

**COUNTY OF LOS ANGELES**

MARVIN J. SOUTHARD, D.S.W.  
Director

ROBIN KAY, Ph.D.  
Chief Deputy Director

RODERICK SHANER, M.D.  
Medical Director



BOARD OF SUPERVISORS

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**DEPARTMENT OF MENTAL HEALTH**

<http://dmh.lacounty.gov>

550 SOUTH VERMONT AVENUE, LOS ANGELES, CALIFORNIA 90020

Reply To: (213) 738-4601  
Fax: (213) 386-1297

June 04, 2013

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

**ADOPTED**

BOARD OF SUPERVISORS  
COUNTY OF LOS ANGELES

52 June 4, 2013

*Sachi A. Hamai*  
SACHI A. HAMAI  
EXECUTIVE OFFICER

Dear Supervisors:

**APPROVAL TO EXTEND THE TERM OF THE LEGAL ENTITY AGREEMENT  
FOR FISCAL YEAR 2013-14 WITH TRI-CITY MENTAL HEALTH CENTER  
TO PROVIDE CONTINUOUS AND UNINTERRUPTED  
MENTAL HEALTH SERVICES  
(SUPERVISORIAL DISTRICT 1)  
(3 VOTES)**

**SUBJECT**

Request approval to extend the term of the existing Legal Entity Agreement for Fiscal Year 2013-14 with Tri-City Mental Health Center whose term is due to expire June 30, 2013, for the provision of continuous and uninterrupted outpatient mental health services to Medi-Cal eligible adults and children residing in Pomona, Claremont, and La Verne pending changes to the Agreement's provisions in anticipation of the implementation of the Affordable Care Act.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Approve and authorize the Director of Mental Health (Director), or his designee, to prepare, sign, and execute an amendment, substantially similar to the Attachment, to extend the term of the existing Department of Mental Health (DMH) Legal Entity (LE) Agreement for Fiscal Year (FY) 2013-14 with Tri-City Mental Health Center (Tri-City MHC), for the provision of outpatient mental health services to Medi-Cal eligible adults and children residing in Pomona, Claremont, and La Verne. The Maximum Contract Amount (MCA) for FY 2013-14 will be \$5,000,090, effective July 1, 2013, through June 30, 2014 which is slightly higher than the MCA for the current period.
2. Delegate authority to the Director, or his designee, to prepare, sign, and execute future amendments to this LE Agreement, provided that: 1) the County's total payments to contractor under

this Agreement for FY 2013-14 will not exceed an increase of 10 percent from the Board-approved MCA; 2) any such increase will be used to provide additional services or to reflect program and/or Board policy changes; 3) your Board has appropriated sufficient funds for all changes; 4) approval of County Counsel, or his designee, is obtained prior to any such amendments; 5) County and Contractor may, by written amendment, mutually agree to reduce programs and/or services without reference to the 10 percent limitation and revise the applicable MCA; and 6) the Director, or his designee, notifies your Board and the Chief Executive Officer (CEO) of Agreement changes in writing within 30 days after execution of each amendment.

### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of the recommended actions will allow DMH to extend the term of the existing LE Agreement, scheduled to expire on June 30, 2013. Extension of the term of Tri-City MHC's LE Agreement is necessary to provide continuous, uninterrupted mental health services to Medi-Cal beneficiaries who are residents of the Tri-City area. With the pending implementation of the Affordable Care Act, DMH anticipates numerous changes in the existing LE Agreement language which will be required to align with new programmatic requirements. As many aspects of the Affordable Care Act implementation have yet to be finalized, DMH is unable to effect required changes at this time. DMH will return to your Board at a later date to supersede this Agreement when the revised contract is finalized. The amendment also makes several other adjustments to reflect other changes, including modification of the claim submission time frames and the application of the Countywide Maximum Allowances rather than Statewide Maximum Allowances. These changes are necessary to reflect program modifications that have occurred since the agreement was last modified.

### **Implementation of Strategic Plan Goals**

The recommended actions support the County's Strategic Plan Goal 3, Integrated Services Delivery.

### **FISCAL IMPACT/FINANCING**

The FY 2013-14 MCA for Tri-City MHC is \$5,000,090, fully funded by Federal Financial Participation (FFP) Medi-Cal and 2011 Realignment revenue. Tri-City MHC will incur the costs for all services it renders, which enables it to make the certified public expenditure (CPE) required to claim FFP for Medi-Cal services, and for Tri-City MHC to receive FFP and 2011 Realignment reimbursement. Tri-City MHC will provide the local match for Medi-Cal services using Sales Tax Realignment revenue which Tri-City receives directly for Department of Health Care Services and Mental Health Services Act revenue which has been awarded directly to Tri-City MHC. The Agreement is limited to Short-Doyle/Medi-Cal services. The County functions as an agent to pass-through State and federal reimbursement for Medi-Cal services rendered by Tri-City MHC. The Agreement does not provide for annual cash flow advance nor payments to Tri-City MHC prior to the County's actual receipt of funds from the State.

