsibility of the CONTRACTOR. Any audit disallowance adjustments
16 may be paid in full upon demand or withheld at the discretion of the Director
17 of Mental Health against amounts due under this Agreement or Agreements(s)
18 in subsequent years.

19 J. BANKRUPTCY:

20 Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify
21 COUNTY'S Department of Mental Health Fiscal Services Section in writing of such.
22 The CONTRACTOR shall submit a properly prepared Cost Report in accordance
23 with requirements and deadlines set forth in Section H before final payment is made.

24 K. LEASE:

25 A Master Lease and subsequent Lease Amendments exists with Oasis
26 Rehabilitation Center, Inc. to lease a County-owned building of 31,500 square feet
27 located at 47-915 Oasis Street, Indio, CA for the provision of services under this
28 Agreement. The CONTRACTOR will pay operating expenditures as outlined in the
Master Lease and any amendments thereto. Attached and made part of the Lease is

1 an inventory list. The inventory list summarizes equipment and furnishings provided
2 by and owned by the County for use in the provision of providing services during the
3 term of the Agreement.
4

5 L. EQUIPMENT AND FURNISHINGS:

- 6 1. County shall provide Lessee with equipment and furnishings as set forth in the
7 Inventory of Equipment and Furnishings, and is made a part of the Lease. Said
8 equipment and furnishing shall remain within the leased premises. All such
9 equipment and furnishings shall be labeled with a MH Tag Number and remain the
10 property of the County including all title and legal ownership rights.
11
- 12 2. Inventory of Equipment and Furnishings shall be updated by Oasis Rehabilitation
13 Center, Inc. quarterly to add and/or delete inventory items. An updated Inventory
14 shall be forward as necessary, but at least annually to the Department of Facilities
15 Management to attach to the Lease.
16
- 17 3. Lessee shall be responsible for maintaining said Inventory of Equipment and
18 Furnishings in good working condition.
- 19 4. Replacing items on the Inventory of Equipment and Furnishings:
20
- 21 A. An Item costing \$1,000 or less:
- 22 1. CONTRACTOR shall purchase the item using contract funds.
23 2. CONTRACTOR to update the Inventory at least quarterly.
24 3. COUNTY shall dispose of old/broken equipment and furnishings
25 being replaced.
- 26 B. An Item costing \$1,001 or more:
- 27 1. COUNTY needs to approve the replacement on a Request to Purchase
28 Equipment form to be provided to CONTRACTOR.

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2. CONTRACTOR needs to submit with the Request to Purchase three competitive price quotes from qualified vendors, with justification for a selected vendor.
 3. COUNTY then needs to locate funding for the purchase.
 4. CONTRACTOR then purchases the replacement item and updates the Inventory at least quarterly.
 5. COUNTY surpluses the old item.
5. Adding Additional or Expanded Equipment due to the business needs of the Service shall require a Request to Purchase Equipment form and receive the approval of the Regional Manager of the Department of Mental Health regardless of the cost of the item. Once the Regional Manager determines the necessity and provides approval to acquire the additional item then:
- A. An Item costing \$1,000 or less:
 1. CONTRACTOR shall purchase the item using contract funds.
 2. CONTRACTOR to update the Inventory at least quarterly.
 - B. An Item costing \$1,001 or more:
 1. CONTRACTOR needs to submit with the Request to Purchase three competitive price quotes from qualified vendors, with justification for a selected vendor.
 2. COUNTY then needs to locate funding for the purchase.
 3. CONTRACTOR then purchases the replacement item and updates the Inventory at least quarterly.
 4. COUNTY surpluses the old item.

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6. Repaired, replaced or additional/expanded equipment and furnishings purchased by Oasis Rehabilitation Center, Inc. shall be deemed an actual claimed program cost when filing annual cost reports as required under the contract for the provision of services, however allowable and non-allowable cost information requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is Oasis Rehabilitation Center, Inc.'s responsibility to ensure compliance with these requirements.

7. The County shall dispose of any equipment and furnishings deemed by the Regional Manager of the Department of Mental Health or his designee, to be beyond economical repair.

