

**COUNTY OF LOS ANGELES
DEPARTMENT OF MENTAL HEALTH
CONTRACT MANAGEMENT AND MONITORING DIVISION**



**LEGAL ENTITY CONTRACT
SERVICE DELIVERY PLAN (SDP)
INSTRUCTIONS**

FISCAL YEAR 2019-2020

Effective July 1, 2019

Deadlines for Submission:

1. Initial SDP: Renewal and any Amendments for FY 19-20 for July 1, 2019	July 31, 2019
2. Mid-year SDP: Change(s) through December 31, 2019	January 31, 2020
3. Closing SDP: FY 2019-20 Final Changes	October 31, 2020 or 30 days after Cost Report due, whichever is later
Additional submission of SDP	As Needed

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I. OVERVIEW OF THE SERVICE DELIVERY PLAN

1. Role of the Contract Management and Monitoring Division

- a. In 2017, the Department of Mental Health (DMH) embarked on an extensive internal reorganization that included the creation of a new division. The Contract Management and Monitoring Division (CMMD) of DMH is tasked with providing oversight of the mental health services and supports provided under the Department's Legal Entity (LE) and other unique service agreements. Specifically, CMMD works with agencies to ensure that services under the LE and other unique service agreements is delivered effectively and efficiently while producing a measurable impact on the individuals, families, and communities of Los Angeles County and increasing access to care. Oversight activities include clinical programmatic monitoring (to ensure effective mental health services and supports are delivered), fiscal and budget monitoring, and administrative monitoring.
- b. Our mission is to promote comprehensive, effective and efficient management of our network of providers to maximize fiscal strength, continuously improve program performance, to foster open and honest communication, and to acknowledge exceptional high quality services to our clients and community.

2. Revision of the Negotiation Package and Name Change to Service Delivery Plan

- a. In 2018, CMMD conducted meetings with DMH staff that had been utilizing the Negotiation Package (NP) to monitor DMH services, as well as with LE providers and other stakeholders that completed the NP forms. As a result, significant changes were made to the NP.

3. Purpose of DMH Contract Service Delivery Plan

- a. The purpose of the SDP is to gather agency information and annual service projections data for DMH Short-Doyle Medi-Cal (SDMC) contract providers that are a part of the DMH's client care network. DMH contracts with SDMC providers to offer Specialty Mental Health Services (SMHS) to DMH clients countywide using the Legal Entity (LE) Contract. DMH SDMC contract providers referred to as LE providers.
- b. The DMH SDP is a Microsoft Excel (Excel) File comprised of seven (7) schedules (i.e. worksheets).

- c. The SDP schedules are intended to be tools used for LE providers and DMH for the following purposes:
 - i. Planning – Planning the allocation distributed to each provider site/Provider Number (PN) in Los Angeles County (LAC), including types of services, funding amounts, and number of clients.
 - ii. Communication – Identifying provider service provision trends that require discussion and resolution between DMH and LE providers.
 - iii. Monitoring – Tracking and reviewing ongoing program and service provisions.
 - iv. Evaluation – Evaluating LE providers' compatibility with the County's service delivery system and integration with the DMH's claims processing information and claims reimbursement systems.

4. How SDP is Utilized

- a. The SDP is by reference an extension of the LE Contract used for monitoring, but not for reimbursement, negotiation and/or bidding purposes. ***Any requests for changes to the LE Contract must be reviewed and approved by the CMMD Lead Program Manager and Deputy Director prior to the change being executed in the form of a written amendment by the Chief of Contracts Development and Administration Division (CDAD). Such approved and executed changes is to be reflected in the updated SDP prepared for such time period.***

5. Purpose of Schedules

- a. The purpose of each individual schedules is indicated in the chart on the next page and on the top page of each individual schedule.

Chart I. . PURPOSE OF THE SDP SCHEDULES		
Schedule Number	Name of Schedule	Purpose
1	Legal Entity Transmittal Form	Provides DMH with LE provider's timely SDP, including updates on contractual changes.
2	Legal Entity Information Form	Provide up-to-date LE information used for contract monitoring and management.
3	Legal Entity Covered Services by Provider Number	Reports services/activities rendered at each provider site (provider number location).
4	Provider Site Staffing and Budget Allocation	Identifies the staffing level and budget allocation at each provider site.
4a	Urgent Care Center (UCC) Provider Site Staffing and Budget Allocation	Identifies the staffing level and budget allocation at each UCC provider site.
5	Legal Entity Mental Health Service Plan	Provides projections of services by IBHIS Plan, MC status, and Age Group for all provider sites under the LE for current fiscal year.
6	Legal Entity Subprogram Schedule	Used to verify allocation changes. The LE provider is responsible for updating this schedule (Subprogram Schedule) for review and approval of the CMMD Lead Program Manager.
7	Legal Entity Budget Summary by Provider Number	Summarizes the LE providers funded programs and allocated amounts by provider site.

6. Right to Request Additional Documents and Information

- a. DMH may request, at any time, additional information to support a submitted SDP prior to approving the document. Additional documentation may include, but is not limited to program descriptions, staffing documentation, site lease information, line item budget detail, program specific documentation (such as those needed for CalWORKs), and/or copies of subcontract agreements.

7. Public Record

- a. When the DMH Director recommends a contract of any type to the Board of Supervisors, and such recommendation appears on the Board agenda, all SDP material submitted shall become a matter of public record. With exception of those elements in each SDP that are defined by the contractor as business or trade secrets and plainly marked as "Trade Secret", "Confidential", or "Proprietary."

- b. The County shall not be liable or responsible for the disclosure of any such records or any part thereof. Unless disclosure is required or permitted under the California Public Records Act or otherwise by law.
- 8. No Funds Disbursed by DMH Until the Board of Supervisors Has Approved the Contract
 - a. Disbursements of funds in accordance to the Terms and Conditions of the LE Contract and in no case can disbursements exceed the contract's Maximum Contract Amount (MCA) and/or the total for each respective **Funded Program** identified in the LE contract's **Financial Summary**.

II. SDP SUBMISSION PROCESS AND PROCEDURES

1. Required Submission of SDP

- a. Financial Exhibit A, paragraph K of the LE Contract states that monitoring of services and claiming for the requested period based on the approved LE SDP (formerly known as NP) and other information outlined in the LE providers' Financial Summary and Service Exhibit. Therefore, timely completion, submission, and approval of the SDP are required. Per Urgent Care Center Cost-Based Payment Policy 801.10, Procedure Section 4.1 Negotiation Package and Program Budget Approval Section 4.1.1

2. SDP Schedules for FY 2019-20

- a. There are seven (7) required schedules in the SDP for Fiscal Year (FY) 2019-20. All schedules are in Excel format and saved as Excel 1997-2003 to avoid compatibility issues for agencies that have not updated their Microsoft Office software.
- b. Schedules 1, 2, 4, (4a), 6, and 7 are electronically emailed to all LE providers, along with instructions and a letter from the DMH highlighting pertinent information for the current fiscal year SDP process.
- c. Schedules 3 and 5 are made available to agencies through Enhanced File Transfer (EFT) data (previously referred to as SIFT data) and/or from the CMMD Lead Program Manager/Analyst and updated prior to each SDP submission period. These schedules are pre populated with each agency's FY 2017-18 and/or FY 2018-19 data. Providers are encouraged to review their data for the previous fiscal year and use it as a basis for revising/completing the schedule with estimates for FY 2019-20.

