

COUNTY OF SAN MATEO  
Departmental Correspondence

DATE. **MAR 21 2001**  
HEARING DATE: **APR 03 2001**

TO: Honorable Board of Supervisors  
FROM: Beverly Abbott, Director, Mental Health Services Division  
SUBJECT: Agreement with Alameda County

RECOMMENDATION

Adopt a resolution authorizing the President of the Board to execute an agreement with Alameda County to provide services through the Bay Area Regional Neuro-Behavioral Care Program for adults.

Background

In the spring of 1993, the Bay Area Mental Health Directors Consortium began a planning effort to create a program alternative to Napa State Hospital (NSH) for adults with psychiatric problems related to organic brain injury

Alameda County agreed to take the lead on the project and with input from other Bay Area counties, negotiated contracts with Guardian and Telecare Corporations to administer the program from three sites in Alameda County. They are Garfield, Morton Bakar Center, and Medical Hill Neurobehavioral Program. The services purchased through this agreement with Alameda County are not available in the existing Mental Health Services agreement with the Telecare Corporation.

Discussion

In 1999-00, Mental Health Services Division contracted with Alameda County for a total of 13 beds in the three sites serving these adults. We wish to continue this contract for FY 2000-01; however, we will be decreasing the number of beds from 13 to 9. Some of the clients who were placed there last year have moved into placements at lower levels of care which are more appropriate to their needs

The program facilities are licensed skilled nursing facilities and basic services are billed to Medi-Cal. The county's contract will pay an additional "patch" rate of approximately \$106 per day for costs over and above what Medi-Cal pays. Although this rate reflects a 4% increase from last year's rate due to a COLA adjustment, these costs are still significantly less than the cost of care at NSH, which is now at approximately \$305 per day

The 1998-99, 1999-00 and 2000-01 objectives for the program are as follows.

Performance Outcomes	1998-99 Objectives	1998-99 Actuals	1999-00 Objectives	1999-00 Actuals	2000-01 Objectives
Percent of patients who have no acute mental health hospitalizations	100%	94%	100%	93.3%	100%
Percent of patients who do not return to NSH	100%	100%	100%	100%	100%

Term

This agreement is effective from July 1, 2000 through June 30, 2001. It contains modified hold harmless language that assigns liability based on which party was negligent, and it has been approved by both Risk Management and County Counsel. It has been delayed due to some changes in the Alameda contract process.

Fiscal Impact

The agreement provides for an obligation of \$348,210. Last year's agreement was \$485,316. These funds have been included in the 2000-01 Mental Health Services' budget. Sales tax provided through realignment will cover 81%, or \$282,050, of the cost. The remaining \$66,160 represents the net county cost.

RECOMMENDED

  
 \_\_\_\_\_  
 HEALTH SERVICES DEPARTMENT

RESOLUTION NO. \_\_\_\_\_

BOARD OF SUPERVISORS, COUNTY OF SAN MATEO, STATE OF CALIFORNIA

\* \* \* \* \*

RESOLUTION AUTHORIZING EXECUTION OF AGREEMENT WITH  
ALAMEDA COUNTY

RESOLVED, by the Board of Supervisors of the County of San Mateo, State of California, that

WHEREAS, there has been presented to this Board of Supervisors for its consideration and acceptance an Agreement, reference to which is hereby made for further particulars, whereby Alameda County shall provide services through the Bay Area Regional Neuro-Behavioral Care Program for adults; and

WHEREAS, this Board has been presented with the Agreement and has examined and approved it as to both form and content and desires to enter into the Agreement.

NOW, THEREFORE, IT IS HEREBY DETERMINED AND ORDERED that the President of this Board of Supervisors be, and is hereby, authorized and directed to execute said Agreement for and on behalf of the County of San Mateo, and the Clerk of this Board shall attest the President's signature thereto.

San Mateo County # \_\_\_\_\_

Alameda County # \_\_\_\_\_

**INTERCOUNTY SERVICES CONTRACT**

(Skilled Nursing Services for OBS, Traumatic Brain Injured and Medically Debilitated Patients)

1. **PARTIES.** The following named Counties, for their respective Agencies and Departments specified below, mutually agree and promise as follows:

**County Providing Services:** Alameda County (for its Health Care Services Agency/Behavioral Health Care Services)

**County Receiving Services:** San Mateo County (for its Health Services Department/Mental Health Division)

2. **TERM.** The effective date of this Contract is July 1, 2000 and it terminates June 30, 2001, unless terminated sooner as provided herein.

3. **OBLIGATIONS OF COUNTY PROVIDING SERVICES.** Alameda County shall provide for San Mateo County, during the term of this Contract, access to the mental health treatment services as set forth in the attached Program Description and Performance Requirements (Exhibit A), which is incorporated herein by reference.

