

**DMH LEGAL ENTITY AGREEMENT
ATTACHMENT V**

SERVICE EXHIBITS

A duplicate original of the Service Exhibit(s) will be on file in the Department of Mental Health's Contracts Development and Administration Division and is deemed incorporated herein by reference as though fully set forth, and will be made available to interested persons upon request.

<u>DESCRIPTION</u>	<u>CODES</u>
Targeted Case Management Services (Rehab. Option)	104-A
Short-Term Crisis Residential Services (Forensic)	201
Crisis Stabilization Services (Rehab. Option)	202-A
Vocational Services	304-A
Day Rehabilitation Services (Adult) (Rehab. Option)	308-B
Day Rehabilitation Services (Children/Adolescents) (Rehab. Option)	309-B
Day Treatment Intensive Services (Adult) (Rehab. Option)	310-B
Day Treatment Intensive Services (Children/Adolescents) (Rehab. Option)	311-B
Mental Health Services (Rehab. Option)	402
Medication Support Services (Rehab. Option)	403
Crisis Intervention Services (Rehab. Option)	404-A
Mental Health Service Treatment Patch (La Casa)	405
Therapeutic Behavioral Services	406-A
Outreach Services	501-A
Outreach Services (Suicide Prevention Services)	502-A
Intensive Skilled Nursing Facility Services	601
Mental Health Rehabilitation Centers (La Casa Mental Health Rehabilitation Center)	602
Intensive Skilled Nursing Facility Services (La Paz)	603
Intensive Skilled Nursing Facility Services Forensic Treatment	604
Skilled Nursing Facilities (Psychiatric Services)	605
Skilled Nursing Facility – Special Treatment Program Services (SNF-STP/Psychiatric Services)	608
Intensive Skilled Nursing Facility Services – Enhanced Treatment Program (ETP)	609
Socialization Services	701-A
Life Support Services	801
Case Management Support Services	802-A
Case Management Support Services (Forensic)	803-A
Case Management Support Services (Children & Youth)	804-A
Life Support Services (Forensic)	805
Independent Living Services	901

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1	<u>Local Hospital Services</u>	<u>902</u>	<u>_____</u>
2	<u>Semi-Supervised Living Services</u>	<u>904</u>	<u>_____</u>
3	<u>Adult Residential Treatment Services (Transitional) (MSHA)</u>	<u>912</u>	<u>_____</u>
4	<u>Adult Residential Treatment Services (Long Term)</u>	<u>913</u>	<u>_____</u>
5	<u>Non-Hospital Acute Inpatient Services (La Casa PHF)</u>	<u>914</u>	<u>_____</u>
6	<u>Comprehensive Adult Residential Treatment Services (Bio-Psycho-Social Services)</u>	<u>915</u>	<u>_____</u>
7	<u>Assertive Community Treatment Program (ACT)</u>	<u>921</u>	<u>_____</u>
8	<u>Psychiatric Inpatient Hospital Services</u>	<u>930</u>	<u>_____</u>
9	<u>Primary Linkage and Coordination Program</u>	<u>1001</u>	<u>_____</u>
10	<u>Service Provisions (Organizational Provider Only)</u>	<u>1003</u>	<u>_____</u>
11	<u>Consumer Run/Employment Program</u>	<u>1005</u>	<u>_____</u>
12	<u>Client Supportive Services (<i>Includes Attachment A Reimbursement Procedures</i></u>		
13	<u><i>and Attachment B Monthly Claim for Cost Reimbursement</i>)</u>	<u>1010-A</u>	<u>_____</u>
14	<u>Mental Health 24-Hour Services Interim Placement Funding for Basic Care Services</u>	<u>1011</u>	<u>_____</u>
15	<u>Mental Health 24-Hour Services Children Under Age 18 Basic Services</u>	<u>1012</u>	<u>_____</u>
16	<u>Supportive Services – Residential Programs (<i>Includes Attachment A</i></u>		
17	<u><i>Reimbursement Procedures and Attachment B- Monthly Claim for</i></u>		
18	<u><i>Cost Reimbursement</i>)</u>	<u>1013</u>	<u>_____</u>
19	<u>Client Supportive Services-Mental Health Services Act Programs (<i>Includes</i></u>		
20	<u><i>Attachment A - Reimbursement Procedures and Attachment B - Monthly</i></u>		
21	<u><i>Claim for Cost Reimbursement</i>)</u>	<u>1014-A</u>	<u>_____</u>
22	<u>Full Service Partnership (FSP)</u>	<u>1015</u>	<u>_____</u>
23	<u>Supportive Services – Intensive Residential Program (<i>Includes Attachment A-</i></u>		
24	<u><i>Reimbursement Procedures and Attachment B - (Monthly Claim for</i></u>		
25	<u><i>Cost Reimbursement</i>)</u>	<u>1016</u>	<u>_____</u>
26	<u>Client Supportive Services (New Directions) (<i>Includes Attachment A</i></u>		
27	<u><i>Reimbursement Procedures and Attachment B Monthly Claim for Cost</i></u>		
28	<u><i>Reimbursement</i>)</u>	<u>1018</u>	<u>_____</u>
29	<u>Family Support Services</u>	<u>1019</u>	<u>_____</u>
30	<u>Service Extender Stipend Program Mental Health Services Act Programs</u>		
31	<u>(<i>Includes Attachment A Reimbursement Procedures and Attachment B</i></u>		
32	<u><i>Monthly Claim for Cost Reimbursement</i>)</u>	<u>1020</u>	<u>_____</u>
33	<u>Client Supportive Services Field Capable Clinical Services (FCCS) Mental Health</u>		
34	<u>Services Act Programs (<i>Includes Attachment A Reimbursement Procedures</i></u>		
35	<u><i>and Attachment B Monthly Claim for Cost Reimbursement</i>)</u>	<u>1021</u>	<u>_____</u>

