

**FIRST AMENDMENT TO
TULARE COUNTY AGREEMENT NO. 28448**

THIS FIRST AMENDMENT ("Amendment") to Tulare County Agreement Number 28448 (the "Agreement") is entered into by and between the **COUNTY OF TULARE** ("COUNTY") and **PSYNERGY PROGRAMS, INC.** a California Corporation ("CONTRACTOR") as of _____, 2018, with reference to the following:

- A. The COUNTY and CONTRACTOR entered into the Agreement effective July 1, 2017, for the purpose of providing mental health rehabilitation services; and
- B. COUNTY and CONTRACTOR now wish to amend the Agreement in order to update the Scope of the Work, add an additional treatment site, update Exhibit A-1 due to changes to the requirements of the State Mental Health Plan, and update Exhibit B-1 to establish new rates for services.

ACCORDINGLY, COUNTY and CONTRACTOR agree as follows:

- 1. Exhibit A of the Agreement, entitled Scope of Work, is hereby replaced and superseded by the attached Exhibit A;
- 2. Exhibit A-1 of the Agreement, entitled Tulare County Mental Health Plan, Quality Management Standards, is hereby replaced and superseded by the attached Exhibit A-1: and
- 3. Exhibit B-1 of the Agreement, entitled Rates, is hereby replaced and superseded by the attached Exhibit B-1.

This First Amendment becomes effective upon signature by the Tulare County Board of Supervisors and shall continue through the remainder of the term of the agreement.

- 4. Except as provided above, all other terms and conditions of the Agreement shall remain in full force and effect.

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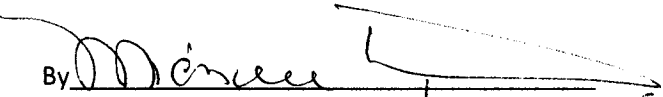
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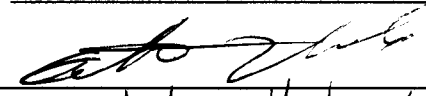
THE PARTIES, having read and considered the above provisions, indicate their agreement by their authorized signatures below.

PSYNERGY PROGRAMS, INC.

Date 9/18/2018

By 
Print Name Michael Weinstein
Title CEO

Date 9/18/2018

By 
Print Name Arturo Uribe, LCSW
Title President, CEO

[Pursuant to Corporations Code section 313, County policy requires that contracts with a Corporation be signed by both (1) the chairman of the Board of Directors, the president or any vice-president (or another officer having general, operational responsibilities), and (2) the secretary, any assistant secretary, the chief financial officer, or any assistant treasurer (or another officer having recordkeeping or financial responsibilities), unless the contract is accompanied by a certified copy of a resolution of the corporation's Board of Directors authorizing the execution of the contract. Similarly, pursuant to California Corporations Code section 17703.01, County policy requires that contracts with a Limited Liability Company be signed by at least two managers, unless the contract is accompanied by a certified copy of the articles of organization stating that the LLC is managed by only one manager.]

COUNTY OF TULARE

Date _____

By _____
Chairman, Board of Supervisors

ATTEST: MICHAEL C SPATA
County Administrative Officer/Clerk of the Board
of Supervisors of the County of Tulare

By _____
Deputy Clerk

Approved as to Form:
County Counsel

By  9/27/18
Deputy

Matter # 20181401

Exhibit A
Scope of Work
Fiscal Year 2018-19

I. Program/Project Overview:

Organization/Program Name: Psynergy Programs, Inc.

Contact Person & Information:

Name: Arturo Uribe, LCSW, President / CEO
Address: 18225 Hale Avenue Morgan Hill, CA 95037
Phone: 408-465-8284
Fax: 408-465-8295
Email: amuribe@psynergy.org

Head of Service and License Type:
Arturo Uribe, LCSW

Psynergy Residential Programs:

Nueva Vista Adult Residential Facility (72 beds)
18225 Hale Avenue, Morgan Hill CA 95037

Nueva Vista Sacramento (60 beds)
4604 Roosevelt Avenue, Sacramento CA 95820

Cielo Vista Adult Residential Facility (40 beds)
806 Elm Avenue, Greenfield CA 93927

Tres Vista Apartments (7 beds)
18217 Hale Avenue
Apt #s (200, 210, 220 and 230)
Morgan Hill CA 95037

PROGRAM INTENT AND, GOALS AND DESCRIPTION OF SERVICES AND TREATMENT METHODS:

A. Program Intent and Goals:

The CONTRACTOR will provide services to individuals diagnosed with Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI) whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community settings. The goal is to assist individuals in Institute for Mental Disease (IMD) levels of care to step-down and transition back into the community with the support that has been demonstrated to be the most effective, using the Modified Therapeutic Community and Wellness and Recovery models.