4. **OBLIGATIONS OF COUNTY RECEIVING SERVICES AND PAYMENT LIMIT.** San Mateo County shall pay Alameda County **\$348,210**, as an all inclusive amount for the guaranteed access and service availability as specified in the attached Exhibit B, which is incorporated herein by reference.

5. **GENERAL PROVISIONS.** This Contract is subject to the attached General Provisions which are incorporated herein by reference.

6. **SIGNATURES.** These signatures attest the parties' agreement hereto

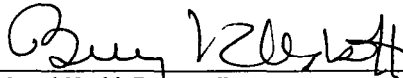
**SAN MATEO COUNTY**

By

**ALAMEDA COUNTY**

By

\_\_\_\_\_  
Board of Supervisors  
President/Designee

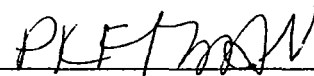


\_\_\_\_\_  
Mental Health Director/Designee

\_\_\_\_\_  
Behavioral Health Care Services Director/Designee

**ATTEST:**

Clerk of the Board/Deputy



\_\_\_\_\_  
**APPROVED AS TO FORM:**  
Deputy County Counsel

Original contract form signed by

Jason Lauren

\_\_\_\_\_  
**APPROVED AS TO FORM:**  
Deputy County Counsel

San Mateo County # \_\_\_\_\_

Alameda County # \_\_\_\_\_

### GENERAL PROVISIONS

1. **Independent Contractor Status.** This Contract is by and between two independent contractors and is not intended to, and shall not be construed to, create the relationship of agent, servant, employee, partnership, joint venture, or association
2. **Amendments** This Contract may be modified or amended by a written document executed by each County's Board of Supervisors, or after Board approval, by their designees.
3. **Indemnification.** Each County and its respective employees, agents, and officers shall be indemnified and held harmless by the other County against any and all claims, demands, or causes of action arising out of any act or omission of any officer, agent, or employee of the other County while performing services under this Contract, or resulting from the condition of any property owned or controlled by the other County. Each County shall maintain a self-insurance program and/or other insurance, which maintains the following minimum coverage levels.
  - A. Workers Compensation Statutory requirements
  - B. General and Automobile Liability: \$3,000,000 per occurrence combined single limit bodily injury and property damage. Deductible of \$5,000 or less per occurrence.
  - C. Professional Liability: \$3,000,000 per claim Deductible of \$5,000 or less per claim.

Additionally, Alameda County shall require its subcontractor to name as additional insured the County Receiving Services and to maintain the above referenced coverage levels.

4. **Termination.** This Contract may be terminated by either party, at their sole discretion, upon sixty-day advance written notice thereof to the other, and may be canceled immediately by written mutual consent of each County's Mental Health Director
5. **Notices.** All notices provided for by this Contract shall be in writing and may be delivered by deposit in the United States mail, postage prepaid Notices shall be addressed as follows:

San Mateo County

Director, San Mateo County Mental Health  
225 West 37th Avenue, San Mateo, CA 94403

Alameda County:

Behavioral Health Care Services  
2000 Embarcadero, Suite 302, Oakland, CA 94606

6. **Entire Agreement** This Contract contains all the terms and conditions agreed upon by the parties Except as expressly provided herein no other understanding, oral or otherwise, regarding the subject matter of this Contract shall be deemed to exist or to bind any of the parties hereto.

# EXHIBIT A

## PROGRAM DESCRIPTION AND PERFORMANCE REQUIREMENTS

Contractor	<b>Alameda County</b>
Services(s).	<b>Access to 24 Hour Skilled Nursing Care - Neuro-Behavioral Care provided by Ocadian Care Centers, Inc. and Telecare Corporation</b>
Contract Period.	<b>July 1, 2000 through June 30, 2001</b>

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The Alameda County Regional Neuro-Behavioral (NB) Care program is a specialized care program for brain impaired adults. Skilled nursing services are provided to organic brain syndrome (OBS), traumatic brain injured, and medically debilitated patients. Two contractors provide services for these clients. Ocadian Care Centers, Inc. provides services at the Medical Hill Rehabilitation Center. Telecare Corporation provides services at both Morton Bakar Center and Garfield Neurobehavioral Center. The following are the Program Descriptions and Performance Requirements for both Ocadian Care Centers, Inc. and Telecare Corporation.