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1	<u>Intensive In-Home Mental Health Services</u>	<u>1022</u>	
2	<u>Intensive Treatment Foster Care</u>	<u>1025</u>	
3	<u>One-Time Expenses Associated with Program Development for Intensive</u>		
4	<u>In-Home Evidence Based Practices (Includes Attachment A Reimbursement</u>		
5	<u>Procedures and Attachment B Monthly Claim Cost Reimbursement)</u>	<u>1026</u>	
6	<u>Outreach and Engagement Services (MHSA Only)</u>	<u>1027</u>	
7	<u>Enriched Residential Services (Alternative Crisis) (Adults)</u>	<u>1028</u>	
8	<u>IMD Step-Down Programs (Adults)</u>	<u>1029</u>	
9	<u>Urgent Care Centers (Alternative Crisis) (Adults)</u>	<u>1030</u>	
10	<u>Client Supportive Services Homeless CalWORKs Families Project (Includes</u>		
11	<u>Attachment A Reimbursement Procedures and Attachment B Monthly</u>		
12	<u>Claim for Cost Reimbursement)</u>	<u>1031</u>	
13	<u>Star View-PHF-Supplemental Financial Support</u>	<u>1032</u>	
14	<u>Star View-CTF-Supplemental Financial Support</u>	<u>1033</u>	
15	<u>Field Capable Clinical Services (FCCS)</u>	<u>1035</u>	
16	<u>Suicide Prevention Program Mental Health Services Act (MHSA) Prevention and</u>		
17	<u>Early Intervention (PEI) Plan</u>	<u>1036</u>	
18	<u>One-Time Expenses Associated with Starting a new MHSA Program for PEI Early</u>		
19	<u>Start Suicide Prevention Program (Includes Attachment A-Reimbursement</u>		
20	<u>Procedures and Attachment B Monthly Claim Cost Reimbursement)</u>	<u>1037</u>	
21	<u>One-Time Expenses Associated with Starting a New MHSA Program for</u>		
22	<u>Urgent Care Center – Exodus Recovery, Inc. (Includes Attachment A</u>		
23	<u>Reimbursement Procedures and Attachment B Monthly Claim for Cost</u>		
24	<u>Reimbursement)</u>	<u>1038</u>	
25	<u>PEI Early Intervention EBP programs for Children & TAY</u>	<u>1039</u>	
26	<u>Exodus Recovery, Inc. Urgent Care Center</u>	<u>1040</u>	
27	<u>MHSA Program for Innovation (INN) Plan Integrated Mobile Health Team</u>	<u>1041</u>	
28	<u>Client Supportive Services for MHSA INN Plan Programs (Includes Attachment A</u>		
29	<u>Reimbursement Procedures and Attachment B Monthly Claim for Cost</u>		
30	<u>Reimbursement)</u>	<u>1042</u>	
31	<u>One-Time Expenses Associated with Implementing a New MHSA Program for</u>		
32	<u>Prevention and Early Intervention (PEI) Program (Includes Attachment A</u>		
33	<u>Reimbursement Procedures and Attachment B Monthly Claim for Cost</u>		
34	<u>Reimbursement)</u>	<u>1046</u>	
35	<u>Prevention and Early Intervention (PEI) Program (Includes Attachment A</u>		

