

DEFINITIONS

The following terms, as used in this Agreement, shall have the following meanings:

- A. "ACA" means the Patient Protection and Affordable Care, Public Law 111–148, comprehensive health care reform passed by Congress and then signed into law by the President on March 23, 2010;
- B. "Cal MediConnect" means the Centers for Medicare & Medicaid Services (CMS) and the State of California's three-year demonstration project to promote coordinated health care delivery to seniors and people with disabilities who are dually eligible for both of the State Medi-Cal program and the federal Medicare program;
- C. "CalWORKs" means California Work Opportunities and Responsibilities to Kids Act, which under California Welfare and Institutions Code Section 11200 et seq. provides for mental health supportive services to eligible welfare recipients. CalWORKs funding consists of both federal and State funds;
- D. "Cash Flow Advance" means County General Funds (CGF) furnished by County to Contractor for cash flow purposes in expectation of Contractor repayment pending Contractor's rendering and billing of eligible services/activities;
- E. "CCR" means the California Code of Regulations;
- F. "CDSS" means California Department of Social Services;
- G. "CGF" means County General Funds;
- H. "Cost Reimbursement" or "CR" means the arrangement for the provision of mental health services based on the reasonable actual and allowable costs of services provided under this Agreement, less all fees paid by or on behalf of patients/clients and all other revenue, interest and return resulting from the same services;
- I. "County's Claims Processing Information System" means the current system employed by the Department of Mental Health to submit and process claims;
- J. "Countywide Maximum Allowances" or "CMA" means County established maximum reimbursement rates for specialty mental health services provided by the Los Angeles County Department of Mental Health Legal Entity Contractors;
- K. "CPT" means Physicians' Current Procedural Terminology as referenced in the American Medical Association standard edition publication;

DEFINITIONS CONTINUED

- L. "Day(s)" means calendar day(s) unless otherwise specified;
- M. "DCFS" means County Department of Children and Family Services;
- N. "DHCS" means California Department of Health Care Services;
- O. "Director" means County's Director of Mental Health or his authorized designee;
- P. "DMH" means County's Department of Mental Health;
- Q. "DPSS" means County's Department of Public Social Services;
- R. "EOB" means `Explanation of Balance' for Title XIX Short-Doyle/Medi-Cal services which is the State Department of Health Services adjudicated claim data and `Explanation of Benefits' for Medicare which is the Federal designated Fiscal Intermediary's adjudicated Medicare claim data;
- S. "EPSDT" means the Early and Periodic Screening, Diagnosis, and Treatment program, which is a requirement of the Medicaid program to provide comprehensive health care. Such State funds are specifically designated for this program;
- T. "FFP" means Federal Financial Participation for Short-Doyle/Medi-Cal services and/or Medi-Cal Administrative Activities as authorized by Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq.;
- U. "Fiscal Intermediary" means County acting on behalf of the Contractor and the Federally designated agency in regard to and/or Title XIX Short-Doyle/Medi-Cal services, and/or Title XIX Medi-Cal Administrative Activities;
- V. "Fiscal Year" means County's Fiscal Year which commences July 1 and ends the following June 30;
- W. "Funded Program" means a set of services paid through a particular funding source for the benefit of a specific beneficiary (e.g., Medi-Cal/Healthy Families or Non-Medi-Cal/Non-Healthy Families). The Funded Program Amount is the basis for the provisional payment to the Contractor per Paragraph E of the Financial Exhibit A of the LAC-DMH LE Agreement. A Funded Program is made up of one or more Subprograms;
- X. "Gross Program Budget" is the sum total of the Net Program Budget and all "Third Party Revenues" shown in the Financial Summary;