## EXHIBIT A

### OCADIAN CARE CENTERS, INC.

1. Contracted Services  
  
Skilled Nursing Facility,  
Care and Program for OBS, Traumatic Brain Injured and medically debilitated patients
2. Program Name  
  
Neurobehavioral Care Program  
Medical Hill Rehabilitation Center  
475 - 29th Street  
Oakland, CA 94609
3. Program Objectives.
  - A. To provide a regional program which enables residents previously placed in the state hospital or more expensive levels of care to be treated in the community
  - B. To provide a safe, secure and behaviorally focused environment which enhances the opportunity of the resident to reach their maximum level of functioning
  - C. To develop alternative therapeutic interventions which reduce recidivism to more restrictive levels of care and enable the resident to remain in community placement for significantly longer periods of time.
  - D. To develop a current and comprehensive assessment and treatment program for all residents based on their individual needs.
4. Program Description and Requirements
  - A. Officers

Robert G. Peirce	President and CEO
Maureen L. Hewitt	Chief Operating Officer
Annette Eugenis	Regional Vice President of Operations
John Quinn	Chief Financial Officer
Nancy J. Plasse	Secretary

  
Members of the Board of Directors:

Robert G. Peirce
Walter C. Bowen
Bruce Bauer
Dana O'Brien

## EXHIBIT A

B Executive Director/Chief Executive Officer:

Robert G Peirce, President

C. Medical Director.

Floyd Huen and Jim Mettleberger

D. Program Director.

Vicki Johnson

E. Contract Fiscal Officer.

John Quinn

F. Program Description:

Our basic philosophy of treatment in working with a permanently disabled population of OBS adults is to provide a pleasing and attractive living environment, a well supervised and safe nursing-led milieu, and a simple, yet comprehensive therapeutic program focusing on evaluation, medication, and a clearly defined program of behavioral expectations, rehabilitation and recreation opportunities, social skills training and discharge options, where appropriate.

One of the major clinical and placement concerns in working with this population is their tendency to react unexpectedly, impulsively and perhaps aggressively. Additionally, they demonstrate clear limits in initiating interpersonal or individual behavior and tend to fatigue easily. It is essential for program staff to simultaneously present an expectation of appropriate program involvement and participation on behalf of the resident and at the same time accept their limits positively.

Ocadian Care Centers is aware of the difficulty and challenge in providing and encouraging resident involvement and participation in the habilitative groups structured activities. Many of the groups and activities intended for the Program are of low structure and demand, such as Coffee Break Group (offered daily), ADLs (daily), Board Games and Current Events. Other groups can be revised to allow an easier or more flexible level of participation, such as Outdoor Recreation, Socialization Group, Relaxation and Stretch, and Peer Support.

We have found it most beneficial to our residents overall progress to simultaneously. 1) acknowledge the difficulty this population has in participating in groups or structured activities, and 2) utilize a process of successive approximation, extensive resident praise and support, and interest stimulation to encourage initial and small group participation, and 3) encourage greater and more progressive degrees of program participation over time.

Our program policy is to rely on encouragement, direction, persuasion, influence and reinforcement to support greater resident participation in group and program activity. Non-participation or program avoidance is a symptom of the illness and should be addressed as a treatment objective, not as an oppositional and contrary posture by the resident. Residents who are



## EXHIBIT A

simply unable or unwilling to participate in program structure or groups shall be provided the other components of the overall treatment program, including medication, supervision, and case management to ensure the best possible therapeutic response for that particular resident at that particular time

Our goal is to make resident participation a Win-Win process, where residents can begin to develop both interest and a sense of personal safety in socializing and participating in the program, and program staff can accept that the resident has a significant level of impairment which entails a slow, careful and guarded prognosis regarding full participation

Although we acknowledge the extensive impairment and disability our residents may have, we also acknowledge the tremendous potential for growth, recovery and adaptation our residents may possess. In many ways we perceive our residents as capable of great strides, but we are also aware of how slow and challenging any change may be.

OBS patients all present with a wide variety of neuro-psychological impairment. In addition to standard medical and psychiatric work-ups, these patients can benefit from a neuro-psychological evaluation. These assessments can assist staff in developing individualized approaches for each resident and staff can be directed to approach some residents using verbal re-direction, others using tactile feedback, and still others using visual cues

Individual treatment plans will focus on achievable, pertinent goals, probably no more than two at a time, and may include reducing assaultiveness through provision of a verbal alternative (or tactile, or visual, etc) or may include increased self-care and ADLs

The primary objective of the program is to develop a current and comprehensive assessment, stabilization, safety, security and skills training, all within an atmosphere of positive regard and appropriate expectation

The staffing proposed allows for an intensity and quality that is necessary for these seriously debilitated residents. The program will treat older adults of any ethnic or ancestral group, race, sex, sexual orientation, religion, or national origin and will provide culturally oriented programming for that population. The program will provide translators for any non-English speaking adult for whom neither a family member or a staff member is able to act as translator.

### G Program Goals

The goal of this program is to provide a caring, qualified staff, a pleasing environment and proven treatment programs. Since a single therapeutic approach does not work for everyone, program offerings are based on the needs of the individual, including group, individual and family therapy, behavior modification, a variety of activity therapy and one-to-one interactions with staff members and other residents through an approach that is solidly anchored in a well supervised therapeutic milieu. All activities and interactions are processed through this therapeutic milieu, so that everyday activities of daily living can be a source of therapeutic stabilization, impact and change

# EXHIBIT A

The treatment program reflects the belief that individuals, regardless of their level of impairment, can be rehabilitated and maintained at their maximum potential. The goal of treatment for the OBS population is to provide a comfortable and highly skilled nursing environment which provides health care services in a therapeutic, non-threatening milieu and allows the individual to progress or maintain at their own individual level of comfort.