General Program Description:

Overview:

The need to provide stable housing and effective clinical services for adults with severe mental illness remains a challenge for many county agencies. Psynergy Programs offers adult residential board and care homes (ARF) and outpatient mental health clinics in close proximity. CONTRACTOR has demonstrated that providing reliable adult residential home care in combination with intensive outpatient mental health services can help individuals with mental illness avoid the unnecessary expense and emotional trauma often associated with incarceration and hospitalization. CONTRACTOR provides both residential services and mental health services to people with serious mental illnesses ages 18 and above. The program utilizes tenets of the Wellness and Recovery, Integrated Dual Diagnosis Treatment and Modified Therapeutic Community (MTC) treatment models, (Phase One, Two and Four). CONTRACTOR's programs are an alternative to locked settings such as a State Hospital, Psychiatric Hospital, IMDs, a Psychiatric Health Facility (PHF) and Jail. The ultimate goal of CONTRACTOR's services is to improve each individual's quality of life, to help individuals gain the skills and ability necessary to stay out of locked hospital settings and to move into a less restrictive living arrangement in the community.

A.1

RESIDENTIAL SERVICES TO BE PROVIDED BY CONTRACTOR

Contractor provides Client Development Services to clientele residing in locked hospital settings. Prior to enrollment in Psynergy Programs, our Client Development Specialists work in partnership with clients, counties, hospitals and IMDs to help individuals become motivated and prepared to move into our programs. Motivational interviewing techniques are utilized to engage clients and to foster a treatment alliance that can be further developed in the therapeutic community. This multifaceted process facilitates community re-integration.

Residential Services – Upon Admission

CONTRACTOR provides Residential Services currently at three (3) sites, which are used in a step-down manner from locked settings, with a high level of support and services offered at all sites; Nueva Vista Morgan Hill, Nueva Vista Sacramento, and Cielo Vista Greenfield. Counties initiate referrals to CONTRACTOR for clientele residing in state hospitals (Napa & Metro), Institutes for Mental Disease (IMD), Psychiatric Health Facilities (PHF), or sub-acute crisis programs. CONTRACTOR also receives referrals from local community psychiatric hospitals, board and care homes or private parties in the community with the aim of providing stabilization from acute episodes of mental illness and helping individuals reintegrate into the community. CONTRACTOR provides an array of services that ensure client safety and that help individuals meet their basic needs in the least restrictive home-like setting possible. We foster community reintegration for many individuals that have previously resided in locked mental health facilities for extended periods of time.

Room and Board: Clients are provided with clean, comfortable, functional, and non-institutional living quarters, as well as attractive living areas, which contribute to the improvement of their mental and physical health and functioning.

Basic Services: The facility's Administrators and staff are actively involved in developing opportunities for residents to learn and practice independent living skills and responsibilities. This includes group activities and classes, "Leisure" and "Recreational", as well as opportunities to learn vocational skills. The primary goal is to assist residents to obtain skills needed to move to a less restrictive, more independent setting.

Specifically, our residential programs include the following:

- Orientation by staff and/or peer will be provided to each resident within three days of arrival.
- Attractive, clean and comfortable lodging.
- Three (3) nutritious and well-balanced meals and three (3) snacks daily.
- Weekly, and as needed, cleaning of the resident's room and bathroom by onsite housekeeping staff. Daily cleaning is provided for all incontinent individuals
- Recreational, leisure and social activities.
- Bed linens and towels.
- A conveniently located phone available for resident's incoming personal and outgoing local personal calls.
- Limited individual storage space consisting of a closet and small dresser in resident's room for resident's own private use.
- Help with planning and arranging for transportation to local functions, churches and educational classes within a nearby radius.
- Observance of resident's general health.

- Updating of resident's Needs and Services Plan as frequently to ensure the Plan's accuracy and to document significant occurrences that result in changes in the resident's physical, mental, emotional and/or social needs.
- Consultation as needed with resident's doctors about resident's general mental and physical health.
- Assistance as needed with obtaining linkage to medical care.
- Assistance as needed with taking prescribed medications in accordance with doctor's instructions unless prohibited by law or regulation.
- At the request of a majority of residents, assistance to residents in establishing and maintaining a resident-oriented facility council.
- CONTRACTOR provides all personal hygiene needs from dental floss to shampoo. When recommended by our Dental Hygienist electric toothbrushes are provided at no cost.
- CONTRACTOR provides Over the Counter (OTC) to all residents, at no cost to the individual or county.

Care and Supervision: Adequate and highly competent, caring, and compassionate staffing will be provided 24/7 in order to help prevent crisis situations or other disruptions in client's lives that could lead to acute hospitalization or loss of housing. Our goal is to keep clients on track toward mental and physical health improvement. Night supervisory staff shall be awake in compliance to 22 CCR 85065.6(d).

Daily Activities Program: Our Daily Activities Program is designed to help clients improve their well-being and functioning. Program activities occur 7 days a week, featuring recreational and leisure activities. Program activities promote the development of personal interests and help residents to practice healthy lifestyles, social skills, positive coping strategies, accessing community resources and money management. The daily schedule of activities is developed and implemented by the facility's Program Manager. The facility Administrator, residential counselors, and clients will assist with some of the planned activities at times for all-facility engagement.

Recreational and Leisure Activities: Recreation is a vital aspect of maintaining a stable and healthy lifestyle. Families are invited and encouraged to join the residence at holiday events and residential celebrations. Recreational opportunities are offered on a daily basis. As our clients recover and benefit from our programs, we encourage them to access some of the community resources available to them in Morgan Hill, Greenfield and Sacramento. We promote participation in daily outings in the community, including walks in the surrounding neighborhoods, bike rides, visits to local festivals, visits to the library and outings to local restaurants with the aim of enhancing self-esteem, building social skills and instilling optimism about the future.