Moreover, to assure that the County has funds to repay any audit or claim disallowances which may occur, the Agreement allows DMH to hold a percentage of all State and federal payments it receives in an escrow account until it becomes reasonably certain that such funds will not require repayment. The Agreement specifies that the percentage withheld can be adjusted during the term of the contract without Board re-approval, to the extent data supports an increase or decrease in the percentage withheld.

Pursuant to the agreement reached during the Bankruptcy, Tri-City has been using its available funds to pay off its debts to Class 2 creditors. Those debts must be completely repaid before Tri-City begins to repay the State and the County for overpayments made during the pre-bankruptcy period. We understand that the debts to the Class 2 creditors have recently been fully liquidated. Accordingly, when Tri-City has available revenue at the end of any calendar quarter, the County may receive some payment of the old debt.

There is no net County cost impact associated with these actions.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Tri-City MHC is a municipal special district organized in 1961 as a joint powers authority by the cities of Pomona, Claremont, and La Verne to provide mental health services to these communities.

During the period subsequent to its bankruptcy in 2004, Tri-City MHC made personnel and organizational changes to reorganize the agency in order to continue to provide mental health services to its community. The County began contracting again with Tri-City MHC for services to Medi-Cal beneficiaries beginning on July 1, 2007. The Agreement requires Tri-City MHC to treat, and take financial responsibility for, non-emergency outpatient mental health services for all residents of the Tri-City areas who are referred to Tri-City MHC for treatment.

The amendment format has been approved as to form by County Counsel. Clinical and administrative staff of DMH will continue to administer and monitor this LE Agreement, evaluate programs to ensure that quality services are being provided to clients, and ensure that agreement provisions and Departmental policies are being followed.

The Attachment contains the amendment extending the term of Tri-City MHC's LE Agreement effective July 1, 2013 through June 30, 2014. The amendment also revises the Financial Exhibit A language to reflect the changes related to the claims submission timeline and the elimination of Statewide Maximum Allowances as a result of the passage of the Assembly Bill 1297.

### **CONTRACTING PROCESS**

Tri-City MHC has an existing LE Agreement with DMH that will expire on June 30, 2013, and the term is being extended because of the continued need for its services. Additionally, DMH anticipates making numerous changes to this LE Agreement as DMH implements the Affordable Care Act. As a result, DMH will return to your Board at a later date to supersede this LE Agreement to implement those changes. As mandated by your Board, the performance of Tri-City MHC is evaluated by DMH on an annual basis to ensure the contractors' compliance with all contract and performance standards.

### **IMPACT ON CURRENT SERVICES (OR PROJECTS)**

The extension of the term will allow the continued flow of federal and State funds to Tri-City MHC, which provides the residents of Pomona, Claremont, and La Verne with outpatient mental health services. It is the mission and goal of Tri-City MHC to understand the needs of consumers and their

The Honorable Board of Supervisors

6/4/2013

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families and to provide high quality culturally competent mental health services, prevention, and education to the low income, mentally ill residents of this area.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Mg Southard". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

MARVIN J. SOUTHARD, D.S.W.

Director of Mental Health

MJS:BM:AL:

RK:coh

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Chairperson, Mental Health Commission

CONTRACT NO. MH120558

AMENDMENT NO. 5

THIS AMENDMENT is made and entered into this \_\_\_ day of \_\_\_\_\_, 2013, by and between the COUNTY OF LOS ANGELES (hereafter "County") and Tri-City Mental Health Center (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated June 9, 2010, identified as County Agreement No. MH120558, as subsequently amended (hereafter collectively "Agreement"); and

WHEREAS, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, County and Contractor executed Agreement to provide mental health services to Medi-Cal eligible adults and children residing in Pomona, Claremont, and La Verne;

WHEREAS, the Agreement is due to expire on June 30, 2013; and

WHEREAS, County anticipates that the State will implement the Medicaid expansion portion of the Affordable Care Act; and

WHEREAS, County anticipates superseding the Agreement, to reflect the changes associated with the Affordable Care Act implementation; and

WHEREAS, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year (FY) 2013-14, County and Contractor intend to amend Agreement to extend the term, effective July 1, 2013 through June 30, 2014; and

WHEREAS, County and Contractor intend to amend Agreement to revise the Financial Exhibit A (FINANCIAL PROVISIONS) to reflect the changes related to the claims submission timeline and the elimination of Statewide Maximum Allowances as a result of the passage of the Assembly Bill 1297; and

WHEREAS, the Maximum Contract Amount (MCA) for FY 2013-14 will be **\$5,000,090**.

NOW THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Extend the term of the Agreement effective July 1, 2013 through June 30, 2014 and to add the MCA for FY 2013-14 of **\$5,000,090** as set forth below.