**ATTACHMENT "A"-ATTACHMENT TO SCHEDULE I
SECOND AMENDMENT TO OASIS REHABILITATION, INC. CONTRACT**

2008/09 Budget		
Wages	Annual	Monthly
MHRC - Rn	70,771	5,898
Data Clerk/Office Assistant	24,769	2,064
MHRC - Lvn/Lpt	348,802	29,067
MHRC - Rehab/Activity Therapists	20,178	1,682
ADM - Admin Secretary	26,932	2,244
MHRC - Rehab Aides	80,215	6,685
MHRC - Social Workers	130,179	10,848
MHRC - Unit Clerk	27,542	2,295
Medical Records clerk		
MHRC - Transportation Aide/Clerk	26,874	2,239
Diet - Food Service Workers		
ENV - Housekeepers		
MHRC - MHW's	353,954	29,496
Total Wages	1,110,214	92,518

MHRC Closing Savings			
	April	May	June
	2,370	5,897	5,897
	0	1,495	2,064
	28,112	29,087	29,087
	1,681	1,681	1,681
	0	2,007	2,244
	5,482	6,685	6,685
	5,179	10,848	10,848
	2,059	2,295	2,295
	1,660	1,889	1,889
	2,239	2,239	2,239
	1,106	1,652	1,652
	2,557	3,176	3,176
	23,072	29,496	29,496
Total	75,517	98,449	99,254

MHRC Expenses	Annual	Monthly
MHRC - Psychiatrists	184,540	15,378
MHRC - Professional Services	4,139	345
MHRC - Xray Svc	2,421	202
MHRC - Lab Svc	3,703	309
MHRC - Medications	128,156	10,680
MHRC - Supplies Medical	7,089	591
MHRC - Supplies Activity	12,808	1,067
MHRC - Apprenticeship	3,000	250
MHRC - Patient Losses	300	25
Total MHRC Operating Exp	346,157	28,846

	April	May	June
	13,298	15,378	15,378
	345	345	345
		202	202
		309	309
	10,018	10,680	10,680
	591	591	591
	1,067	1,067	1,067
	250	250	250
	25	25	25
Total	25,594	28,846	28,846

Other Expenses	Annual	Monthly
ADM - Payroll Taxes	8.7%	
ADM - Health Insurance	9.3%	
ADM - Workmens Comp Ins	3.3%	
Employer 401K Contribution	0.3%	
Diet/Food & Beverages		
Total Other Operating Exp		

	April	May	June
	6,541	8,527	8,597
	7,004	9,131	9,205
	2,477	3,229	3,256
	211	275	277
	1,800	2,100	2,100
Total	18,032	23,261	23,434

	April	May	June	Total
Total MHRC Closing Savings	119,143	150,556	151,535	421,235
Less Room & Board Revenue Loss	20,227	24,000	24,000	68,227
Grand Totals	98,916	126,556	127,535	353,008

**SCHEDULE I
MENTAL HEALTH**

CONTRACT PROVIDER NAME: Oasis Rehabilitation Center, Inc. FISCAL YEAR: **2008-2009**

NEGOTIATED RATE () ACTUAL COST () NEGOTIATED NET AMOUNT (XX)
 DEPT ID/PROGRAM **4100206028-83550** SYSTEM RU NUMBER: 33DV01 & 33DV02 & 33DV03

	PHF	MHRC	OCS		
MODE OF SERVICE:	5	5	10		
SERVICE FUNCTION:	20	90	25		
NUMBER OF UNITS:	5,840	10,690	28,800		
PROCEDURE CODE					
COST PER UNIT based on Total Cost	\$639.10	\$244.92	\$82.60		
PROGAM COST:	\$3,585,696	\$2,493,364	\$2,282,797		\$8,361,857
OPERATING INCOME/PROFIT	\$146,672	\$124,832	\$96,075		\$367,579
TOTAL COST:	\$3,732,368	\$2,618,196	\$2,378,872		\$8,729,436
LESS REVENUES COLLECTED BY CONTRACTORS:					
A. PATIENT FEES					
B. PATIENT INSURANCE					
C. OTHER: Miscellaneous	6,559	\$219,773	35,603		
TOTAL CONTRACTOR REVENUES	6,559	\$219,773	\$35,603		\$261,935
MAXIMUM OBLIGATION - NET NEGOTIATED AMOUNT	\$3,725,809	\$2,398,423	\$2,343,269		\$8,467,501
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION					
A. MEDI-CAL/FFP				\$1,136,339	13.42%
B. FEDERAL FUNDS					0.00%
C. REALIGNMENT FUNDS				\$5,048,324	59.62%
D. STATE GENERAL FUNDS				\$0	0.00%
E. COUNTY FUNDS				\$2,279,451	26.92%
F. OTHER: Third Party				\$3,387	0.04%
TOTAL (SOURCES OF FUNDING)				\$8,467,501	100.00%

FUNDING SOURCES DOCUMENT: _____

ADMINISTRATIVE ANALYST SIGNATURE: _____ Susan Marshall June 1, 2009 

FISCAL SERVICES SIGNATURE:  _____ 6-18-09