## H Performance Objectives

- A. To provide 17,885 patient days per year in a SNF certified by Medi-Cal
- B. To treat an average of 49 residents per year.
- C. To reduce recidivism (usage) to more restrictive levels of care by 80%.

## I Discharge Criteria and Planning

Discharge planning shall be an integral part of the residents treatment program. Beginning at the time of pre-admission screening and throughout the course of treatment, discharge planning is addressed by the social worker in conjunction with the multidisciplinary treatment team on the resident's initial treatment plan. Continued assessment of the resident's discharge planning status occurs through review by the Clinical Director, the multidisciplinary treatment team and the County monitor.

All discharges will be planned in advance with every effort made to avoid precipitous discharges and/or re-admissions. The objective is to provide long range planning to meet the needs of the residents and his/her family as well as to take preventative measures to avoid the necessity for repeated crisis intervention and to allow the resident and family to appropriately utilize community resources. Acute hospitalization may need to occur when dangerous, acutely unmanageable behavior presents serious threat to the safety of the resident or other, or if the resident becomes acutely medically unstable.

Aftercare planning will be divided into five stages:

1. Assessing the resident and family needs
2. Exploring available resources
3. Making recommendations
4. Facilitating referral
5. Follow-up

Anticipating the need for others to supplement and complement what this program provides, the staff will remain current in terms of available services and the quality of those services. The social service staff is responsible for being familiar with and knowledgeable about how other agencies, organizations and individuals are related, either directly or indirectly, in providing mental health and health services, in both the public and private sectors.

## J Case Management

## EXHIBIT A

When the resident is discharged, an agreement will be made with the community resource or family receiving the resident that will enable the former to contact the program personnel if any problems arise relative to the continuing care of the resident. The uniqueness of this agreement, and the uniqueness of the consulting and training services being offered, cannot be overemphasized.

The program will also make the commitment and have the capability to serve as a consulting resource to any placement institution or family member who needs assistance in the difficult task of caring for the discharged resident. We will expect a commitment from the family or agency to continue to work with the resident in the manner prescribed as being the most effective way of assisting the resident to adjust to the social environment to which he/she has been discharged.

The Social Service staff will be responsible for linking the resident with county case management services and providing information regarding aftercare recommendations to the placement agency. Meetings prior to discharge and involvement by the family, agency or case manager will be encouraged so that services flow appropriately, supporting the newly discharged adult in their new environment. This transition will be critical for the resident's success in the placement and a primary focus of the program's social workers.

### K. Limitations of Services.

Residents who do not meet Medi-Cal certification criteria for SNF level of care will not be able to be admitted and/or continued in the program. This includes residents who are considered medically and psychiatrically unstable and requiring acute levels of care.

### L. Patient Record Requirement

Resident records will be maintained in accordance with California Code of Regulations and Medi-Cal certification requirements. Authorized county personnel will be permitted to review the charts and are encouraged to participate in the treatment planning and chart review process to determine clinical effectiveness, appropriateness and timeliness of services being delivered.

### M. Quality Assessment and Improvement & Corporate Compliance

Quality Assessment and Improvement Plan shall be maintained by the facility and shall include but not be limited to Medication Monitoring, Corporate Team visits and Utilization Review. The plan identifies and addresses quality issues, and implements corrective action plans as necessary.

#### 1 Medication Monitoring

All psychotropic or psychoactive medications will be monitored on an on-going basis through Utilization Review, but also on a quarterly basis for the Quality Assurance Committee by the Medical Director. Medications will be monitored for appropriateness, interaction with other medications, effectiveness and drug sensitivity. Physicians will be provided with information and counseling regarding their use of medications as it relates to program and community standards.

## EXHIBIT A

### ii Corporate Teams Visits

Team visits are done at least quarterly by the Ocadian Care Centers Corporate Team to validate the findings of the Quality Assessment and Improvement Committee. The team consists of professional disciplines including but not limited to licensed nurses, dietitians, and rehabilitation therapists. Findings of the team visits are communicated to the Administrator and the department heads of the facility. Action plans are developed which may include education and training necessary to maintain standards of care.

### iii Utilization Review

The medical record of each resident admitted to the Intensive Day Treatment Program will be reviewed against admission criteria within 15 days following admission and then every 30 days thereafter. The initial admission review will focus on the appropriateness of the treatment plan in relation to the diagnosis, while the continuing stay review will focus on continuing need for the level of service as defined by the treatment plan and the response of the resident to the treatment. All disciplines will be represented on the Utilization Review Committee. Deficiencies noted by the Committee will require corrective action by facility staff, and results and action of the Utilization Review Committee will be reported to the Quality Assurance Committee.