Paragraph 1.0 (TERM), Subparagraph B. (Automatic Renewal Period(s)) shall be revised and the following shall be added to the end of the existing language:

“(3) Third Automatic Renewal Period: The Agreement may be extended and the Third Automatic Renewal Period shall commence on July 1, 2013 and shall continue in full force and effect through June 30, 2014.”

2. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph A. GENERAL, shall be deleted in its entirety and replaced with:

“A. GENERAL: This Agreement provides that County shall pay Contractor as provided for in this Financial Exhibit A (FINANCIAL PROVISIONS) (Attachment II to the Department of Mental Health (DMH) Legal Entity Agreement) and as shown in the Financial Summary(ies) (Attachment III to the DMH Legal Entity Agreement) as compensation for the services provided pursuant to the Agreement.

- (1) This Agreement shall only cover Short-Doyle/Medi-Cal services.

(2) Contractor shall comply with requirements necessary for reimbursement as established by federal, State and local statutes, laws, ordinances, rules, regulations, manuals, policies, guidelines and directives.

(3) The State Maximum Allowances (SMA) which were in effect during the Initial Period and the First Automatic Renewal Period shall apply to those periods.

(4) The Countywide Maximum Allowances (CMA) shall apply during the Second Automatic Renewal Period, and will remain applicable to Contractor during the Third Automatic Renewal Period or any part thereof. Changes in the amounts of the CMA shall be applicable to this Agreement as of the date adopted by the County.

(5) Contractor shall inform County when 75 percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Paragraph 63 (NOTICES).

(6) The maximum reimbursement under this Agreement will, in no event, be more than the Maximum Contract Amount, including any Agreement amendments with a Maximum Contract Amount increase for the applicable fiscal year, specified for each State and/or federal payer/fund source shown in the Financial Summary(ies) (Attachment III) during the Initial Period, First Automatic Renewal Period, Second Automatic Renewal Period, and the Third Automatic Renewal Period respectively of this Agreement.

(7) Under no circumstances can the total Maximum Contract Amount for any of the periods specified in this Financial Exhibit A (FINANCIAL

PROVISIONS), Paragraphs B (Reimbursement for Initial Period) and C (Reimbursement if Agreement is Automatically Renewed) of this Agreement be increased or decreased without a properly executed amendment.”

3. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph C. REIMBURSEMENT IF AGREEMENT IS AUTOMATICALLY RENEWED, shall be revised the following added:

“(3) Reimbursement For Third Automatic Renewal Period: The Maximum Contract Amount for the Third Automatic Renewal Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed **FIVE MILLION NINETY DOLLARS (\$5,000,090)** and shall consist of State, and/or Federal funds as shown on the financial Summary.”

4. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph D. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS, Subparagraph (2) Submission of Bills, shall be deleted in its entirety and replaced with:

“(2) Submission of Bills: In general, unless otherwise agreed to by County and with the exception of this Paragraph D (Billing and Payment Procedures and Limitations), Subparagraph (7) (Claims Submission Timeline Requirements), claims for Short-Doyle/Medi-Cal (SD/MC) are to be entered into the County’s claims processing information system within nine (9) months of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations.

(a) Contractor shall notify County of any delay in meeting the nine-month submission period in the event Contractor is not able to make timely data entry into the County’s claims processing information system due to no fault on

the part of Contractor. Such Contractor notification should be immediate upon Contractor's recognition of the delay and must include a description of the problem that the Contractor is having with the County claims processing information system. Notification shall be pursuant to the Legal Entity Agreement, Paragraph 63 (NOTICES), and such notification shall also be made by Contractor to the DMH Chief Information Office Bureau's Help Desk.

(b) The County will notify Contractor in writing as soon as practicable of any County issue(s) which will prevent the entry by Contractor of claiming information into the County claims processing information system, and County will waive the requirement of this Paragraph D (Billing and Payment Procedures and Limitations), Subparagraphs (2) (Submission of Bills) and (7) (Claims Submission Timeline Requirements) in the event of any such County issue(s). Once County has notified Contractor that the issue(s) is resolved, Contractor shall enter billing information into the County's claims processing information system within 30 calendar days of County's notice date unless otherwise agreed to by County and Contractor.

i. To the extent that issues identified pursuant to this Paragraph D (2) (b) require that Contractor modify its procedures for entering claims into the County's claims processing information system, Contractor shall consult with County regarding a reasonable time required to implement such modifications and, upon approval by County, the 30 calendar days required by this Paragraph D (2) (b) shall be extended by the amount of time required to implement such modifications. Such reasonable time must comply with State and federal Medi-Cal claims submission time frames.

5. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph D. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS, Subparagraph (6) Reimbursement Methodologies, (a) Cost Reimbursement (CR), ii. 3. shall be deleted in its entirety and replaced by:

“3. “The State's Schedule of Maximum Allowances (SMA) for the initial and first renewal term or the Countywide Maximum Allowances (CMA) for the second and third renewal terms”.

6. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph D. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS, Subparagraph (7) Claims Submission Timeline Requirements, shall be deleted in its entirety and replaced by:

“(7) Claims Submission Timeline Requirements:

Mental Health Services: Claims for all mental health services, including services funded by Title XIX Short-Doyle/Medi-Cal shall be entered into the County's claims processing information system within nine (9) months of the end of the month in which services are delivered, except as otherwise provided in this Paragraph D.

(a) The County shall extend the period of time specified above as appropriate, where the delay in the submission of the claims is reasonably justified.

(b) Contractor must submit an initial or original claim within nine (9) months after the end of the month in which the services were rendered, to the extent doing so would not preclude payment from a funding source.

(c) County may modify the County's claims processing information system at any time in order to comply with changes in, or interpretations of, State or federal laws, rules, regulations, manuals, guidelines, and directives. County shall notify Contractor in writing of any such modification and the reason, if known, for

the modification and the planned implementation date of the modification. To the extent that such modifications create a delay in Contractor submitting claims into the County's claims processing information system for a period of time, the timelines under this Paragraph D shall be extended by the number of calendar days that Contractor was unable to submit claims into the County's claims processing information system."

7. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph E. ESTABLISHING PROVISIONAL PAYMENT AMOUNTS, shall be deleted in its entirety and replaced by:

"E. ESTABLISHING PROVISIONAL PAYMENT AMOUNTS:

In order to provide cash flow to Contractor, County shall make provisional payments, until such time as final reimbursement for the fiscal period is determined pursuant to the provisions of this Financial Exhibit, including Paragraph D (Billing And Payment Procedures And Limitations) Subparagraph (6) (Reimbursement Methodologies). Except as provided in Paragraph S (Public Entity Status) below, the provisional payments for services provided by Contractor pursuant to this Agreement shall be equal to the amount of FFP and State match, if any, funded by the State, less the amount temporarily withheld pursuant to Paragraph G (Escrow of Funds) below.

It is the parties' understanding that State payment for each unit of service shall be based on 100% of the provisional rate for such service designated by the County to the State, or the schedule of maximum allowances (for those periods which are subject to such limits) or the Countywide Maximum Allowance (for those periods subject to such limits), whichever is less. The parties shall agree in advance to the provisional rates which the County designates. To avoid

overpayments, the parties agree that the provisional rate shall be based on the Contractor's negotiation package and the most recent filed cost report and shall include a factor for potential cost increases.

Contractor may request, revision to one or more of the provisional rates, and will supply sufficient documentation to the County to demonstrate the need for such revision. Based on the documentation supplied by the Contractor, or such other factors as may reasonably be considered, the County will grant or deny such request or, after discussion with Contractor, modify it. Changes to the provisional rate do not require an amendment to this Agreement.

The Contractor shall have, for each service it provides, a published charge, which it will set at its own discretion, and with the understanding that such published charge may act as a limitation on its allowable payment under this Agreement as specified in Paragraph D (Billing And Payment Procedures And Limitations) subparagraph 4(a)(ii)."

8. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph F. GENERAL ADMINISTRATION REQUIREMENTS FOR TITLE XIX SHORT-DOYLE/MEDI-CAL, Subparagraph (7), shall be deleted in its entirety and replace by:

"(7) Contractor authorizes County to serve as the Mental Health Plan for State claiming and reimbursement for Short-Doyle/Medi-Cal services provided pursuant to this Agreement and to act on Contractor's behalf with State Department of Mental Health (SDMH) and/or State Department of Health Care Services (SDHCS) in regard to claiming. Contractor shall certify annually in

writing that all necessary documentation exists at the time any such claims for Title XIX Short-Doyle/Medi-Cal services are submitted by Contractor to County.”

9. Financial Exhibit A-4 (FINANCIAL PROVISIONS), Attachment II, Paragraph I. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST, Subparagraph (5) b, shall be deleted in its entirety and replaced by:

“(b) A report by County to SDHCS of all such nonreported revenue including any such unreported revenue paid by any resources for or on behalf of Medi-Cal beneficiaries.”

10. Financial Summary for FY 2013-14 is attached and incorporated herein.
11. Financial Summary Subprogram Schedule for FY 2013-14 is attached and incorporated herein.
12. Contractor shall provide services in accordance with Contractor’s FY 2010-11 Negotiation Package for this Agreement and any addenda thereto approved in writing by County’s Director of Mental Health or his designee.
13. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Consultant has caused this Amendment to be subscribed on its behalf by its duly authorized officer, on the day, month, and year first above written.