3. Submitting the SDP

1. After completing the entire SDP, providers must submit (1) the original signed SDP, (2) one copy, and (3) an electronic version to CDAD at the following address:

**County of Los Angeles-Department of Mental Health
Contracts Development and Administration Division
550 South Vermont Avenue, 5th Floor
Los Angeles, CA 90020**

Electronic version email to: CMMD@dmh.lacounty.gov

2. The original SDP and copy are to be typewritten and bound separately prior to submission.

4. Submission Deadlines for FY 2019-20

- a. For FY 2019-20, LE providers are required to submit three (3) annualized SDPs: July 31, 2019, January 31, 2020, and closing date October 31, 2020 or 30 days after Cost Report whichever is later. Each submission reflects provider contract changes and service estimates at different intervals within the FY, including the time of contract renewal or beginning of the year amendment and after the close of the FY. SDPs must be submitted by LE providers on or before 5:00PM of the date specified by DMH as follows:

1. Initial SDP: Renewal and any Amendments for FY 19-20 for July 1, 2019	July 31, 2019
2. Mid-year SDP: Change(s) through December 31, 2019	January 31, 2020
3. Closing SDP: FY 2019-20 Final Changes	October 31, 2020 or 30 days after Cost Report, whichever is later
Additional submission of SDP	As Needed

- b. DMH may request additional submission(s) of SDP as necessary. If additional submissions requested from the LE providers, the DMH CMMD Lead Program Manager will determine the submission deadline(s). In addition, LE providers may be asked to submit a SDP if participating in an open solicitation process.
- c. The submission due date for the closing SDP will be a date to be determined based on 30 days after the Cost Report due date, which is generally in October after the end of the preceding FY.
- d. The deadline dates for FY 2019-20 are also on the cover page of the SDP instructions.

5. Failure to Complete the SDP

- a. Incomplete and incorrect SDPs will return to the sender/LE provider for correction and/or additional information.
- b. The LE provider may experience a significant delay in the execution of their related contract action/approval due to failure to complete their SDP.

6. Finalizing the SDP

- a. To finalize the SDP, be sure to:
 - i. Complete Schedules 1-7 as outlined in “Section III - Instructions for Completing the Schedules” by the due date indicated in this document and on the cover sheet, or as notified by DMH if the due date indicated as TBD.
 - ii. Submit the completed SDP to the DMH CDAD at the address indicated in the “Instructions for Completing the Service Delivery Plan”.
 - iii. Provide responses and/or additional documentation requested by the CMMD Lead Program Managers (or their designee) within the weeks following your submission.
 - iv. Provide on a timely basis the revised schedules or additional information requested by the CMMD Lead Program Managers (or their designee).

7. Approval of the SDP

- a. Upon approval of all information, the CMMD Lead Program Manager and Deputy Director will sign and date Schedule 1 and LE provider will receive notification via email that your SDP submission is accepted and approved.
- b. CDAD will approve and file the SDP.

III. INSTRUCTIONS FOR COMPLETING THE SCHEDULES

1. General Instructions

- a. The use of standardized templates permits the use of the schedules for multiple combinations of budget preparation, thereby allowing the roll-up of data from lower levels of reporting to higher levels (i.e. Service Site to Legal Entity). However, except for the header information the cells on one schedule may or may not link to another schedule.
- b. It is the LE preparers' responsibility to make and validate any links.
- c. LE Providers should mark any requirements in any of the schedules that do not apply as N/A (Not Applicable).
- d. Complete Schedules 1, 2, 4, 4a for UCCs only, 6, and 7 using the FY 2019-20 SDP Excel Worksheet...
- e. Download Schedule 3 and 5 from provider's (EFT) data or request the file from the CMMD Lead Program Manager or Analyst. Print, review and confirm the accuracy of the information or hand annotate requested changes.
- f. Provide information in all the yellow highlighted areas.

2. Schedule Instructions

- a. The instructions for each schedule are indicated in the following charts:

SCHEDULE 1. LEGAL ENTITY TRANSMITTAL FORM	
<ul style="list-style-type: none"> Click on Tab 1: "Schedule 1-LE Transmittal". This form is also referred to as the "Cover Sheet" Schedule 1 provides a brief description of summary of changes, e.g., specifics of an amendment. Schedule 1 requires signatures from the provider's authorized signer, CMMD Lead Program Manager, and Deputy Director before it is finalized and sent to CDAD. 	
Line 1	Enter the submission date in the respective highlighted cell. This cell is linked to the Schedule 2 Legal Entity Information entry for "Submission Date."
Line 2	Enter your agency's LE name (as it appears on the organization's Articles of Incorporation) in the respective highlighted cell. This cell is linked to the Schedule 2 Legal Entity Information for "Legal Entity Name."
Line 3	Check (√) the appropriate SDP submission period.
Line 4	Check (√) whether the SDP is for a Contract Renewal, Contract Amendment, Solicitation, Schedule 5 Only, or Contract Modification with Amendment.
Line 5	List changes for the submission period in the "Summary of Changes" section. Include only changes from the last approved SDP. Attach another sheet if needed.
Line 6	<p>In the Contractor Certification Box, enter the date signed.</p> <p>Type/print name of the individual in your agency authorized to sign contracts on behalf of the LE and that will sign the Transmittal Letter upon completion of the SDP.</p> <p>Signer is to sign in the indicated "Signed" space. The authorized signer should not sign this form until the SDP is ready to submit to DMH.</p> <p>Agency should leave all other sections blank.</p>
Line7	Do not complete any of the information under the "Department of Mental Health Program Certification" section.

SCHEDULE 2. LEGAL ENTITY INFORMATION FORM	
<ul style="list-style-type: none"> Click on Tab 2: "Schedule 2-LE Info Form". New information not previously included in the FY 2017-18 Negotiation Package include listing of 1) all contracts with other government, non-profit and other funding sources and 2) subcontracts. 	
Line 1	The "Submission Date" cell will be pre populated with the information keyed in this section in Schedule 1 Legal Entity Transmittal Form.
Line 2	The "Legal Entity Name" cell will be pre populated with the information keyed in this section in Schedule 1 Legal Entity Transmittal Form.
Line 3	Enter the fiscal year(s) for which the Service Delivery Plan proposal is applicable.
Line 4	If the organization has a "Doing Business as" (DBA) Name, enter the DBA Name in this section.
Line 5	If DMH has assigned a "Legal Entity Number" enter the number. If no number has been assigned enter "TBD" (To be Determined). DMH will assign a "Legal Entity Number" later if a contract/contract amendment is awarded.
Line 6	Enter the organization's nine-digit Federal Tax Identification Number.
Line 7	Enter the organization's Vendor Identification Number.
Lines 8-11	Enter the address for the organization's administrative headquarters or main office.
Line 12	Check the appropriate organization status: Not For Profit or For Profit.
Line 13	Indicate the correct LAC Supervisorial District where the organization headquarters/central office is located.
Lines 14-17	Enter the requested contact information for the person designated as the primary lead to communicate with DMH in regards to SDP matters.
Line 18	Enter the organization's website address.
Line 19	Enter current or prior DMH contract number. If the agency does not have a prior/current contract, and has indicated a Legal Entity Number "TBD" then enter N/A on Line 19.