### iv Corporate Compliance – Code of Conduct

Pursuant to Ocadian Care Centers' Corporate Compliance Program, all contractors shall comply with the Ocadian Code of Conduct attached as Exhibit D.

- |    |  |                           |
|----|--|---------------------------|
| 4N | Minimum Staffing Qualification:  | On File                   |
| 4O | Organizational Chart.  | On File                   |
| 5. | Hours/Days of Operation:   | 24 hours/day, 7 days/week |
| 6  | Reporting Requirements:  |                           |
|    | Regular monitoring of each resident's progress, reassessments for continued stay, and coordination of aftercare services will be coordinated with the assigned county program liaison and individual case workers. To ensure that program objectives and county goals are satisfied, a close working relationship is expected between the County and the program staff.  |                           |
| 7. | Evaluation Requirements  |                           |
|    | Family and placement resource satisfaction surveys will be conducted periodically to assess outside perception of the program and obtain valuable input for on-going evaluation and program adjustment. An Annual Report will be prepared for the Counties and the community detailing compliance with contract goals and objectives and describing internal and external achievement, as well as client performance objectives. |                           |
| 8. | Certification/Licensure:   |                           |

## EXHIBIT A

124 Skilled Nursing Facility  
Number 020000110  
Exp Date 5/23/2001

Certification  
Medical LTC55254J  
Medicare 555254

Facility is also Medi-Cal certified

### 9 Service Criteria

To be eligible for admission, a resident must be

- a) A referred resident of one of the participating counties
- b) 21 years of age or older
- c) Diagnosed as having either OBS, dementia with a serious medical disability needing SNF level of care
- d) Temporarily or permanently conserved or agree to voluntarily admit themselves
- e) Meet SNF Medi-Cal admission and continued stay requirements (TAR eligibility for Medi-Cal SNF)
- f) Have a Medi-Cal card or number

10. Admitting Hours – Intake hours will be from 8 00 – 4 30, Monday through Friday

### 11. Specialized Services

- A Medically debilitated and compromised - Diagnoses will include but not be limited to clinical profile described in the RFQ. It is expected that total nursing care would be provided to each of these residents. In addition IV s, decubitus care, NG tubes, stomach tubes, suctioning & trach care and O<sub>2</sub> will be provided. Exclusions will be ventilator patients and patients meeting acute medical care standards for admission to med-surg hospitals. When the patient is discharged from the med-surg acute care hospital, the patient will be readmitted to this facility.
- B Non ambulatory - Most residents are expected to be non ambulatory and will need assistance with ambulation (if at all appropriate). Those few residents who may be ambulatory may be isolated or confused, however, they will not present an elopement risk.
- C Psychiatric behaviors - Assaultive, confused, isolative, aggressive behaviors will be managed through planned therapeutic interventions, appropriate psychopharmacology and treatment planning of medical and psychiatric MDs, RNs, LVNs, LCSWs, Rehab staff and certified nursing assistants. All staff will be trained in both appropriate medical and psychiatric interventions and behavioral management techniques.

### 12. Service Area

This program and facility will be a regional program and service as a minimum 10 Bay Area Counties. Alameda County will serve as the host county with other counties contracting for services in this facility for their designated patients through this Alameda County contract.

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## EXHIBIT A

Description of Services/  
Performance Requirements  
Page 9

13. Service Delivery Sites:

Medical Hill Rehabilitation Center  
475 - 29th Street  
Oakland, CA 94609

## EXHIBIT A

### TELECARE CORPORATION NEUROBEHAVIORAL SERVICES

Telecare Corporation provides neurobehavioral services at two facilities. Both Morton Bakar Center and Garfield Neurobehavioral Center provide services to individuals with neurobehavioral disorders. A program description of operational details follow.

#### Program Objectives:

##### MORTON BAKAR CENTER

Program objectives are aimed at slowing the deterioration of mental and physical capabilities and toward restoring functional abilities. Humane care, sensitive to the needs of the geropsychiatric and gero-neurobehavioral patients, is provided in a milieu that is stimulating and supportive. An intense primary effort will be made with all new admissions to the program to prepare as many patients as possible to return to their families or to move to a general skilled nursing facility, an intermediate care facility, or a board and care home.

##### GARFIELD NEUROBEHAVIORAL CENTER

Garfield provides services to individuals with neurological deficits resulting from trauma, disease processes, or metabolic or toxic degenerative disorders. The overall program objectives are based on the belief that individuals, regardless of their level of impairment, can achieve realistic, individualized goals and objectives. Garfield provides a safe, comprehensive medical, nursing, and post-rehabilitation treatment using state-of-the-art interventions based on up-to-date clinical knowledge and current research findings.