COUNTY OF LOS ANGELES

By \_\_\_\_\_  
MARVIN J. SOUTHARD, D.S.W.  
Director of Mental Health

\_\_\_\_\_  
Tri-City Mental Health Center  
CONTRACTOR

By \_\_\_\_\_

Name Jesse H. Duff

Title Executive Director  
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM  
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT  
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By \_\_\_\_\_  
Chief, Contracts Development  
and Administration Division

**Financial Summary**

Contractor Name: Tri-City Mental Health Center  
 LE Number: 00066  
 Agreement Period: July 1, 2010 through June 30, 2014  
 Fiscal Year: 2013-14

DMH Legal Entity Agreement - Attachment III  
 The Financial Summary

A	B	C	D	E
Rank	Funded Programs	Medi-Cal Reimbursable (Y/N) <sup>1</sup>	Match Funds	Funded Program Amount (Gross Dollars)
<b>CATEGORICALLY FUNDED PROGRAMS (100-399)</b>				
100N	Family Preservation Program	N		\$ -
130N	Specialized Foster Care - DCFS MAT (Non Medi-Cal/Non Healthy Families)	N		-
130M	Specialized Foster Care - Child Welfare Services (Medi-Cal/Healthy Families)	Y		-
131N	Group Home Aftercare Services (Non Medi-Cal/Non Healthy Families)	N		-
131M	Group Home Aftercare Services (Medi-Cal/Healthy Families)	Y		-
132N	First 5 (Non Medi-Cal/Non Healthy Families)	N		-
132M	First 5 (Medi-Cal/Healthy Families)	Y		-
140N	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	N		-
141N	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	N		-
142N	Family Wellness Network (SAMHSA, CFDA #93.243)	N		-
150N	Juvenile Justice Program (STOP)	N		-
151N	Juvenile Justice Program (JJCPA -- MHSAT)	N		-
152N	Juvenile Justice Program (JJCPA -- MST)	N		-
153N	Juvenile Justice Program (Co-occurring Disorder)	N		-
154N	Juvenile Justice Program (FFT) (Non Medi-Cal/Non Healthy Families)	N		-
154M	Juvenile Justice Program (FFT) (Medi-Cal/Healthy Families)	Y		-
160N	Path McKinney, CFDA #93.150	N		-
170N	Homeless Services (Non Medi-Cal/Non Healthy Families)	N		-
170M	Homeless Services (Medi-Cal/Healthy Families)	Y		-
171N	Post-Release Community Supervision-Community Reintegration Program (Non Medi-Cal/Healthy Families)	N		-
171M	Post-Release Community Supervision-Community Reintegration Program (Medi-Cal/Healthy Families)	Y		-
180N	CalWORKs	N		-
181N	CalWORKs Homeless Family Project	N		-
182N	GROW	N		-
190N	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	N		-
190M	PES Relief Plan (Medi-Cal/Healthy Families)	Y		-
<b>Unique Categorically Funded Programs (Specify)</b>				
300N	DCFS Medical Hubs (VIP)	N		-
301M	DCFS Starview PHF	Y		-
302N	DCFS Independent Living (Hillview)	N		-
303N	DCFS THP (HFLF)	N		-
310N	DHS Social Model (Dual Diagnosis)	N		-
311N	DHS LAMP (Dual Diagnosis)	N		-
312N	DHS BHS (Dual Diagnosis)	N		-
320N	Juvenile Justice Program/Title IV-E - MST (Non Medi-Cal/Non Healthy Families)	N		-
320M	Juvenile Justice Program/Title IV-E - MST (Medi-Cal/Healthy Families)	Y		-
330N	Other Employment Services/CCJCC (SSG)	N		-
340N	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	N		-
340M	CGF IMD Step Down (Medi-Cal/Healthy Families)	Y		-
360M	Federal/State Revenue	Y		5,000,090
<b>CGF FUNDED PROGRAMS (400-499)</b>				
400N	DMH (Non Medi-Cal/Non Healthy Families)	N		-
400M	DMH (Medi-Cal/Healthy Families)	Y		-
<b>MENTAL HEALTH SERVICES ACT (MHSA) PROGRAMS (500-899)</b>				
500N	Full Service Partnerships (Non Medi-Cal/Non Healthy Families)	N		-
500M	Full Service Partnerships (Medi-Cal/Healthy Families)	Y		-
510N	FCCS (Non Medi-Cal/Non Healthy Families)	N		-
510M	FCCS (Medi-Cal/Healthy Families)	Y		-
520N	Wellness Centers (Non Medi-Cal/Non Healthy Families)	N		-
520M	Wellness Centers (Medi-Cal/Healthy Families)	Y		-
530N	Alternative Crisis Services (Non Medi-Cal/Non Healthy Families)	N		-
530M	Alternative Crisis Services (Medi-Cal/Healthy Families)	Y		-
540N	IMD Step-Down (Non Medi-Cal/Non Healthy Families)	N		-
540M	IMD Step-Down (Medi-Cal/Healthy Families)	Y		-
600N	Prevention & Early Intervention Programs (Non Medi-Cal/Non Healthy Families)	N		-
600M	Prevention & Early Intervention Programs (Medi-Cal/Healthy Families)	Y		-
700N	Innovation Programs (Non Medi-Cal/Non Healthy Families)	N		-
700M	Innovation Programs (Medi-Cal/Healthy Families)	Y		-
<b>Unique MHSA Programs (Specify)</b>				
800N	Probation Camps	N		-
810N	Jail Transition & Linkage	N		-
820N	Planning, Outreach & Engagement	N		-
<b>Maximum Contract Amount</b>				<b>\$ 5,000,090</b>

<sup>1</sup>Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations.