Line 20	List all existing contracts the agency has with <u>other LAC Departments</u> , including other information requested. If additional space is required, attach a separate sheet to the Service Delivery Plan to complete the agency's list.
Line 21	List all existing contracts the agency has with <u>other counties in California</u> and other information requested. If additional space is required, attach a separate sheet to the SDP to complete the agency's list.
Line 22	List all existing contracts the agency has with <u>other government, non-profit- and other funding sources</u> and other information requested. If additional space is required, attach a separate sheet to the SDP to complete the agency's list.
Line 23	List all existing subcontract(s) the agency has and other information requested. Copies of subcontract(s) must be submitted to CDAD per the LE Contract. If additional space is required, attach a separate sheet to the SDP to complete the agency's list.

SCHEDULE 3. LEGAL ENTITY COVERED SERVICES BY PROVIDER NUMBER

- Click on Tab 3: "Schedule 3-Covered Svcs by PN".
- This schedule is intentionally blank on the SDP Excel file. It will be populated with FY 2018-19 data and available to agencies through Enhanced File Transfer (EFT) data (previously referred to as SIFT data). Providers must review their data to identify if it is accurate.
- Providers should access the populated schedule, print it, review the categories, and update their covered services as appropriate based on the Facility Site DMH Provider Number and the DMH Provider Site Name. This information should be consistent with the Provider's State and DMH file information). If corrections are needed, providers should hand annotate the needed corrections directly on the schedule prior to submission.

SCHEDULE 4. PROVIDER SITE STAFFING AND BUDGET ALLOCATION

- Click on Tab 4: “Prov Site Budget”.
- Schedule 4 is for each provider location as identified with a DMH/State assigned Provider Number. Budget and funding for all programs operated within the same PN are to be included in the same Schedule 4. If a LE provider has more than one (1) Provider Number, then create Schedule 4 for as many Provider Site Budgets as necessary.
- DMH Funds to be reported in Schedule 4 should be reported based on the following:
 1. Existing funding: Contractors will need to have received from DMH a planning notification of the initial and/or revised funded program allocations to prepare the SDP budget.
 2. Prospective funding: Contractors or prospective contractors will need to have received a solicitation notice from DMH, which will provide the necessary information for the preparation of a proposed budget in response to the solicitation.

	Submission Date, County Fiscal Year, Legal Entity Name, and Legal Entity Number fields are linked to other cells from Schedule 1 and Schedule 2.
Lines 1 and 2	Enter the four-digit provider number and provider name.
Lines 3 and 4	Enter the provider site address.
Line 5	Enter the telephone number of the provider site.
Line 6	Enter the Service Area for which the Schedule 4 is applicable.
Line 7	Enter the LAC Supervisorial District for which the Schedule 4 is applicable.
Line 8	Enter hours of operation
Line 9	Enter the name of the Head of Service or contact person.
Lines 10 thru 18, columns b thru e	Enter the FTEs, and Salaries/Wages associated with the personnel identified on lines 10 thru 18, column a.
Line 20, columns c and e	Enter the employee benefits associated with the personnel identified on lines 10 thru 18.
Lines 22 thru 28, columns c and e	Enter expenses for the respective expense categories listed in column a. (DMH may require Contractor to submit a budget narrative to explain and/or provide detail of certain expenses if deemed necessary).

Line 31, columns c and e	Enter the organization's indirect administrative overhead, if any, is allocated to the provider site for which the Schedule 4 is applicable. Generally accepted cost accounting allocation principles must be used.
Lines 33 thru 63, column a	Enter the revenue description that the organization proposes to receive from DMH from the dropdown menu (lines 33-60) or by typing in the funded program name (lines 61-63). The DMH revenue descriptions provided in the DMH LE Contract's Financial Summary and/or solicitation documents released by DMH.
Lines 34 thru 63, columns c and e.	Enter estimated revenue amounts. All amounts are to be in gross dollar amounts.
Lines 65 thru 75, column a	Enter revenue descriptions that the organization expects to receive reimbursement for mental health services from third parties, including reimbursement/revenue from client, insurance, Medicare, and interest associated with funds proposed in lines 33 thru 63. Lines 64, 74, and 75 are pre-populated.
Lines 66 thru 73, columns c and e.	Enter the estimated revenue amounts

SCHEDULE 4a. UCC PROVIDER SITE STAFFING AND BUDGET ALLOCATION

- Click on Tab 4a: "UCC Provider Site".
- The Program Budget shall be based upon the UCCs Maximum Capacity.
- LACDMH reserves the right to review the SDPs, including the Program Budget, for accuracy and reasonableness and approve or reject SDPs or Program Budgets, including providing instructions for remedying any rejected SDPs or Program Budgets.

SCHEDULE 5. LEGAL ENTITY MENTAL HEALTH SERVICE PLAN

- Click on Tab 5: "Schedule 5-LE MH Svcs Plan."
- Schedule 5 is blank in the Service Delivery Plan Excel file. This schedule must be downloaded from providers' Enhanced File Transfer (EFT) data (previously referred to as SIFT data) and/or requested through the Lead CMMD Manager.
- The downloaded schedule will populate with FY 2017-18 and FY 2018-19 actual service provision data. Providers are encouraged to review their data for the previous fiscal year(s) and use it as a basis for projecting their annual service provision for FY 2019-20.
- Providers should note that actual data provided as a resource and additional or different sources of information can be for use in completing the current fiscal years provision projections.
- Download Schedule 5 from your agency's (EFT) data or request the file from the CMMD Lead Program Manager/Analyst. Review actual service data for your agency for the last two FYs. Provide annual service projections for your agency for the current FY. Print completed schedule.

SCHEDULE 6. LEGAL ENTITY SUBPROGRAM SCHDEULE

- Click on Tab 6: "Schedule 6-LE Subprogram"
- At the time of the LE Contract Renewal/Supersession, DMH will provide Contractor with a completed Schedule 6 (**Subprogram Schedule**) consistent with the Renewal/Supersession contract amount.
- Contractor is responsible for updating Schedule 6 (**Subprogram Schedule**) for review and approval of the Lead CMMD Manager.
- DMH Funds to be reported in Schedule 6 (**Subprogram Schedule**) should be reported based on the following:
- Existing funding: Contractors will need to have received from DMH a planning notification of the initial and/or revised funded program allocations to prepare the SDP budget.
- Prospective funding: Contractors or prospective contractors will need to have received a solicitation notice from DMH providing the necessary information for the preparation of a proposed budget in response to the solicitation.