Holistic Health: The philosophy of our program is that sound nutrition and other measures achieve good overall health help to facilitate recovery and stability. This program element provides weekly activities led by Psynergy staff members and topic experts, including:

- Nutrition - how to plan, procure and prepare nutritious meals that contribute to overall health
- Smoking Cessation
- Medication education
- Safe Sex and prevention of Sexually Transmitted Infections (STI's) including decision making and negotiating to achieve protected sex
- Diabetes Awareness and management skills
- Healthy Habits, such as personal hygiene, use of sunscreen, good eating habits, weather-appropriate dressing

For diabetic clients and other clients whose health can be enhanced by following special diets, they will be assisted in special meal procurement and preparation. In addition, snacks will be available to meet their dietary needs. The facility is prepared and capable of offering vegetarian and allergy sensitive options.

Physical Fitness Program: Exercise contributes to the alleviation of stress, anxiety and depression, reduces the risks associated with cardiovascular disease and metabolic abnormalities, creates weight loss and promotes a healthy lifestyle. Psynergy staff members and residents provide daily exercise groups. Psynergy Adult Residential facilities provide residents with a local gym membership. Counselors help residents gain access to the gym and provide supervision and training to promote physical fitness.

Vocational Readiness: A sense of purpose can contribute to stabilization and recovery. This program allows for clients to attain paid employment or meaningful volunteer work. A variety of vocational opportunities are provided to clients as part of the Daily Activities Program. The types of job opportunities offered include administrative work (i.e. constructing and making copies of fliers and distributing them), janitorial work, assisting in landscape maintenance and meal service. Residents are given a detailed description of the job and the skills it requires they apply and go through an interview to be awarded the job. They are given a stipend once they complete the job (in the form of gift cards so benefits are not jeopardized.) They are then shown the correlation between the task they performed and jobs in the real world. This helps them develop skills in an informal way and helps them develop a resume of marketable skills.

Peer and Family Support: Peer counseling and Leadership allows individuals to take a proactive role within the facility as well as in the lives of each other. This aspect of the program develops a sense of empowerment and leadership skills within the individual. A resident council is established to allow the residents as a whole to give voice to their opinions and ideas of the program and their needs. A volunteer sign up is established for those willing to provide assistance with leading groups, assist individuals to access community resources or to provide assistance to those clients with a lower functioning capability.

Psynergy recognizes the importance of supportive family connections to our client's recovery. Our programs provide family support and education to help family members develop their own coping and communication skills in order for them to better support their client/family member. Education and support is provided through recreational activities, family support groups, and

facilitating linkages with National Alliance on Mental Illness (NAMI). Visiting hours for friends and family are 7 days a week.

Linkage to Community Resources: Linkage to community resources is provided to help individuals who have just been discharged from locked settings integrate into the community. Linkage is also provided to those individuals that have progressed further in the recovery process and that are working toward more independence. Because the ultimate goal for each individual is to move into least restrictive living situation, it is important that the individual learn to access and utilize non-mental health services within the community. Referrals include schools, colleges, and other institutions for education; vocational programs, public transit, medical and dental services; cultural organizations, churches and places of worship; financial institutions, and government agencies.

LEVELS OF TREATMENT COMPLEXITY

A daily patch rate will be determined and based on an individual's level of treatment complexity. This is consistent with the Diagnostic and Statistical Manual of Mental Disorders (DSM)-DSM V which is: Severe complexity, Moderate complexity and Mild complexity. Rates will be compatible with these terms reflected in Exhibit B.

CONTRACTOR will work in collaboration with the county case manager to determine the daily patch rate for each referred client. CONTRACTOR will utilize our Psynergy Programs Levels of Service Evaluation as an assessment tool prior to admission. County staff and Psynergy staff both will provide input to determine the client's complexity level prior to admission to Psynergy Programs.

The client's complexity level will be reassessed every six months after admission using the Psynergy Programs Levels of Service Evaluation as an assessment tool. If there is a significant change in the level of functioning before the six-month period is over, CONTRACTOR and county case manager will establish a new benchmark assessment, using the Psynergy Programs Levels of Service Evaluation as an assessment tool and adjust the daily patch rate accordingly. (See Exhibit A-1)

Examples of some moderate and high complexity coincide with the specialized needs and treatment requirements of the following client populations:

- 1) Individuals who have severe psychiatric conditions that require additional temporary assistance in monitoring medical issues or that need continued support and education to manage chronic medical conditions such as diabetes and Chronic Obstructive Pulmonary Disease (COPD).
- 2) Individuals with co-occurring disorders such as substance abuse, developmental delays or physical impairments that require linkage to specialized community resources or that may need various behavioral supports, including specialized health care, frequent one-to-one supervision and prompting to maintain a community placement.

- 3) Individuals that are monolingual (Non-English Speaking) and whose psychiatric condition would greatly benefit from daily interaction with bilingual and culturally proficient staff that can provide appropriate counseling, meals, activities, and community involvement.
- 4) Clients who have psychiatric conditions with co-occurring personality disorders or severe behavioral problems that require intensive therapeutic behavioral supports to maintain their placement in community settings.