#### Program Descriptions:

##### MORTON BAKAR CENTER

Morton Bakar Center also provides services for older adults with neurobehavioral impairments. Using an eclectic model which incorporates medical, nursing, rehabilitation and behavioral components, the program addresses the symptoms of the neurological disorders, the loss of personal care and social skills that result over time from the symptoms, and the deficits which result from the neurological impairment.

The program operates within a structured framework using a systematic set of clinical and medical interventions. Daily resident activities focus on minimizing the negative impact of the neurological disorder. Activities will include, but will not be limited to, skill building regarding activities of daily living, medical evaluation and monitoring, and working on individual goals. The primary goal of the program is to maintain the individual in a safe, secure, homelike setting, which will positively impact the individual's quality of life and ability to obtain personal goals.

## EXHIBIT A

### Program Goals:

The program at the Center focuses on reducing symptoms of chronic mental and neurological disorders; developing independent living and social skills; improving quality of life, and assisting individuals in selecting a preferred, living environment

### Performance Objectives:

The following information will be tracked and reported back to Alameda County in the annual report

#### Utilization

- Length of stay for both current and discharged residents
- Number of admissions and discharges
- Number of acute psychiatric discharges and bed holds
- Number of acute medical discharges and bed holds
- Number of state hospital discharges  
(Contract objective is no individuals returned to the state hospital)
- Number of PES visits
- Number of AWOL discharges

#### Functioning

- Global Assessment of Functioning (GAF) and the Adaptive Behavior and Community Competency Scale (ABCS) will be assessed at admission, annually and at discharge

## GARFIELD NEUROBEHAVIORAL CENTER

### Program Description:

Garfield Neurobehavioral Center is a Skilled Nursing Facility treating individuals with a variety of neurological impairments. Using an eclectic model which incorporates medical, nursing, rehabilitation and behavioral components, the program addresses the symptoms of neurological disorders, the loss of personal care and social skills that result over time from the symptoms; and the deficits which result from the neurological impairment.

The program operates within a highly structured framework using a clearly outlined, systematic set of clinical and medical interventions. All aspects of residents' lives and functioning which are necessary for the provision of an appropriate, safe and secure environment are included. Daily resident activities will focus on minimizing the negative impact of the neurological disorder. Activities will include, but will not be limited to, skill building regarding activities of daily living, medical evaluation and monitoring, and working on individual goals. The primary goal of the program is to maintain the individual in a safe, secure, homelike setting, which will positively impact the individual's quality of life and ability to obtain personal goals.



## EXHIBIT A

### **Program Goals:**

Garfield focuses on providing a safe, secure homelike environment which provides a comprehensive, holistic approach to the needs of the individual with neurological impairments

It is intended that individuals will work on individual goals and realize their potential within the Skilled Nursing Facility while improving the quality of their lives. Safety, physical health and well being are the primary initiatives for this program

### **Performance Objectives:**

The following information will be tracked and reported back to Alameda County in the annual report:

#### Utilization

- Length of stay for both current and discharged residents
- Number of admissions and discharges
- Number of acute psychiatric discharges and bed holds
- Number of acute medical discharges and bed holds
- Number of state hospital discharges  
(Contract objective is no individuals returned to the state hospital)
- Number of PES visits
- Number of AWOL discharges

#### Functioning

- Global Assessment of Functioning (GAF) and the Adaptive Behavior and Community Competency Scale (ABCS) will be assessed at admission, annually and at discharge

### **Discharge Planning and Criteria:**

Discharge Planning is the responsibility of the Contractor in consultation with appropriately designated Alameda County Mental Health Staff. Discharge planning includes placement services, social services, advocacy for appropriate welfare service in the post-discharge period, and referral for post-discharge services. Discharge plans shall be in writing and included as part of the resident's record.

### **Case Management:**

Services for Alameda County residents, except those residing in the Berkeley-Albany mental health catchment area will be provided by Alameda County Mental Health Services. Case management services for residents of Berkeley-Albany will be provided by the City of Berkeley Mental Health Service. As indicated, to ensure continuity of care, the Contractor's staff will assist residents in initial aftercare referrals

## EXHIBIT A

### Limitations of Service:

Individuals with the following will not be accepted for admission\*.

1. Individuals whose medical condition as assessed by the contractor is deemed to be beyond the scope or resources of the facility, e.g., individuals on ventilators or receiving intravenous fluids, individuals whose complex medical needs are beyond the resources of the facility at any given period;
- ii. Individuals in extreme debilitated states, e.g., severe contractures, or
- iii. Individuals not able to benefit from services at a skilled nursing facility level of care

\* Please note an individual's acuity, e.g., disinhibition, assaultiveness, will be assessed and admission decision based on the facility's ability to safely provide services. Therefore, individuals with severe disinhibition and violent behaviors may not be acceptable for the program

### Hours/Days of Operation:

Morton Bakar Center. Twenty-four hours, seven days a week

Garfield Neurobehavioral Center. Twenty-four hours, seven days a week

#### **MORTON BAKAR CENTER: Target Population**

The resident population to be served by this program consists of up to ninety-seven individuals. Admission to the program is generally comprised of residents who are sub-acute and chronic, with mental disorders and neurologic impairments, some with disabling physical disabilities, and includes residents who have been evaluated as behaviorally unsuited for placement in skilled nursing facilities for either the mentally disordered or physically disabled. Many in the group also suffer from physical disabilities associated with the process of aging.