SCHEDULE 7. LEGAL ENTITY BUDGET SUMMARY BY PROVIDER NUMBER

- Click on Tab 7: "Schedule 7-Budget Summary by PN."
- Schedule 7 provides an overview of the *Fund/Revenue Sources* section in Schedule 4 (Provider Site Staffing and Budget Allocation) and Legal Entity level subtotal by Funded Programs.

Line 5, columns b through r (as applicable).	Enter Provider Number.
Lines 6 thru 33, column a	Select from the dropdown menu, appropriate Fund/Revenue Source(s) (or Funded Program(s)) proposed to fund the provider site(s) associated with the Provider Number(s) entered in columns b thru r. Lines 34 and 35 are blank cells (without dropdown menu) in case a new funding that is not included in the dropdown menu needs to be included.
Line 37, column a	Enter Non-County Revenue. This amount should equal Line 74, Total Client, Third Party and Other Revenue, of Schedule 4 (Provider Site Staffing & Budget Allocation) for the same Provider Number.
Lines 6 thru 35, column b thru r.	Enter the dollar amount for each appropriate Funded Program proposed to fund each provider site entered in columns b thru r. Line 36, Subtotal by Provider Number, should equal Line 64, Total Proposed Maximum Amount, of Schedule 4 (Provider Site Staffing & Budget Allocation) for the same Provider Number.
Line 38	Total by Provider Number should equal Line 75, Total Gross Revenues, of Schedule 4 (Provider Site Staffing & Budget Allocation) for the same Provider Number.

IV. TERMS, ACRONYMS AND DEFINITIONS

TERMS & ACRONYMS	DEFINITION
Beneficiary Types:	<ul style="list-style-type: none"> • Non-Medi-Cal: Individuals who are not eligible for Short-Doyle/Medi-Cal, Medi-Cal Expansion, EPSDT or State Children's Health Insurance Program. • EPSDT Medi-Cal: beneficiaries eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. • Non-EPSDT Medi-Cal: beneficiaries eligible for Short-Doyle/Medi-Cal program for certain individuals with low incomes and resources such as children and families, pregnant women, seniors, and persons with disabilities. • MCHIP (includes Healthy Families transition to Medi-Cal program): Expanded Medicaid Children's Health Insurance Program under Title XXI of the Social Security Act. • MCE (Medicaid Expansion): beneficiaries eligible for Medi-Cal coverage expansion under the Affordable Care Act.
CDAD	Los Angeles County DMH Contract Development Administration Division
CMMD	Los Angeles County DMH Contract Management and Monitoring Division
Department of Mental Health (DMH)	Los Angeles County Department of Mental Health.
Direct Costs	Costs identified specifically with a final cost objective (i.e. a particular financial award, project, service or other direct activity of the organization).
EFT	Enhanced File Transfer
Equipment (Major)	Major means movable personal property of a relatively permanent nature and of significant value meaning \$5,000 or more. Allowable to the extent the equipment costs are capitalized and captured through <u>depreciation</u> , unless the County contract specifically approves outright purchase in which case the lower of the contract authorized purchase amount or the equipment actual costs is allowable. No further depreciation is allowed for lump-sum outright purchases. (Ref. Centers for Medicare and Medicaid

TERMS & ACRONYMS	DEFINITION
	Services (CMS), The Provider Reimbursement Manual – Part 1, Chapter 1 Depreciation; County of Los Angeles Fiscal Manual, Chapter 6 Fixed Assets, and California Code of Regulations (CCR) Title 9 Division 1, Section 552 Equipment Expense).
Equipment (Minor)	Minor means portable equipment items costing less than \$5,000 per unit. Allowable and expensed under the services and supplies category.
Funded Program	Set of services paid through a particular funding source for the benefit of a specific beneficiary (e.g., Medi-Cal or Non-Medi-Cal). The Funded Program Amount is the basis for the provisional payment to the Contractor per Paragraph E of the Financial Exhibit A of LAC-DMH LE Contract. A Funded Program is one or more Subprograms.
FY	Fiscal Year
Indirect costs	Costs incurred for common or joint purposes. These costs benefit more than one cost objective and cannot be readily identified under a particular final cost objective without effort disproportionate to the results received.
Lead CMMD Lead Program Manager	The DMH person that is designated to be the primary DMH liaison with the LE.
Legal Entity (LE)	Mental health provider whose legal Schedule may be an association, corporation, partnership, sole proprietorship, or other legal Schedule of organization recognized by the State of California. The terms “organization”, “agency”, “company”, “provider”, and “contractor” may be used interchangeably with “LE”.
Licensed clinical/treatment staff.	See the California Code of Regulations, Title 9, Division 1 – Mental Health, Article 8, Professional and Technical Standards, Section 620 – 632 for information regarding the license/degree categories that are used in the program personnel sections of this Service Delivery Plan.
Maximum Contract Amount (MCA)	Maximum reimbursement from DMH possible under the Terms and Conditions of a LE Contract. MCA control applies to the grand total of all programs within the entire LE Contract and also to the respective “Funded Programs” within the LE Contract as defined in the LE Contract’s Financial Summary.

TERMS & ACRONYMS	DEFINITION
Mid-Year/Partial Year Change	Specific portions of the SDP document that the DMH requires be submitted when amending a LE Contract during the LE Contract's Term.
Service Delivery Plan (SDP)	Document that the DMH requires a service provider to submit when requesting a contract renewal, or a contract award under a solicitation, or a mid-year change to a current contract. Formerly known as Negotiation Package.
Provider Number	Four-character numeric or alpha-numeric code assigned by DMH in collaboration with the State Department of Health Care Services. Generally, the provider number is assigned to a specific geographic four-wall facility site; however, in certain circumstances there could be more than one provider number assigned to the same site. In the case of solicitations involving a site for which there is no currently assigned provider number the service provider is to use TBA (to be assigned) followed by a – (dash) 1 (number consecutively) for each proposed new site (i.e. TBA-1, TBA-2, etc.).
Provider Site	Physical facility at which the services/activities will be rendered and/or coordinated if such services/activities will be rendered in the field.
Service Area (SA)	Geographically defined area used by DMH to divide the County of Los Angeles into smaller units for the operation of the public mental health system. There are eight (8) SA's which are identified in the DMH's County web page.
Service provider/provider	Non-government organization (NGO) that proposes to or currently does render mental health services and/or activities.
SIFT	Secure Internet File Transfer
Solicitation	DMH issued Request for Proposal (RFP), Request for Information (RFI), or Request for Statement of Qualifications (RFSQ).
Subprogram	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.

SCHEDULE 1. LEGAL ENTITY TRANSMITTAL FORM

1 Submission Date:

TO: Department of Mental Health,
Contract Development and Administration Division

This Schedule provides DMH with the Legal Entity's timely Service Delivery Plans to DMH and updates on contractual changes.
Please indicate Amendment # in Summary of Changes when MCA is adjusted.