AGREEMENTS PROVIDED BY COUNTY PERSONNEL:

- 1) Two weeks' notice for discharge to ensure all supporting documentation is prepared in a timely manner with a safe medical, psychiatric, and therapeutic transition plan.
- 2) Copies of all benefit and insurance information prior to admission. See Exhibit B for persons without benefits and prevailing rates.
- 3) Individuals will arrive with two weeks of medication, Physicians Report (Tuberculosis LIC602) TB test within 6 months.
- 4) Individuals will be transported by County Personnel unless prior arrangements are made (see Exhibit B1 for transportation rates).

A.2

**DESCRIPTION OF PSYNERGY PROGRAMS OUTPATIENT MENTAL HEALTH
CLINICAL SERVICES**

Organization/Program Name: Psynergy Programs, Inc.

Contact Person & Information:

Name: Arturo Uribe, LCSW, President and Chief Executive Officer

Address: 18225 Hale Avenue Morgan Hill, CA 95037

Phone: 408-465-8284

Fax: 408-465-8295

Email: amuribe@psynergy.org

Head of Service and License Type:
Arturo Uribe, LCSW

Physical Address of Medi-Cal Certified Sites:

Psynergy Morgan Hill
18217 Hale Avenue
Morgan Hill, CA 95037

Psynergy Greenfield
215 Huerta Avenue
Greenfield, CA 93927

Psynergy Sacramento
4612 Roosevelt Avenue
Sacramento CA 95820

Psynergy Sacramento Clinic B
4616 Roosevelt Avenue
Sacramento CA 95820

General Description

Overview:

Each of CONTRACTOR's Outpatient Mental Health clinics will be Medi-Cal certified by each individual contracting county to ensure their specific conditions are met. Psynergy Programs Outpatient Mental Health Clinics will maintain its Medicare Certification and is responsible for updating its Medicare re-certification as required by Noridian. CONTRACTOR will collaborate

with counties in regards to Medicare billing for Medi-Medi clients. This includes counties in Northern California, Central and Southern California. The outpatient mental health clinics currently have Fifteen (15) full-time & Six (6) part-time unlicensed/licensed providers who provide specialty mental health services to individuals living in the adult residential facilities and supported accommodations/independent living. This number of professionals is subject to change depending upon clients

Psynergy Programs Outpatient Mental Health Clinics Intent and Goals:

The overall goal of Psynergy Program Outpatient Mental Health Clinics is to provide Intensive Outpatient Mental Health Services. I.e. medication support, Individual therapy, Group therapy, family therapy, rehabilitation services, group rehabilitation, and targeted case management. Ensure that individuals living in an adult residential facilities or independent/supportive accommodation successfully maintain their community placement by avoiding inpatient and high utilization of psychiatric hospitalizations. The clinical staff support and encourage successfully transition back to their county or origin, to a boarding care home, independent living situation, or back to families home when appropriate. Upon admission to Psynergy Programs, the clinical staff will complete a MD assessment and an initial clinical assessment. Within 30 days, in collaboration with client, family members (if available and appropriate) and county case manager, a treatment plan will be completed by Psynergy clinical staff. By providing intensive Specialty Mental Health Services, we allow individuals the ability to:

- Cope effectively with life challenges and attain greater autonomy in community living.
- Experience a growing sense of Trust, Self-Confidence and Self-Control in their lives and relationships.
- Develop innate capabilities and practical skills necessary to create and sustain a healthy lifestyle.
- Utilize capabilities and skills to move in a positive direction in life and to satisfy basic needs.

Success at each clinical site is measured by the number of days that individuals remain in their residences and out of locked settings as well as helping individuals successfully transition back to their counties. Improvement in “quality of life” is also measured and tracked through our MTC (Modified Therapeutic Community) level system. Individuals are rated each week by our Status Review committee on their ability to demonstrate a set of pro-social abilities and life skills specified by our Program Agreements and Steps to Recovery. Individuals advance in their recovery from “In House” (status 1) to “Peer Leader” (status 6) and earn rewards and privileges on the basis of clinical staff observation and reports from residential staff. Success is also measured by ability and responsibility of attending their own psychiatric and individual therapy appointments at the clinic on their own without prompts or reminders. Other objectives we measure and track as part of our level system include:

- Reduction in intensity and frequency of psychiatric symptoms, as observed and reported by the residential staff to clinical staff.
- Total days of abstinence and reduction in frequency of substance use as observed and reported by residential staff to clinical staff and indicated by toxicology reports.

- Improvement in functioning in various life domains, including health, daily activities, social relationships, and living arrangement as observed and reported by residential staff to clinical staff.
- Program participation and group attendance, as observed and reported by residential staff to clinical staff.

INTEGRATED “DUAL RECOVERY” TREATMENT

CONTRACTOR’s outpatient clinics mental health, substance abuse and physical health treatments are integrated within one comprehensive program that is designed to enable individuals to actively participate in their recovery process by developing the skills and capabilities necessary to maintain a healthy lifestyle. In CONTRACTOR’s integrated “dual recovery” model, mental illness, substance abuse, and physical illnesses are not regarded as separate problems, but rather are holistically viewed as the “primary” focus.