DEFINITIONS CONTINUED

- Y. “GROW” means General Relief Opportunities for Work;
- Z. “IMD” means Institutions for Mental Disease and includes hospitals, nursing facilities or other institutions of more than 16 beds that are primarily engaged in providing diagnosis, treatment or care of persons with mental disease, including medical attention, nursing care and related services;
- AA. “Legal Entity” means a provider of mental health services as is described in Title 9 CCR section 1840.100;
- BB. “Master Agreement List” means a list of contractors who have submitted a Statement of Qualifications (SOQ) in response to County’s Request for Statement of Qualifications (RFSQ), and have met the minimum qualifications listed in the RFSQ, and who have an executed Master Agreement;
- CC. “Maximum Contract Amount” is the sum total of all “Allocations” shown in the Financial Summary; except that the “Maximum Contract Amount” shall not include “Third Party Revenue” shown in the Financial Summary;
- DD. “Medicaid Expansion under ACA in California” means expansion of Medi-Cal eligibility to additional low-income adults;
- EE. “Mental Health Services Act” (“MHSA”) means the initiative originally adopted by the California electorate on November 2, 2004, and as subsequently amended, which creates a new permanent revenue source, administered by the State, for the transformation and expanded delivery of mental health services provided by State and County agencies and which requires the development of integrated plans for prevention, innovation, and system of care services;
- FF. “MHRC” means Mental Health Rehabilitation Centers certified by the DHCS;
- GG. “Organizational Provider’s Manual” is the Los Angeles County DMH Organizational Provider’s Manual for Specialty Mental Health Services under the Rehabilitation Option and Targeted Case Management Services;
- HH. “PATH” means Projects for Assistance in Transition from Homelessness Federal grant funds;

DEFINITIONS CONTINUED

- II. “PHF” means a Psychiatric Health Facility. A Psychiatric Health Facility is a health facility licensed by the State Department of Mental Health, that provides 24 hour acute inpatient care on either a voluntary or involuntary basis to mentally ill persons; such care includes the following basic services: psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and appropriate food services for those persons whose physical health needs can be met in an affiliated hospital or in outpatient settings;
- JJ. “Request for Services” (“RFS”) is a second solicitation process to Contractors on a pre-qualified Master Agreement that requests specific and detailed services as defined in a Statement of Work at a time when such services are needed;
- KK. “Request for Statement of Qualifications” (“RFSQ”) means a solicitation based on establishing a pool of qualified vendors/contractors to provider services through a Master Agreement;
- LL. “SAMHSA” means Substance Abuse and Mental Health Services Administration Federal block grant funds;
- MM. “Sensitive Position” means, per Resolution of the Board of Supervisors of the County, any position involving duties which pose a potential threat or risk to the County or to the public when performed by persons who have a criminal history incompatible with those duties, whether those persons are employees of the County or perform those services pursuant to contract;
- NN. “SDMH” means State Department of Mental Health; – Assembly Bill 102, signed by Governor Brown on June 28, 2011, directs the transfer of Medi-Cal related mental health services to DHCS therefor any reference to SDMH in Agreement should mean DHCS; unless otherwise specifically stated to mean “SDMH”;
- OO. “SFC” means Service Function Code, as defined by Director, for a particular type of mental health service, and/or Title XIX Medi-Cal administrative claiming activity;
- PP. “SNF-STP” mean Skilled Nursing Facility licensed by the DHCS, with an added Special Treatment Program certified by the California Department of Public Health;
- QQ. “State” means the State of California;

DEFINITIONS CONTINUED

- RR. "Statement of Qualifications" ("SOQ") means a contractor's response to an RFSQ;
- SS. "Statement of Work" ("SOW") means a written description of services desired by County for a specific Work Order;
- TT. "Subprogram" means a set of services for a specific purpose. The Subprogram Amounts are allocated and/or awarded based on Contractors' areas of expertise and their ability to provide specific services and/or serve specific populations. The Subprogram Amounts will be used to monitor the provision of mental health services within the Funded Program and will not be used at cost settlement;
- UU. "Title IV" means Title IV of the Social Security Act, 42 United States Code Section 601 et seq.;
- VV. "Title XIX" means Title XIX of the Social Security Act, 42 United States Code Section 1396 et seq.;
- WW. "Title XXI" means Title XXI of the Social Security Act, 42 United States Code Section 1396 et seq.;
- XX. "UMDAP" means DHCS's Uniform Method of Determining Ability to Pay;
- YY. "WIC" means the California Welfare and Institutions Code; and
- ZZ. "Work Order" means a document, which includes a Statement of Work, requesting Bids for specific services from a pre-qualified pool of Contractors that have Master Agreements. An executed Work Order becomes part of the Master Agreement.