2 RE: Legal Entity Name:

(As appears on the organization's Articles of Incorporation)

3 Service Delivery Plan Submission Period (check (√) the appropriate submission period):

Renewal and any Amendments for FY 19-20 for July 1, 2019 (due 07/31/2019)

Mid-year change(s) up to December 31, 2019 (due 1/31/2020)

Other change(s)

Describe the period:

Closing: Final Changes due October 31, 2020 or 30 days after Cost Report, whichever is later

4 Contract Renewal (√):

Contract Amendment (√):

Solicitation (√):

Schedule 5 Only (√):

Contract Modification without Amendment (√):

5 Summary of Changes: include only changes from the last approved FY 2018-19 Service Delivery Plan (if additional space is needed, attach another sheet)

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6 CONTRACTOR CERTIFICATION

Enclosed herewith is the completed Contract Service Delivery Plan for the organization and fiscal year(s) period(s) shown above. It is correct to the best of my knowledge and represents my organization's proposal for the provision of mental health services/activities for the County.

I certify that services proposed herein meet or exceed the applicable program standards as set forth in the Welfare and Institutions Code and the California Code of Regulations:

Signed (Legal Entity person authorized to sign contracts)

Date

Type/Print Name of Signer

Email Address

7 DEPARTMENT OF MENTAL HEALTH PROGRAM CERTIFICATION

I certify that I have reviewed the content of this Contract Service Delivery Plan and that it meets DMH standards and policies:

Signed CMMD Program Manager Approval

Approval Date

Name of Signer

Signed Deputy Director Approval

Approval Date

Name of Signer

The original signed Contract Service Delivery Plan (CSDP) packet must be sent to:

**Department of Mental Health
Contract Development and Administration Division
(CDAD)
550 S. Vermont Ave. 5th Floor
Los Angeles, CA 90020**

Cell instructions:

Enter responses in highlighted cells

Cell instructions:		Data entry cells are highlighted.		This Schedule provides up-to-date Legal Entity information used for contract monitoring and management.	
1	Submission Date:	<u>January 0, 1900</u>			
2	Legal Entity Name:	<u>0</u>			
3	County Fiscal Year(s):	FY(s) applicable for the Service Delivery Plan			
4	Legal Entity DBA (Doing Business As) name, if applicable:				
5	Legal Entity Number:				
6	Federal Nine-Digit Tax Identification Number for the organization:				
7	Vendor Identification Number for the Organization:				
8	Address of administrative headquarters or main office (may not be a provider site):				
9	a Street Address:				
10	b Room or Suite Number (if any):				
11	c City/State/Zip Code:				
12	Organization status is:	Not For Profit (check):		For Profit (check):	
13	Supervisory District in which headquarters is located (1st, 2nd, 3rd, 4th or 5th):				
14	Contact Person:	Responsible to communicate with DMH			
15	a Title:				
16	b Telephone No.:		Fax No.:		
17	c Email Address:				
18	d Website:				
19	If applicable, current or prior County DMH contract number:			which expires/expired on (enter date):	
20	Please list all contracts with other Los Angeles County departments (if applicable):				
	<i>Department Name:</i>	<i>Contract Term:</i>	<i>Contract Type/Service:</i>		
21	Please list all contracts with other California County(ies) (if applicable):				
	<i>County/Department Name:</i>	<i>Contract Term:</i>	<i>Contract Type/Service:</i>		
22	Please list all contracts with other government, non-profit, and other funding sources:				
	<i>Name:</i>	<i>Contract Term:</i>	<i>Contract Type/Service:</i>		
23	Please list all subcontracts (note: copies of subcontracts should be submitted to CDAD):				
	<i>Subcontractor Name:</i>	<i>Contract Term:</i>	<i>Contract Type/Service:</i>		

SCHEDULE 3. LEGAL ENTITY COVERED SERVICES BY PROVIDER NUMBER

Cell instructions: Data entry cells are highlighted.

1 Submission Date: January 0, 1900
2 County Fiscal Year: 0
3 Legal Entity Name: 0
4 Legal Entity Number: 0

This Schedule reports services/activities rendered at each Provider Site (provider number location). For each site, enter a check (√ or x) under columns d - rr to indicate the services/activities provided.
Use extra space in columns ss - vv to list additional capacity.

*Please download populated report in EFT File to confirm covered services.

a		b	c	d	e	f	g	h	i	j	k	l	m	n	o		p	q	r	s	t	u	v	w	x	
		Service Area	Supervisor District	OUTPATIENT SERVICES							OUTREACH		SUPPORT SVCS					DAY SERVICES								
5	PROV NO.			Provider Name	Targeted Case Management	Collateral	Psychological Testing	Mental Health Services	Therapeutic Behavioral Svc	Medication Support Svc	Crisis Intervention	Mental Health Promotion	Community Client Svc	Public Guardian Investigation	Public Guardian Admin	Life Support	Case Mgmt Support	Case Mgmt Support	Crisis Stabilization(ER)	Crisis Stabilization(UC)	Vocational	Socialization Day Svc	Day Treatment Int, Half Day	Day Treatment Int, Full Day	Day Rehab, Half Day	Day Rehab, Full Day
					15/4	15/10	15/34	15/40-59	15/58	15/62	15/77	45/10	45/20	60/20	60/30	60/40	60/60	60/70	10/24	10/25	10/31	10/41	10/82	10/85	10/92	10/98
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Cell instructions: Data entry cells are highlighted.

- 1 Submission Date:
- 2 County Fiscal Year:
- 3 Legal Entity Name:
- 4 Legal Entity Number:

a		y	z	aa	bb	cc	dd	ee	ff	gg	hh	ii	jj	kk	ll	mm	nn	oo	pp	qq	rr	ss	tt	uu	vv
		24 HOUR SERVICES																				OTHER			
5	PROV NO.	Acute Gen. Hospital	Psych Hosp Forensic	Psych Hosp 21 or under	Admin Day	Psychiatric Health Facility	SNF Acute Intensive	IMD w/o Patch	IMD w/ Patch	IMD w/ Patch MIO	IMD w/ Patch Indigent	Forensic Ind/Pass Day	Crisis Residential	Forensic Inpatient	Trans Res Non Medi-Cal	Residential Pass Day	Transitional Residential	Trans Res Long Term	Semi-Sup Living	Independent Living	MH Rehab Center				
	Provider Name	5/10-18			5/19	5/20	5/30	5/35	5/36-39				5/43	5/50	5/60	5/62	5/65	5/70	5/80	5/89	5/90				
6																									
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SCHEDULE 3. LEGAL ENTITY COVERED SERVICES BY PROVIDER NUMBER

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35																											
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SCHEDULE 4. PROVIDER SITE STAFFING & BUDGET ALLOCATION

Cell instructions: →

Data entry cells are highlighted.