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1	<u>MHSA PEI Programs Core Interventions and Ancillary Services Guide and</u>	
2	<u>Attachment B PEI Evidenced Based Practices (EBP) Outcome Measures)</u>	1047
3	<u>One – Time Expenses Associated with Starting A New Mental Health Services Act</u>	
4	<u>Innovation Program (Includes Attachment A)</u>	1052
5	<u>MHSA Innovation – Community Designed Integrated Service Management Model</u>	1053
6	<u>MHSA Innovation – Integrated Clinic Model (JWCH – SCHARP only)</u>	1054
7	<u>MHSA Innovation – Integrated Clinic Model (Exodus only)</u>	1055
8	<u>MHSA Innovation – Integrated Clinic Model (SSG only)</u>	1056
9	<u>MHSA Innovation – Integrated Clinic Model (The Los Angeles Free Clinic dba</u>	
10	<u>The Saban Free Clinic & Jewish Services of Los Angeles)</u>	1057
11	<u>MHSA Innovation – Integrated Clinic Model (The Los Angeles Gay & Lesbian Center)</u>	1058
12	<u>Client Supportive Services For Mental Health Services Act Innovation Plan Programs</u>	
13	<u>Integrated Clinic Model (Includes Attachment A)</u>	1059
14	<u>Statement of Work (SOW) CalWORKs Program (Exhibits 1-7)</u>	1060
15	<u>One-Time Expenses Associated with Starting A New Mental Health Services Act</u>	
16	<u>Prevention And Early Intervention Integrated School Health Centers Program</u>	
17	<u>(Includes Attachment A Reimbursement Procedures and Attachment B</u>	
18	<u>Reimbursement Claim)</u>	1061
19	<u>SAMHSA Project ABC - Family Wellness Network</u>	1062
20	<u>Family Support Services Enhanced Respite Care Pilot</u>	1063
21	<u>MHSA Innovation – Integrated Peer Run Model: Peer Run Integrated Services</u>	
22	<u>Management (SHARE and MHALA Only)</u>	1064
23	<u>MHSA Innovation – Integrated Peer Run Model: Peer Run Respite Care Home</u>	
24	<u>(SHARE and MHALA Only)</u>	1065
25	<u>Intensive Enhanced Field Capable Clinical Services (IFCCS)</u>	1066
26	<u>Parent–Child Interaction Therapy 0-5 YRS (PCIT)</u>	1067
27	<u>Parent-Child Interaction Therapy 2-5 YRS (PCIT)</u>	1068
28	<u>Client Supportive Services – Homeless Programs (Includes Attachment A –</u>	
29	<u>Reimbursement Procedures and Attachment B – Monthly Claim for Cost</u>	
30	<u>Reimbursement)</u>	1069
31	<u>Exodus Foundation dba Exodus Foundation for Recovery. MLK JR. Psychiatric UCC</u>	1070
32	<u>VIP Community Mental Health Center, Inc. – Forensic Center Services</u>	1071
33	<u>Psychiatric Inpatient Hospital Services</u>	1072