The clinical team at CONTRACTOR’s dual recovery treatment is designed to enable clients to satisfy a wide range of needs. Each participant is encouraged to engage in meaningful work, education, recreation and leisure activities and to develop a capacity for independent living.

Comprehensive Clinical Services

CONTRACTOR’S comprehensive clinical services are aimed at helping participants to overcome the physical, emotional, cognitive and social challenges imposed by mental illness, substance abuse, and physical illnesses. CONTRACTOR’s integrated dual recovery program includes the following services:

1. Assertive Community Treatment
2. Coping Skills Training
3. Healthy Lifestyle Training
4. Social Skills Training
5. Supported Employment
6. Specialty Mental Health Services

Harm Reduction

CONTRACTOR’S Outpatient Mental Health Services are aimed at reducing the harmful effects and negative consequences of co-occurring substance abuse and physical and mental illness. CONTRACTOR’S clinical staff members work closely and collaboratively with clients, family and county case managers and residential staff to provide the care and attention necessary to safeguard them against the risk of harm.

Practice Evidence Based Treatment Approaches.

- a) Cognitive-Behavioral Therapy (CBT)/ Dialectical Behavior Therapy (DBT)- focuses on teaching client skills, increasing understanding of illness and creating relapse prevention plans/strategies.
- b) Motivational Interviewing (MI)—uses empathic listening to explore attitudes and to build on strengths.
- c) Modified Therapeutic Community—use of peers and counselors as positive role models. Focuses on building self-awareness, social skills and social support.
- d) Behavioral Therapy/Contingency Management—uses positive rewards/incentives. Focuses on establishing goals and rewarding small steps toward achieving goals.
- e) Psychopharmacology—use of medication to stabilize symptoms.
- f) Case Management—focuses on helping individuals meet basic needs.
- g) Matrix—integrates mutual self-help, CBT and Motivational therapy. Focuses on fostering strong therapeutic relationship, coping skills, social skills, abstinence from substance use and relapse prevention.

General goals of Dual Recovery Treatment

1. Help individual achieve abstinence/self-control.
2. Foster behavioral changes that support abstinence/self-control.
3. Improve problem solving and coping skills.
4. Identify and address a wide range psychosocial problems (housing, employment, education, social/family relationships).
5. Develop a positive family/social support network.
6. Facilitate active participation in mutual self-help, 12-step programs.

Specialty Mental Health Services:

CONTRACTOR provides intensive outpatient mental health service in accordance with Short-Doyle Medi-Cal and Medicare services standards and billing practices. Specific services include:

1. **Assessment:** A service activity which may include a clinical analysis of the history and current status of a client's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. This will be completed within thirty days and includes, MD Assessment, Initial Clinical Intake Assessment.
2. **Plan Development:** Involves the development and approval of client plans and monitoring client progress.
3. **Therapy:** A service activity that focuses primarily on symptom reduction as a means to improve functional impairments. This service activity may be delivered to an individual or group of clinic and may also include family therapy with or without the beneficiary present.

4. **Collateral:** Contact with one or more significant support persons in the life of the beneficiary with the intent of improving or maintaining the mental health status of the beneficiary. Collateral services include, but are not limited to, helping significant support persons to understand and accept the beneficiary's condition and involving them in service planning and implementation of the service plan(s). Family counseling or therapy provided on behalf of the client, when this person is not present, is considered collateral.
5. **Rehabilitation:** Assistance improving, maintaining, or restoring:
 - Functional and daily living skills
 - Social and leisure skills
 - Grooming and personal hygiene skills
 - Obtaining support resources and/or medical education
6. **Group Rehabilitation:** Psycho-education and/or rehabilitation services administered in a group setting, allowing for emotional and mental growth that support therapeutic goals.
7. **Targeted Case Management:** Services provided to assist a consumer with accessing medical, educational, social, prevocational, or rehabilitative services. The service activities include: interagency and intra-agency consultation, communication coordination and referral; monitoring service delivery to ensure client access to services and service delivery system; and monitoring of the client's progress and any plan development regarding referrals and linkage to services.
8. **Crisis Intervention:** Crisis Intervention means a service lasting less than 24 hours, to or on behalf of a clinic for a condition that requires more timely response than a regularly scheduled visit. Crisis intervention is an immediate emergency response that is intended to help the client cope with a crisis (e.g., potential danger to self or others, potentially life altering event; severe reaction that is above the client's normal baseline).
9. **Medication Support:** Services that include the administering, dispensing, and monitoring of psychiatric medications provided by staff person within the scope of his/her profession; services are necessary to alleviate the symptoms of mental illness. Specific service may include the following:
 - Plan development related to the delivery of this service and/or to the status of the client's functioning in the community.
 - Prescribing, dispensing, and administering of psychiatric medications.
 - Obtaining medical consents and provide psycho-education
 - Documentation Requirements:
 - Response, compliance, side effects

Goals of Service:

Goal #1:	Data Source for Goal #1:
Within the first six months of admission to Program, client's total score will be reduced by 25% on Psynergy's Level of Service Evaluation Form.	Psynergy Level of Service Evaluation Form.
Goal #2:	Data Source for Goal #2:
70% of clients admitted to Psynergy will be maintained at this level of care or be admitted to the same or lower level of care for long term placement upon discharge from Psynergy.	COUNTY episode closing form will indicate client's next placement at discharge
Goal #3:	Data Source for Goal #3:
Psynergy clients will demonstrate an improvement in at least 3 ANSA* domains relevant to the referring ANSA* criteria when the client is reassessed with the ANSA bi-annually. *If not ANSA a similar assessment and measurement tool.	COUNTY ANSA* provided to Psynergy every six months. *If not ANSA a similar assessment and measurement tool.