PROVIDER SITE INFORMATION			
1 PROVIDER NUMBER:		2 PROVIDER NAME:	
3 PROVIDER SITE ADDRESS:		4 CITY/ZIP CODE	
5 TELEPHONE #:		6 SERVICE AREA:	7 SUPERVISORIAL DISTRICT
8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):		9 HEAD OF SERVICE:	

Submission Date: January 0, 1900
County Fiscal Year: 0
Legal Entity Name: 0
Legal Entity Number: 0

*This schedule identifies the staffing level at each Provider Site and the budget allocated for the Provider Site.

*Complete one Schedule 4 for each Provider Site.

EXPENSES								
	a	b	c	d	e	f	g	h
10	PROVIDER SITE STAFFING (from each respective Provider Number)	PROPOSED BUDGET OR LAST APPROVED BUDGET		MID/PARTIAL-YEAR CHANGE/SOLICITATION REQUEST - () denotes negative amount		PROPOSED NEW/REVISED BUDGET		Column g as a percent of the total Direct program budget (col g line cells divided by col g, line 30)
	Budgeted Positions by License/Degree	FTE	AMOUNT	FTE	AMOUNT	FTE (b+d)	AMOUNT (c+e)	
11	Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)					-	-	-
12	Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CSN)					-	-	-
13	RN, LVN, Psych. Tech.					-	-	-
14	MH Rehabilitation Specialist					-	-	-
15	Mental Health Related B.A. or 2 yrs. MH Experience - not licensed					-	-	-
16	No B.A. or 2 yrs Exp & Student					-	-	-
17	Other Non-Administrative Program Staff					-	-	-
18	Administrative Support Program Staff (exclude indirect staff)					-	-	-
19	TOTAL Salaries and Wages (lines 11:18)		-		-		-	-
20	Employee Benefits						-	-
21	TOTAL PERSONNEL EXPENSE & FTEs (lines 19 + 20)	-	-	-	-	-	\$ -	-
22	PROGRAM SERVICES AND SUPPLIES							
23	Equipment, Purchased with a Unit Value \$5,000 or more						-	-
24	Facilities and/or Improvements, Purchased with a Unit Value \$5,000 or more						-	-
25	One-Time Expenses						-	-
26	Professional Services - Clinical/Program						-	-
27	Subcontracts (program/clinical personnel)						-	-
28	All Other Services and Supplies						-	-
29	TOTAL SERVICES AND SUPPLIES (sum lines 23:28)		-		-		\$ -	-
30	TOTAL PERSONNEL & SERVICES/SUPPLIES EXPENSES (lines 21 + 29)		-		-		\$ -	
31	INDIRECT ADMINISTRATIVE OVERHEAD (Attributed to the general administration.						\$ -	-
32	TOTAL GROSS PROVIDER SITE and INDIRECT EXPENSES (line 21b for FTE count and lines 30 + 31 for dollar amounts)	-	-	-	-	-	\$ -	

SCHEDULE 4. PROVIDER SITE STAFFING & BUDGET ALLOCATION

Cell instructions: →

Data entry cells are highlighted.

PROVIDER SITE INFORMATION

1 PROVIDER NUMBER:		2 PROVIDER NAME:	
3 PROVIDER SITE ADDRESS:		4 CITY/ZIP CODE	
5 TELEPHONE #:		6 SERVICE AREA:	7 SUPERVISORIAL DISTRICT
8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):		9 HEAD OF SERVICE:	

REVENUE - LACDMH FUNDING (gross dollar amounts by Funded Programs from LE Agreement Financial Summary):

	a	c	d	e	f	g	h
33	FUND/REVENUE REIMBURSEMENT SOURCES PROPOSED TO BE CONTRACTED WITH COUNTY (The County's contractual and reimbursement control will be the Maximum Contract Amount (MCA) by Funded Program Allocation):	LAST APPROVED BUDGET		MID-YEAR, PARTIAL YEAR CHANGE OR SOLICITATION REQUEST		PROPOSED NEW/REVISED BUDGET (c+e)	PERCENT OF TOTAL BUDGET (col g cells ÷ column g, line 32)
34	Choose from the dropdown list					-	-
35	Choose from the dropdown list					-	-
36	Choose from the dropdown list					-	-
37	Choose from the dropdown list					-	-
38	Choose from the dropdown list					-	-
39	Choose from the dropdown list					-	-
40	Choose from the dropdown list					-	-
41	Choose from the dropdown list					-	-
42	Choose from the dropdown list					-	-
43	Choose from the dropdown list					-	-
44	Choose from the dropdown list					-	-
45	Choose from the dropdown list					-	-
46	Choose from the dropdown list					-	-
47	Choose from the dropdown list					-	-
48	Choose from the dropdown list					-	-
49	Choose from the dropdown list					-	-
50	Choose from the dropdown list					-	-
51	Choose from the dropdown list					-	-
52	Choose from the dropdown list					-	-
53	Choose from the dropdown list					-	-
54	Choose from the dropdown list					-	-
55	Choose from the dropdown list					-	-
56	Choose from the dropdown list					-	-
57	Choose from the dropdown list					-	-
58	Choose from the dropdown list					-	-
59	Choose from the dropdown list					-	-
60	Choose from the dropdown list					-	-
61	Enter Funded Program Name/Gross Amount					-	-
62	Enter Funded Program Name/Gross Amount					-	-
63	Enter Funded Program Name/Gross Amount					-	-
64	Total Proposed Maximum Amount (sum lines 34:63)	-		-		\$ -	-

65 REVENUE - Client, Third Party and Other Non-County Sources:

66	Client Fees					-	-
67	Insurance					-	-
68	Interest (on any funds associated with any of the funds on lines 34:63)					-	-
69	Medicare					-	-
70	Enter Other Revenues					-	-
71	Enter Other Revenues					-	-
72	Enter Other Revenues					-	-
73	Enter Other Revenues					-	-
74	Total Client, Third Party and Other Revenue (sum lines 66:73)	-		-		\$ -	-
75	TOTAL GROSS REVENUES (lines 64 + 74)	-		-		\$ -	-

PROVIDER SITE INFORMATION					
1 PROVIDER NUMBER:	0	2 PROVIDER NAME:	0		
3 PROVIDER SITE ADDRESS:	0		4 CITY/ZIP CODE:	0	
5 TELEPHONE #:	0	6 SERVICE AREA:	0	7 SUPERVISORIAL DISTRICT:	0
8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):	0		9 HEAD OF SERVICE:	0	
Submission Date:	January 0, 1900		<div>*This schedule identifies the staffing level at each Urgent Care Provider Site and the budget allocated for the Urgent Care Provider Site.</div> <div>*Complete one Schedule 4a for each Urgent Care Provider Site.</div>		
County Fiscal Year:	0				
Legal Entity Name:	0				
Legal Entity Number:	0				