#### **GARFIELD NEUROBEHAVIORAL CENTER: Target Population**

Garfield Neurobehavioral Center provides services to individuals over the age of 18 with special treatment needs related to neurological impairments requiring a longer treatment phase to gain skills needed for community re-entry. The degree of impairment for this population is not of the intensity to necessitate acute care, but of the intensity of needing longer term interventions in order to allow the individual to successfully return to a less restrictive environment

The following overview highlights the target population for the facility. Garfield Neurobehavioral Center will operate as a 57 bed Skilled Nursing Facility (SNF) to provide safe medical care and ongoing treatment of adults, predominantly between the ages of 18-56 (or older on a case by case basis), with a primary diagnosis of dementia, amnesic and other cognitive disorders and mental disorders due to general medical conditions. The identified population Garfield will admit shall include those individuals who are characterized by the disruptive behavioral sequelae of cerebral organic disorders beyond the point of maximal recovery and medical rehabilitation, including.

## EXHIBIT A

1. head injury and brain trauma, including accidents and gunshot wounds;
2. cerebral tumors and infectious disease abscesses,
3. cerebrovascular disorders, including subdural hematoma and stroke (CVA),
4. specific dementias including senile and pre-senile dementias;
5. nutritional and toxic degenerative disorders associated with drug use and alcoholism, including Wernicke-Korsakoff Syndrome;
6. other Organic Brain Syndromes (OBS) with behavioral management problems (including metabolic disorders, i e., hypoglycemic seizures).

### Service Delivery Sites;

#### **MORTON BAKAR CENTER**

494 Blossom Way  
Hayward, CA 94541

#### **GARFLELD NEUROBEHAVIORAL CENTER**

1451 – 28th Avenue  
Oakland CA 94601

### **MORTON BAKAR CENTER: Admission Criteria:**

#### 1 Age Criteria

Since Morton Bakar Center is designed and mandated to treat the geriatric mentally ill population, it will not normally accept residents under the age of 57.

#### 2 Legal Status Criteria

Most of the admitted residents are considered gravely disabled, and the severity, duration of their illness usually requires LPS conservatorship. Residents may be admitted on the basis of a 5250, 5300, temporary conservatorship, or full conservatorship. Those residents who are judged to be competent and capable of giving informed consent in treatment may be admitted on a voluntary basis.

#### 3 Diagnostic Criteria:

The following diagnoses are expected to be prevalent among the resident population and amenable to treatment. Treatment, in this context, is defined as lessening of symptom severity, improvement in ability to relate, improvement in ability to perform activities of daily living, and reduction of special target behaviors that impact on the resident's ability to be maintained at a lower level of care.

Schizophrenic disorders  
Schizoaffective disorders  
Major affective disorders  
Atypical psychosis  
Paranoid disorders

## EXHIBIT A

Certain severe personality disorders  
Organic mental disorders  
Dementias

Morton Bakar Center's neurobehavioral program is designed for individuals with severe neurological impairments meeting the following criteria:

- Individuals must have a primary diagnosis of dementia, amnesic and other cognitive disorders, and mental disorders due to a general medical condition. (The latter disorders had previously been known as 'organic' disorders, but this term has been eliminated in the DSM-IV. Classifications include 290 xx, 293 xx, and 780.xx )
- Individual behavioral characteristics must be of the nature which can be managed at an SNF level of functioning, e.g., free of seriously and persistently aggressive or violent behavior.
- Individuals must not pose an imminent threat to themselves or others due to severe disinhibition or aggressive behavior.
- Individuals must be able to benefit from this level and intensity of intervention
- Medical complications must be of the nature that can be medically managed at a skilled nursing level of care, i.e., individuals with severe or acute impairments will be screened by the Morton Bakar Center assessment team for appropriateness for the Center.
- Individuals may have a co-existing substance abuse or dependence disorder or psychiatric disorder, but neither can be primary or the principle focus of treatment

### 1 Physical Characteristics

Due to the age and chronicity of the residents, Morton Bakar Center is staffed and equipped to address the aforementioned diagnoses when associated with physical illnesses.