Supported Accommodations – Tres Vista Apartments

Our Supported Accommodation Program: Tres Vista Apartments provides the right combination of Services and Supports. We incorporate evidence-based practices as well as draw from therapeutic community and psychosocial rehabilitation models.

Psynergy adopted the "modified therapeutic community" MTC model to specifically address acute psychiatric symptoms, cognitive impairments, and reduced level of functioning of individuals struggling with the debilitating effects of mental illness, dual substance use disorders and co-morbid health conditions.

Working in partnership with clients, our three program phases help individuals move into community settings and culminate with a "Live Out" re-entry program called Tres Vista Apartments.

MODIFIED THERAPEUTIC COMMUNITY: PSYNERGY'S THREE PROGRAM PHASES

	ONE	TWO	THREE
PHASE	Admission: Client Development Services	Primary Treatment: Nueva Vista	Live Out Re-entry: Tres Vista Apartments
FOCUS	Assessment, Engagement, Orientation	Awareness, Change	Adjustment, Productivity

The Services and Supports provided by our professional staff help individuals learn to meet basic needs, develop new skills, increase social support, become a responsible member of the community and live a healthy and productive lifestyle.

The emphasis of "Living Out" within the community is on experiencing enjoyment and satisfaction in the "here and now," independent problem solving, and taking action to achieve personal goals.

Description of Living Accommodations

Shared Living Unit: Individuals are provided with a completely furnished and equipped apartment in a shared apartment, house, or studio. Amenities include all furnishings, refrigerator, microwave, stove, cable television, kitchenware, cooking utensils, and linens.

Meals and Snacks: Individuals are provided with a nutritious breakfast, lunch, and dinner. Meals are served at the main residential facility at regularly scheduled times throughout the day. Snacks are also provided three times per day after breakfast. Individuals may elect to customize their meal service by preparing certain meals and eating privately in their own living unit if preferred. Tenants are required to attend at least one of the main meal services per day of their own choosing in the main residential facility (lunch or dinner).

Utilities: the cost of all utilities are included as part of the base rent.

Weekly Housekeeping: Tenants are required to keep their living quarters in a sanitary and orderly condition. Psynergy provides a housekeeper once per week to assist with maintaining the living unit in a clean and sanitary condition.

Laundry Facility: Tenants are required to maintain their clothing in a neat and clean condition. Tenants may use the clothes washer and dryer provided on site free of charge. Tenants must purchase their own laundry detergents and other laundry supplies.

Services and Support: Psynergy staff members are available to conduct "check-ins" with clients on a daily basis to monitor the client's condition and to provide appropriate support to ensure the client's safety and stability.

Description of Clinical Services and Supports

Recreational Activities: Tenants are encouraged to participate in recreational activities occurring on a daily basis within the main residential facility. Activities are designed to promote development of social skills, interest in hobbies and enjoyment of leisure time, while decreasing stigmatization and social isolation. Activities include staff supervised outings to the library, movies, parks, recreational sites and community events.

Psychosocial Rehabilitation Classes: Tenants are encouraged to participate in our "Life Skills Academy" classes, which occur on a daily basis within the main residential facility. Our psycho-educational classes are "wellness and recovery" oriented and are designed to promote adoption of a healthy lifestyle through the development of life skills. Areas of focus include positive coping skills, effective communication, symptom management, relapse prevention, medication management and social skills.

Independent Living Skills Group Training: Tenants are encouraged to participate in independent living skills group training, which occurs on a daily basis within the main residential facility. Topics of independent living skills group training include money management, budgeting, shopping, cooking, personal health, nutrition, exercise, personal hygiene and grooming.

Psychiatric and Medication Services: Psychiatric services are provided at Psynergy's outpatient clinic, which is located on campus adjacent to the main facility. The regularly scheduled frequency of psychiatric visits is either two times per month or once per month, depending on client need and stage of treatment. Unscheduled "emergency" visits with the psychiatrist may occur as needed. The duration of each regular psychiatric visit is typically 30 minutes, depending on the nature and purpose of the visit.

EXHIBIT A-1
TULARE COUNTY MENTAL HEALTH PLAN,
QUALITY MANAGEMENT STANDARDS

The Tulare County Alcohol, Drug and Mental Health Services Department is Tulare County's Medi-Cal Mental Health Plan (MHP) and has established standards for all organizational, individual, and group providers furnishing Specialty Mental Health Services. CONTRACTOR shall adhere to all current MHP policies and procedures (P&P's) in addition to the following standards. In the event of conflicting requirements, current P&P's will supersede the below standards. P&P's may be updated from time to time, and when an update occurs COUNTY shall notify CONTRACTOR and provide the revised P&P's. Copies of all current P&P's are available by contacting the Tulare County Mental Health Managed Care/QI division at (559) 624-8000.