10 NOTES/EXPLANATION (press ALT+Enter to create a new line):

11

11

EXPENSES	Proposed or Last Approved Budget		Mid/Partial Year Change + or -		Proposed New/Revised Budget	
	a	b	c	d	e	f
			FTE	AMOUNT	FTE	AMOUNT
DIRECT COST - PROGRAM STAFFING						
Physician (MD)/Psychiatrist/MH Nurse Practitioner (NP)						
Psychologist/MSW/LCSW/MFT (Lic./Reg./Waiv'd.)/MH Clinical Nurse Specialist (CNS)						
RN, LVN, Psych. Tech.						
Mental Health Rehabilitation Specialist						
MH Related B.A. or 2 yrs. MH Experience - not licensed						
No B.A. or 2 yrs Exp & Student						
Other Non-Administrative Program Staff						
Administrative Support Program Staff (exclude indirect staff)						
Other (Specify)						
Other (Specify)						
Other (Specify)						
Total Salaries and Wages (lines 15 - 25)	0	\$ -	0	\$ -	0	\$ -
Employee Benefits						0
TOTAL PERSONNEL EXPENSE & FTEs (lines 26 + 27)	0	\$ -	0	\$ -	0	\$ -

DIRECT COST - SERVICES & SUPPLIES	NOTE	AMOUNT	AMOUNT	AMOUNT
Conferences				0
Client Support Services (provide detail separately)				0
Education and Training				0
Equipment Leases (not lease purchase)				0
Equipment, Purchased and with a Unit Value Under \$5,000				0
Furniture				0
Information Technology/Data Processing				0
Insurance-Workers Compensation				0
Insurance-Other (Specify)				0
Laboratory Services				0
Medications				0
Office Supplies				0
Professional Services - Accounting				0
Professional Services - Legal				0
Professional Services - Other (Specify)				0
Professional Services - Other (Specify)				0
Publications				0
Subcontracts (provide detail separately)				0
Telecommunications				0
Travel/Transportation				0
Utilities				0
Other (Specify)				0
Other (Specify)				0
Other (Specify)				0
TOTAL SERVICE & SUPPLIES (lines 30 - 53)		\$ -	\$ -	\$ -

PROVIDER SITE INFORMATION

1 PROVIDER NUMBER:	0	2 PROVIDER NAME:	0		
3 PROVIDER SITE ADDRESS:	0		4 CITY/ZIP CODE:	0	
5 TELEPHONE #:	0	6 SERVICE AREA:	0	7 SUPERVISORIAL DISTRICT:	0
8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):	0		9 HEAD OF SERVICE:	0	

Submission Date:	January 0, 1900	<div>*This schedule identifies the staffing level at each Urgent Care Provider Site and the budget allocated for the Urgent Care Provider Site. *Complete one Schedule 4a for each Urgent Care Provider Site.</div>
County Fiscal Year:	0	
Legal Entity Name:	0	
Legal Entity Number:	0	

55	TOTAL DIRECT COST (PERSONNEL, SERVICE, AND SUPPLIES) (lines 28 + 54)	0	\$	-	0	\$	-	0	\$	-
----	--	---	----	---	---	----	---	---	----	---

PROVIDER SITE INFORMATION							
1 PROVIDER NUMBER:		0		2 PROVIDER NAME:		0	
3 PROVIDER SITE ADDRESS:		0		4 CITY/ZIP CODE:		0	
5 TELEPHONE #:		0		6 SERVICE AREA:		0	
7 SUPERVISORIAL DISTRICT:		0		8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):		0	
9 HEAD OF SERVICE:		0		10		0	
Submission Date: January 0, 1900				*This schedule identifies the staffing level at each Urgent Care Provider Site and the budget allocated for the Urgent Care Provider Site.			
County Fiscal Year: 0				*Complete one Schedule 4a for each Urgent Care Provider Site.			
Legal Entity Name: 0							
Legal Entity Number: 0							

56	EXPENSES		Proposed or Last Approved Budget		Mid/Partial Year Change + or -		Proposed New/Revised Budget	
57	a	b	c	d	e	f	g	h
58	INDIRECT COST	NOTE	FTE	AMOUNT	FTE	AMOUNT	FTE	AMOUNT
59	Salaries/Wages and Employee Benefits							
60	Executive Manager						0	0
61	Clinic Manager						0	0
62	Program Manager						0	0
63	Support Staff (clerical/reception)						0	0
64	Other (Specify)						0	0
65	Other (Specify)						0	0
66	Employee Benefits							0
67	Executive/Administrative Office Costs (Specify)							0
68	Advertising/Promotional Expenses							0
69	Capital Equipment (Purchased and with a Unit Value of \$5,000 or more) Depreciation							0
70	Capital Equipment (Lease Purchases with a Unit Value of \$5,000 or more) Amortization							0
71	Conferences							0
72	Consultants (provide detail separately)							0
73	Education and Training							0
74	Equipment Leases (not lease purchase)							0
75	Equipment, Purchased and with a Unit Value Under \$5,000							0
76	Facility Rent/Lease Costs							0
77	Facility (Owned) Costs							0
78	Furniture							0
79	Information Technology/Data Processing							0
80	Insurance-Workers Compensation							0
81	Insurance-Other (Specify)							0
82	Office Supplies							0
83	Professional Services - Accounting							0
84	Professional Services - Legal							0
85	Professional Services - Other (Specify)							0
86	Professional Services - Other (Specify)							0
87	Publications							0
88	Subcontracts (provide detail separately)							0
89	Telecommunications							0
90	Travel/Transportation							0
91	Utilities							0
92	Other (Specify)							0
93	Other (Specify)							0
94	TOTAL INDIRECT COST (lines 60 - 93)		0	\$ -	0	\$ -	0	\$ -
95	INDIRECT COST PERCENTAGE (lines 94/55%)			#DIV/0!				#DIV/0!
96	TOTAL COST (DIRECT AND INDIRECT) (lines 55 + 94)		0	\$ -	0	\$ -	0	\$ -

97	FUNDING/REVENUE PROJECTION		Proposed or Last Approved Budget		Mid/Partial Year Change + or -		Proposed New/Revised Budget	
98	a	b	c	d	e	f	g	h
99	REVENUE	NOTE		AMOUNT		AMOUNT		AMOUNT
100	UCC-MHSA Non-MC							0
101	UCC-MHSA MC							0
102	Enter Funded Program or Other Revenue							0
103	Enter Funded Program or Other Revenue							0

PROVIDER SITE INFORMATION

1 PROVIDER NUMBER:	0	2 PROVIDER NAME:	0		
3 PROVIDER SITE ADDRESS:	0		4 CITY/ZIP CODE:	0	
5 TELEPHONE #:	0	6 SERVICE AREA:	0	7 SUPERVISORIAL DISTRICT:	0
8 HOURS OF OPERATION (e.g., Mon - Fri 8am to 5pm):	0		9 HEAD OF SERVICE:	0	

Submission Date:	January 0, 1900	*This schedule identifies the staffing level at each Urgent Care Provider Site and the budget allocated for the Urgent Care Provider Site. *Complete one Schedule 4a for each Urgent Care Provider Site.
County Fiscal Year:	0	
Legal Entity Name:	0	
Legal Entity Number:	0	

104	Enter Funded Program or Other Revenue							0
105	Enter Funded Program or Other Revenue							0
106	Enter Funded Program or Other Revenue							0
107	Enter Funded Program or Other Revenue							0
108	Enter Funded Program or Other Revenue							0
109	TOTAL GROSS REVENUE (lines 100 - 108)			\$ -		\$ -		\$ -

SCHEDULE 5. LEGAL ENTITY MENTAL HEALTH SERVICE PLAN

Cell instructions: Data entry cells are highlighted.