Financial Summary Subprogram Schedule

DMH Legal Entity Agreement - Attachment IV  
The Financial Summary -  
Amendment Number -  
Amendment Date

Contractor Name:  
Legal Entity Number:  
Agreement Period:  
Fiscal Year:

TRI-CITY MENTAL HEALTH CENTER (1)  
00066  
July 1, 2013 through June 30, 2014  
FY 2013-14

A Rank	B Funded Program	C Subprogram	D IS Plan	E Medi-Cal Reimbursable (Y/N)	F Non-Medi-Cal Funds Direct/ Indirect Svcs (S)	G		H Subprogram Amount (Gross Dollars)
						Medi-Cal EPSDT	Healthy Families	
100N	Family Preservation Program	Family Preservation Program	2011	N	-	-	-	\$ -
100N	Specialized Foster Care - DCFS MAT (Non Full Scope Medi-Cal/Non Healthy Families)	Specialized Foster Care - Child Welfare Services DCFS MAT	2077	N	-	-	-	\$ -
100N	Specialized Foster Care - Child Welfare Services (Medi-Cal/Healthy Families)	Enhanced Mental Health Services MAT	2064	Y	-	-	-	\$ -
100N	Group Home Aftercare Services (Non Medi-Cal/Non Healthy Families)	Wraparound	2072	Y	-	-	-	\$ -
100N	Group Home Aftercare Services (Medi-Cal/Healthy Families)	Group Home Aftercare Services (Non Medi-Cal/Non Healthy Families)	2079	Y	-	-	-	\$ -
100N	First 5 (Non Medi-Cal/Non Healthy Families)	Group Home Aftercare Services (Medi-Cal/Healthy Families)	2135	N	-	-	-	\$ -
100N	First 5 (Medi-Cal/Healthy Families)	First 5 (Non Medi-Cal/Non Healthy Families)	2135	Y	-	-	-	\$ -
100N	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	First 5 (Medi-Cal/Healthy Families)	2137	Y	-	-	-	\$ -
100N	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	Comprehensive SOC Program (SAMHSA, CFDA #93.958)	2035	N	-	-	-	\$ -
100N	Family Wellness Network (SAMHSA, CFDA #93.243)	Child MH Initiative-Project ABC (SAMHSA, CFDA #93.104)	None	N	-	-	-	\$ -
100N	Juvenile Justice Program (STOP)	Family Wellness Network (SAMHSA, CFDA #93.243)	None	N	-	-	-	\$ -
100N	Juvenile Justice Program (JICPA - MHSAT)	Juvenile Justice Program (STOP)	2027	N	-	-	-	\$ -
100N	Juvenile Justice Program (JICPA - MST)	Juvenile Justice Program (JICPA - MHSAT)	2024	N	-	-	-	\$ -
100N	Juvenile Justice Program (Co-occurring Disorder)	Juvenile Justice Program (JICPA - MST)	2049	N	-	-	-	\$ -
100N	Juvenile Justice Program (FT) Non Medi-Cal/Non Healthy Families	Juvenile Justice Program (Co-occurring Disorder)	2081	N	-	-	-	\$ -
100N	Juvenile Justice Program (FT) Medi-Cal/Healthy Families	Second Chance FFT Program	2123	N	-	-	-	\$ -
100N	PATH McKinney, CFDA #93.150	Juvenile Justice Program (FT)	2071	N	-	-	-	\$ -
100N	Homeless Services Non Medi-Cal/Non Healthy Families	Juvenile Justice Program (FT)	2071	Y	-	-	-	\$ -
100N	Homeless Services Medi-Cal/Healthy Families	PATH McKinney, CFDA #93.150	2023	N	-	-	-	\$ -
100N	Post-Release Community Supervision-Community Reintegration (PRCSR) Program (Non Medi-Cal/Non Healthy Families)	Homeless Services Non Medi-Cal/Non Healthy Families	2089	N	-	-	-	\$ -