1. Assessment

- A. Initial Assessment: Contractor shall complete an initial assessment to establish medical necessity for all consumers requesting specialty mental health services within fourteen (14) days for adults, and twenty-one (21) calendar days for minors from the consumer's initial visit. The Assessment must be completed in the format designated by the MHP and must be completed and signed by a Licensed Practitioner of the Healing Arts (LPHA) and the consumer and/or guardian, if appropriate.
- B. Assessment Update: As clinically indicated, with best practice being at least annually, a re-assessment of key indicators of the client's condition will be performed and documented within the chart, particularly, reassessment will gather information the required to determine if the clinical symptoms, behaviors, and impairments necessary to support medical necessity for Specialty Mental Health Services are present or not.

2. Plan of Care

- A. Consumer Wellness Plan (CWP): The plan of care shall be completed by the Contractor within thirty (30) days from the first date of current admission, and updated thereafter at twelve (12) – month intervals, based on the "Open Episode" date.
- B. Frequency: The CWP shall be completed by the 30th day in all cases in which services will exceed 30 days. At minimum, the CWP must be updated annually, within 30 days prior to the anniversary date of the previous CWP.
- C. Content of CWPs:
 - 1. Specific, observable or quantifiable goals and objectives.
 - 2. Proposed type(s) of intervention to address the functional impairments or reasonable risk of significant deterioration in current functioning as identified in the Assessment. Interventions should include description of both the particular service and the specific intervention actions pertaining to the service.
 - 3. Proposed duration and frequency of intervention(s).
 - 4. Documentation of the consumer's participation in and agreement with the plan. This includes consumer signature on the plan and/or reference to consumer's participation and agreement in progress notes.
- D. Signature (or electronic equivalent) by a LPHA (the LPHA must be a physician for Medicare or MED-Only consumers) and the consumer. Consumer plans shall be consistent with the diagnoses and the focus of intervention will be consistent with the consumer plan goals.

- E. Contractor will offer a copy of the consumer plan to the consumer and will document such on the consumer plan.
- 3. Progress Notes and Billing Records. Services must meet the following criteria, as specified in the MHP's Agreement with the California Department of Health Care Services.
 - A. All service entries will include the date and time the services were provided.
 - B. The consumer record will contain timely documentation of care. Services delivered will be recorded in the consumer record as expeditiously as possible, but no later than the timeliness time frame delineated by Tulare County Mental Health policy and procedure
 - C. Contractor will document consumer encounters, and relevant aspects of consumer care, including relevant clinical decisions and interventions, in the consumer record.
 - D. All entries will include the exact number of minutes of service provided and the type of service, the reason for the service, the corresponding consumer plan goal, the clinical intervention provided, the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number.
 - E. The record will be legible.
 - F. The consumer record will document referrals to community resources and other agencies, when appropriate.
 - G. The consumer record will document follow-up care or, as appropriate, a discharge summary.
 - H. Timeliness/Frequency of Progress Notes
 - 1. Shall be prepared for every Service Contact including:
 - a) Mental Health Services (Assessment, Plan Development, Collateral, Individual/Group/Family Therapy, Individual/Group/Family Rehabilitation);
 - b) Medication Support Services;
 - c) Crisis Intervention;
 - d) Case Management/Targeted Case Management (billable or non-billable).
 - 2. Shall be daily for:
 - a) Crisis Residential;
 - b) Crisis Stabilization (1x/23hr);
 - c) Day Treatment Intensive.
 - 3. Shall be weekly for:
 - a) Day Treatment Intensive for Clinical Summary;
 - b) Day Rehabilitation;
 - c) Adult Residential.
 - 4. On each shift for other services such as Acute Psychiatric Inpatient.
- 4. Additional Requirements
 - A. Contractor shall display the Medi-Cal Guide to Mental Health Services Brochures in English and Spanish, or alternate format in their offices. In addition, Contractors shall post grievance and appeal process notices in a visible location in their waiting rooms along with copies of English and Spanish grievance and appeal forms with MHP self-addressed envelopes to be used to send grievances or

appeals to the Problem Resolution Coordinator and the Quality Improvement/Managed Care Department.