This schedule provides projections of services by IBHIS Plan, MC status, and Age Group for all Provider Sites under the LE for the current fiscal year.
*Please download populated report in EFT File to assist in developing projections.

- 1 Submission Date: January 0, 1900
- 2 County Fiscal Year: 0
- 3 Legal Entity Name: 0
- 4 Legal Entity Number: 0

Op Code	Provider Name	Provider Number	IS/IBHIS PLAN	Total Unique Clients Served			Unduplicated Client Counts (Use to Determine Non-Medi-Cal & Medi-Cal %s)							FY 16-17 Clients Served by Age Group (Use to Determine FY 18-19 Age Group %s)				Projected Clients by Age Group				
				FY17-18	FY18-19	FY19-20 (counts)	FY 17-18		FY 18-19		Projected FY 19-20			0-15	16-25	26-59	60 and older	FY 19-20				
							Medi-Cal Clients	Non-Medi-Cal Clients	Medi-Cal Clients	Non-Medi-Cal Clients	Medi-Cal Clients (%)	Non-Medi-Cal Clients (%)	Total (should be 100%)					0-15 (%)	16-25 (%)	26-59 (%)	60 and older (%)	TOTAL (should be 100%)
			For example:										0%									0%
NGA	Program A	2001	1000 CGF										0%									0%
NGA	Program B	2002	1000 CGF										0%									0%
NGA			1000 CGF TOTAL										0%									0%
NGA	Program A	2001	2066 MHSA - FSP										0%									0%
NGA	Program B	2002	2066 MHSA - FSP										0%									0%
NGA			2066 MHSA - FSP TOTAL										0%									0%
NGA	Program A	2001	2072 MAT - DMH										0%									0%
NGA	Program B	2002	2072 MAT - DMH										0%									0%
NGA			2072 MAT - DMH TOTAL										0%									0%
NGA			...										0%									0%
NGA			...										0%									0%
NGA			...										0%									0%
NGA													0%									0%
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NGA													0%									0%
NGA													0%									0%
NGA													0%									0%
NGA													0%									0%
			LE TOTAL										0%									0%

Populated Report
Available in EFT File-To be
used as a Template for
developing FY 2019-20
projections

LE Name:
Agreement No:
Agreement Period:

Subprogram Schd No:
Fin Sum No:
Amendment No:

LE No:
Fiscal Year:
Amendment Date:

A	B	C	D	E	F	G	H	I	J	K
CIOB Rank	Funded Programs/Subprograms	Non-Medi-Cal Funds			Medi-Cal (MC) Funds					
		Direct/ Indirect Service	Manual Invoice	Non-MC Total (Gross Dollars)	EPSDT Medi-Cal	Non-EPSDT Medi-Cal	MCHIP	Medicaid Expansion	SB 75	Medi-Cal Total (Gross Dollars)
Categorically Funded Programs										
100N	Family Preservation Program			-						
130N	Specialized Foster Care - DCFS MAT			-						
130.1M	Specialized Foster Care Enhanced MH Svcs									-
130.2M	Specialized Foster Care MAT									-
130.4M	Specialized Foster Care TFC									-
130.3N,M	Specialized Foster Care Wraparound			-						-
300N	DCFS Medical Hub			-						
301M	DCFS PHF									-
140N	Comprehensive SOC Prog (SAMHSA,CFDA#93.958)			-						
142.1N	Project ABC South LA (SAMHSA, CFDA#93.104)			-						
150N	Juvenile Justice Program (STOP)			-						
151N	Juvenile Justice Program (JJCPA-MHSAT)			-						
152N	Juvenile Justice Program (JJCPA - MST)			-						
152.2N,M	Juvenile Justice Program (JJCPA - New Directions)			-						-
153N	Juvenile Justice Program (COD)			-						
154M	Juvenile Justice Program (FFT)			-						-
172N,M	Diversion Program			-						-
172.1N,M	ODR Diversion Programs			-						-
180N	CalWORKs MHS			-						
183N	CalWORKs Homeless Family Solution System			-						
182N	GROW			-						
171N,M	Post-Release Community Supervision-CRP			-						-
310N	DPH Dual Diagnosis			-						
350N	DCSS Forensic Center Services			-						
210N,M	DHS EPIC Program			-						-
Federal/State Revenue										
360M	Federal/State Revenue									-
Realignment Funded Programs										
400N,M	DMH Mental Health Services			-						-
340N,M	DMH IMD Step Down			-						-
MHSA Funded Programs										
500N,M	MHSA Full Service Partnership (FSP)			-						-
	Measure H Housing FSP									
511N,M	MHSA Recovery, Resiliency, & Reintegration Svcs			-						-
531N,M	MHSA Alternative Crisis Services			-						-
810N	MHSA Linkage Services Invoice			-						
820N	MHSA Planning, Outreach, & Engagement			-						
600N,M	MHSA Prevention & Early Intervention (PEI)			-						-
	MHSA PEI Special Programs									
	MHSA PEI Flex Funds									
	MHSA PEI Training									
Subtotal		-	-	-	-	-	-	-	-	-
Maximum Contract Amount		\$0								

*FY18-19 PHF allocation included in Rank 400N,M DMH Mental Health Services

v6/10/19

SCHEDULE 7. LEGAL ENTITY BUDGET SUMMARY BY PROVIDER NUMBER

1 Submission Date: January 0, 1900
2 County Fiscal Year: 0
3 Legal Entity Name: 0
4 Legal Entity Number: 0

This Schedule summarizes and provides the Legal Entity's funded programs and allocated amounts by Provider Site.

*Enter the provider number in columns b - r on row 5. Then using the dropdown menu in column A to indicate the funded programs and allocated budgets for each Provider Site.

	a	b	c	d	e	f	g	h	i	j	k	l	m	n
5	Provider Number													
	Funded Program (Drop down)													
6	Choose from the dropdown list													
7	Choose from the dropdown list													
8	Choose from the dropdown list													
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31	Choose from the dropdown list													
32	Choose from the dropdown list													
33	Choose from the dropdown list													
34														
35														
36	Subtotal (DMH)	-	-	-	-	-	-	-	-	-	-	-	-	-
37	Client, Third Party and Other Non-County Revenue													
38	Total by Provider Number	-	-	-	-	-	-	-	-	-	-	-	-	-

Submission Date: January 0, 1900
County Fiscal Year: 0
Legal Entity Name: 0
Legal Entity Number: 0

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Funded Program (Drop down)	Provider Number					Funded Prog Total
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Choose from the dropdown list						-
Choose from the dropdown list						-
Subtotal (DMH)		-	-	-	-	-
Client, Third Party and Other Non-County Revenue						-
Total by Provider Number		-	-	-	-	-