100N	Post-Release Community Supervision-Community Reintegration (PRCSR) Program (Medi-Cal/Healthy Families)	Healthy Way LA	2089	Y	-	-	-	\$ -
100N	CalWORKS	Homeless Services Medi-Cal/Healthy Families	2134	N	-	-	-	\$ -
100N	CalWORKS Homeless Family Project	PRCSR Program (Non Medi-Cal/Non Healthy Families)	NA	N	-	-	-	\$ -
100N	GROW	Healthy Way LA	2134	Y	-	-	-	\$ -
100N	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	PRCSR Program (Medi-Cal/Healthy Families)	2134	N	-	-	-	\$ -
100N	PES Relief Plan (Medi-Cal/Healthy Families)	CalWORKS Mental Health Services	2006	N	-	-	-	\$ -
100N	Unique Categorically Funded Programs (Specify)	Community Outreach Services	2006	N	-	-	-	\$ -
100N	DCFS Medical Hubs (VIP)	Community Outreach Services	2040	N	-	-	-	\$ -
100N	DCFS Starview PHF	Community Outreach Services	2040	N	-	-	-	\$ -
100N	DCFS Independent Living (Hillview)	GROW	2013	N	-	-	-	\$ -
100N	DCFS THP (HFLF)	PES Relief Plan (Non Medi-Cal/Non Healthy Families)	2045	N	-	-	-	\$ -
100N	DHS Social Model (Dual Diagnosis)	PES Relief Plan (Medi-Cal/Healthy Families)	2045	Y	-	-	-	\$ -
100N	DHS LAMP (Dual Diagnosis)	DCFS Medical Hubs	2044	N	-	-	-	\$ -
100N	DHS BHS (Dual Diagnosis)	DCFS Starview PHF	2038	Y	-	-	-	\$ -
100N	Juvenile Justice Program/Title IV-E - MST (Non-Medi-Cal/Non Healthy Families)	DCFS Independent Living (Hillview)	2039	N	-	-	-	\$ -
100N	Juvenile Justice Program/Title IV-E - MST (Medi-Cal/Healthy Families)	DCFS THP (HFLF)	2039	N	-	-	-	\$ -
100N	Other Employment Services/CCJCC (SSG)	DHS Social Model (Dual Diagnosis)	2010	N	-	-	-	\$ -
100N	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	DHS LAMP (Dual Diagnosis)	2010	N	-	-	-	\$ -
100N	CGF IMD Step Down (Medi-Cal/Healthy Families)	DHS BHS (Dual Diagnosis)	2010	N	-	-	-	\$ -
100N	Federal/State Revenue	Healthy Way LA	2119	Y	-	-	-	\$ -
100N	DMH (Non Medi-Cal/Non Healthy Families Services)	Juvenile Justice Program/Title IV-E - MST (Non-Medi-Cal/Non Healthy Families)	2127	N	-	-	-	\$ -
100N	DMH (Medi-Cal/Healthy Families Services)	Juvenile Justice Program/Title IV-E - MST (Medi-Cal/Healthy Families)	2127	Y	-	-	-	\$ -
100N	DMH (Non Medi-Cal/Non Healthy Families Services)	Other Employment Services/CCJCC (SSG)	None	N	-	-	-	\$ -
100N	DMH (Medi-Cal/Healthy Families Services)	CGF IMD Step Down (Non Medi-Cal/Non Healthy Families)	2119	N	-	-	-	\$ -
100N	DMH (Non Medi-Cal/Non Healthy Families Services)	CGF IMD Step Down (Medi-Cal/Healthy Families)	2119	Y	-	-	-	\$ -
100N	DMH (Medi-Cal/Healthy Families Services)	Federal/State Revenue	2082	Y	-	-	-	\$ 5,000,090
100N	DMH (Non Medi-Cal/Non Healthy Families Services)	DMH Mental Health Services (Non Medi-Cal/Non Healthy Families)	1000	N	-	-	-	\$ -
100N	DMH (Medi-Cal/Healthy Families Services)	Healthy Way LA	NA	N	-	-	-	\$ -
100N	DMH (Non Medi-Cal/Non Healthy Families Services)	DMH Mental Health Services (Medi-Cal/Healthy Families)	1000	Y	-	-	-	\$ -