- B. Contractor shall be knowledgeable of and adhere to MHP policies on Beneficiary Rights as outlined in the Guide to Mental Health Services.
- C. Contractor shall ensure that direct service staff, attend cultural competency trainings as offered by the County.
- D. Contractor shall establish a process by which Spanish speaking staff that provide direct services in Spanish or interpretive services are tested for proficiency in speaking, reading, and writing Spanish language.
- E. Contractor shall provide timely access to care and service delivery in the following areas as required by the State MHP standards:
 - 1. Where applicable, 24 hours per day, 7 days per week access to “urgent” services (within 24 hours) and “emergency” services (same day);
 - 2. Access to routine appointments (1st appointment within 10 business days. When not feasible, Contractor shall give the beneficiary the option to re-contact the Access team and request another provider who may be able to serve the beneficiary within the 10 business day standard).
 - 3. The MHP Quality Assurance/Utilization Management team of Tulare County monitors clinical documentation and timeliness of service delivery.
- F. Contractor shall not create, support or otherwise sanction any policies or procedures that discriminate against Medi-Cal beneficiaries. Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or, in the alternative, Contractor shall offer hours of operation that are comparable to those hours offered to Medicaid fee-for-service consumers, if the provider serves only Medicaid beneficiaries.
- G. If the State, CMS, or the HHS Inspector General (Office of Inspector General) determines that there is a reasonable possibility of fraud or similar risk, the State, CMS, or the HHS Inspector General may inspect, evaluate and audit the subcontractor at any time.
- H. The right to audit will exist through 10 years from the final date of the contract period or from the date of completion of any audit, whichever is later. Notwithstanding Paragraph 29, Order of Precedence, of the General Terms and Conditions (GTC) relevant to this agreement, the 10-year records retention period shall apply to all MHP agreements. This requirement supersedes the 5-year retention period in Paragraph 9 in the GTC.

Reference: Service and Documentation Standards of the State of California, Department of Health Care Services.

Exhibit B-1
Short Doyle MediCal Contract Rates
Fiscal Year 2018-2019
Tulare County (“COUNTY”) Mental Health Agreement
Medi-Cal Specialty Mental Health Services

Psynergy Programs (“CONTRACTOR”) utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

Services are billed according to federal medical necessity guidelines and “nested” levels of care allow for the gradual reduction in services and net costs for the placing agency. Under this standard, the placing agency is responsible for residential services (the Day Rate) and under this agreement a separate Specialty Mental Health Services Contract. Counties will be billed for only those individual mental health services received by the consumer (billed per unit.) This arrangement maximizes the available Medicaid Federal Financial participation (FFP) to reduce net costs, usually by 50% of total mental health service billed.

If the individual does not have benefits we have a unbenefited rate available, which allows the client to receive services while benefits are being applied for by the Public Guardian’s Office.

Rate for Outpatient Mental Health Services (Specialty Mental Health Services Rates)

COUNTY will pay Contractor for Medi-Cal allowable services provided to client as appropriate for the required level of care.

Service Function	Mode of Service Code	Service Function Code	Time Basis	County Maximum Rates
Case Management	15	01-09	Staff Minute	\$2.08
Mental Health Services – Collateral		10-19	Staff Minute	\$2.69
Mental Health Services		30-59	Staff Minute	\$2.69
Medication Support		60-69	Staff Minute	\$4.96
Crisis Intervention		70-79	Staff Minute	\$4.00

Residential Services & Supports

General Program Rates for Nueva Vista, Cielo Vista and Nueva Vista Sacramento

Supplemental Day Rate Patch for clients with benefits:

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

<i>Day Rate for Mild Complexity Level</i>	<i>\$69.01 per client day.</i>
<i>Day Rate for Moderate Complexity Level</i>	<i>\$99.91 per client day.</i>
<i>Day Rate for Severe Complexity Level</i>	<i>\$131.33 per client day.</i>

General Program Rates for Nueva Vista, Cielo Vista and Nueva Vista Sacramento

Supplemental Day Rate Patch for clients without benefits:

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

<i>Day Rate for Mild Complexity Level</i>	<i>\$108.65 per client day.</i>
<i>69.01 (Mild) + 34.64 (SSI) + 5.00</i>	
<i>Day Rate for Moderate Complexity Level</i>	<i>\$139.55 per client day.</i>
<i>99.91 (Mod) + 34.64 (SSI) + 5.00</i>	
<i>Day Rate for Severe Complexity Level</i>	<i>\$170.97 per client day.</i>
<i>131.33 (High) + 34.64 (SSI) + 5.00</i>	

General Program Rates for Tres Vista, Supported Accommodations / Independent Living

General community services and supports for individuals living in an unlicensed, independent setting experiencing mental distress, substance abuse and physical illnesses. All meals, groups and recreational activities are included. Application and Program Agreement must be reviewed with COUNTY prior to admission.

<i>Day Rate for Individuals with Benefits</i>	<i>\$36.05 per client day.</i>
<i>Day Rate for Individuals without Benefits</i>	<i>\$66.95 per client day.</i>

Bed Hold

Requests for bed holds will be made on an individual basis by COUNTY with a maximum hold of five (5) days, unless prior arrangements are discussed. The Bed Hold rate will be at the individuals Complexity Level when they left for the Bed Hold, mild, moderate or severe.

Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation

CONTRACTOR will pick-up new admissions from placements upon request from COUNTY. From the residence, to the destination, and return in a Psynergy Program insured car and driver rate is \$50.00 per hour in 15 minute increments. Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meal provided, hydration, cigarette breaks if so required.

Enhanced Support and Supervision

CONTRACTOR will provide individual support and supervision with prior authorization from COUNTY. The rate for Enhanced Support and Supervision is \$40 per hour in 15 minute increments. *Examples of individual support and supervision are:*

Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment.

Stand by assistance for chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Stand by assistance for physical therapy treatment, including support during therapy session, and transport to and from treatment.

Individual support for clients diagnosed with SPMI and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors.

Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.