A	B	C	D	E	F	G	H
Rank	Funded Program	Subprogram	IS Plan	Reimbursable (Y/N) <sup>1</sup>	Non-Medi-Cal Direct/ Indirect Svcs (IS)	Medi-Cal Funds Manual Invoice	Subprogram Amount (Gross Dollars)
						EPSPDT Medi-Cal	Non-EPSPDT Medi-Cal
5000	MENTAL HEALTH SERVICES (MESA) PROGRAMS (500-489)	Child FSP - Family Support Services	2050	N	-	-	\$
5001	Full Service Partnerships (Non Medi-Cal/Non Healthy Families)	Child FSP (Non Medi-Cal/Non Healthy Families)	2047	N	-	-	\$
5002		TAY FSP (Non Medi-Cal/Non Healthy Families)	2051	N	-	-	\$
5003		Adult FSP (Non Medi-Cal/Non Healthy Families)	2054	N	-	-	\$
5004		Older Adult FSP (Non Medi-Cal/Non Healthy Families)	2057	N	-	-	\$
5005		Healthy Way LA	NA	N	-	-	\$
5006		Child FSP (Medi-Cal/Healthy Families)	2047	Y	-	-	\$
5007		TAY FSP (Medi-Cal/Healthy Families)	2051	Y	-	-	\$
5008		Adult FSP (Medi-Cal)	2054	Y	-	-	\$
5009		Older Adult FSP (Medi-Cal)	2057	Y	-	-	\$
5010		Child Wraparound (Medi-Cal/Healthy Families)	2107	Y	-	-	\$
5011		TAY Wraparound (Medi-Cal/Healthy Families)	2114	Y	-	-	\$
5012		Child FCCS (Non Medi-Cal/Non Healthy Families)	2058	N	-	-	\$
5013		TAY FCCS (Non Medi-Cal/Non Healthy Families)	2078	N	-	-	\$
5014		Adult FCCS (Non Medi-Cal/Non Healthy Families)	2052	N	-	-	\$
5015		Older Adult FCCS - Service Extenders	None	N	-	-	\$
5016		Older Adult FCCS (Non Medi-Cal/Non Healthy Families)	2070	N	-	-	\$
5017		Healthy Way LA	None	N	-	-	\$
5018		Child FCCS (Medi-Cal/Healthy Families)	NA	Y	-	-	\$
5019		TAY FCCS (Medi-Cal/Healthy Families)	2058	Y	-	-	\$
5020		Adult FCCS (Medi-Cal)	2078	Y	-	-	\$
5021		Older Adult FCCS (Medi-Cal)	2052	Y	-	-	\$
5022		Wellness/Client-Run Centers (Non Medi-Cal/Non Healthy Families)	2070	Y	-	-	\$
5023		Healthy Way LA	2068	N	-	-	\$
5024		Wellness/Client-Run Centers (Medi-Cal/Healthy Families)	NA	N	-	-	\$
5025		Enriched Residential Services (Non Medi-Cal/Non Healthy Families)	2068	Y	-	-	\$
5026		Urgent Care Center (Non Medi-Cal/Non Healthy Families)	2060	N	-	-	\$
5027		Healthy Way LA	2062	N	-	-	\$
5028		Enriched Residential Services (Medi-Cal/Healthy Families)	NA	N	-	-	\$
5029		Urgent Care Center (Medi-Cal/Healthy Families)	2060	Y	-	-	\$
5030		IMD Step Down (Non Medi-Cal/Non Healthy Families)	2062	Y	-	-	\$
5031		Healthy Way LA	2056	N	-	-	\$
5032		IMD Step Down (Medi-Cal/Healthy Families)	NA	Y	-	-	\$
5033		PEI - Children (Non Medi-Cal/Non Healthy Families)	2056	Y	-	-	\$
5034		PEI - TAY (Non Medi-Cal/Non Healthy Families)	2098	N	-	-	\$
5035		PEI - Adult (Non Medi-Cal/Non Healthy Families)	2101	N	-	-	\$
5036		PEI - Older Adult (Non Medi-Cal/Non Healthy Families)	2092	N	-	-	\$
5037		PEI - Training	2093	N	-	-	\$
5038		PEI - Technical Assistance	None	N	-	-	\$
5039		PEI - Special Programs (Non Medi-Cal/Non Healthy Families)	None	N	-	-	\$
5040		PEI - Children (Medi-Cal/Healthy Families)	2091	Y	-	-	\$
5041		PEI - TAY (Medi-Cal/Healthy Families)	2098	Y	-	-	\$
5042		PEI - Adult (Medi-Cal/Healthy Families)	2101	Y	-	-	\$
5043		PEI - Older Adult (Medi-Cal/Healthy Families)	2092	Y	-	-	\$
5044		PEI - Special Programs (Medi-Cal/Healthy Families)	2093	Y	-	-	\$
5045		Integrated Mobile Health Team (IMHT)	2091	Y	-	-	\$
5046		Integrated Services Management Model (ISM)	2130	N	-	-	\$
5047		Integrated Clinic Model (ICM)	2129	N	-	-	\$
5048		Integrated Peer-Run Model - Community Outreach Services	2128	N	-	-	\$
5049		Healthy Way LA	2132	N	-	-	\$
5050		Integrated Mobile Health Team (IMHT)	NA	N	-	-	\$
5051		Integrated Services Management Model (ISM)	2130	Y	-	-	\$
5052		Integrated Clinic Model (ICM)	2129	Y	-	-	\$
5053		Probation Camp Program	2128	Y	-	-	\$
5054		Jail Transition & Linkage	None	N	-	-	\$
5055		Planning, Outreach & Engagement	2084	N	-	-	\$
5056		Maximum Contract Amount					\$ 5,000,090

<sup>1</sup>Medi-Cal reimbursable reflects DMH program guidelines in addition to applicable state and federal regulations.