### 2 Facility Funding.

- a. Medi-Cal: Morton Bakar Center presently participates in the Medi-Cal program. Medi-Cal will reimburse Morton Baker Center ONLY for those residents who are age 65 and older.
- b. Medicare: Morton Bakar Center does not currently participate in the Medicare program. Medicare WILL NOT reimburse Morton Bakar Center or the resident for any basic nursing or day treatment services provided to the resident by Morton Bakar Center
- c. Institutions for Mental Disease (IMD): Certain mental health facilities have been designated by the State of California as Institutions for Mental Disease. Morton Baker is designated as an institution for mental disease and IS being reimbursed for basic skilled nursing care for residents under the age of 65 pursuant to such designation.

## EXHIBIT A

- d Short/Doyle A portion of all resident's cost of care may be funded by the County of Alameda under the regulations of the State of California Department of Mental Health Service. Residents may be subject to admission criteria imposed by the County.
  - e Private Pay Residents with sufficient resources may, under certain circumstances, reimburse Morton Bakar at private rates for the full cost of basic services.
  - f Other Counties: A portion of Morton Bakar Center's program is funded by other California Counties
1. Intake Hours:

Intake hours for Morton Bakar Center are. Monday through Friday, 8.30 a.m. - 5:00 p.m.

### **GARFIELD NEUROBEHAVIORAL CENTER Admission Criteria**

1. Criteria for Garfield Neurobehavioral Center.
- Individuals must have a primary diagnosis of dementia, amnesic and other cognitive disorders, and mental disorders due to a general medical condition. (The latter disorders had previously been known as organic disorders, but this term has been eliminated in the DSM-IV. Classifications include 290.xx, 293.xx and 780 xx.)
  - Individual behavioral characteristics must be of the nature that can be managed at an SNF level of functioning, e.g., free of seriously and persistently aggressive or violent behavior.
  - Individuals must not pose an imminent threat to themselves or others due to severe disinhibition or aggressive behavior
  - Individuals must be able to benefit from this level and intensity of intervention
  - Medical complications must be of the nature that can be medically managed at a skilled nursing level of care, i.e., individuals with severe or acute impairments will be screened by the Garfield assessment team for appropriateness for the center.
  - Individuals may have a co-existing substance abuse or dependency disorder or psychiatric disorder, but neither can be primary or the principle focus of treatment.
1. Facility Funding
- a Medi-Cal: Garfield Neurobehavioral Center participates in the fee-for-service Medi-Cal program. Medi-Cal WILL reimburse Garfield Neurobehavioral Center for skilled nursing services provided to the resident by Garfield Neurobehavioral Center.
  - b Short/Doyle: A portion of all resident's cost of care may be funded by the County of Alameda under the regulations of the State of California Department of Mental Health Service. Residents may be subject to admission criteria imposed by the County.
  - c Other Counties: A portion of Garfield Neurobehavioral Center's program is funded by other California Counties.

# EXHIBIT A

1 Intake Hours:

Intake hours for Garfield Neurobehavioral Center are Tuesday, Wednesday, and Thursday,  
10.00 a m. - 2 00 p m

Telecare Executives & Management

Telecare Corporation Members of the Board of Directors

Anne L Bakar  
Nanci Fredkn

James Ken Newman

Officers of Telecare Corporation:

President	Anne L. Bakar
Vice President	Ross Peterson
Vice President, CFO	Marshall D. Langfeld
Vice President, COO	Stacey Calhoun
Vice President, HR	Carol Caputo
Vice President, MD	Steven Wilson, M.D.
Secretary	Nanci Fredkn
Assistant Secretary	Anne L. Bakar

Executive Director:

Anne L Bakar, President and C E.O.  
Stacey Calhoun, Vice President of Operations  
Rich Panell, Senior Regional Director, Northern CA  
Mary Suhlmann, Regional Director, Northern CA  
Wayne Pernell, Executor Director, Gladman MHRC  
William Kruse, Administrator, Morton Bakar Center  
Gilbert Lanese, Administrator, Gladman DTX  
Regina Scott, Administrator, Villa Fairmont  
Yvonne Wood, Administrator Garfield Neurobehavioral Services  
Jane Callahan, Program Director, STRIDES of Alameda County  
Scott Madover, Ph D , Administrator Vida Nueva  
Martí Wagner, Program Director, STAGES/SAS

Corporate Medical Director.

Steve Wilson, MD  
Robert Gutterman, MD, Gladman MHRC  
Floyd Brown, MD, Morton Bakar Center  
Harvey Segalove, MD, Villa Fairmont  
Position Rotated amongst Physicians , MD, Gladman DTX  
Thomas Morrissey, MD, Garfield Neurobehavioral Center  
Thomas Morrissey, MD, STRIDES

Contract Program Director.  
Clinical/Program Directors:

Ross Peterson, VP, Contract Officer  
Janice Corran, Ph.D , Morton Bakar Center  
Pansy Taft-Butkowskí, Villa Fairmont

## EXHIBIT A

Description of Services/  
Performance Requirements  
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Gilbert Lanese, Ph D , Gladman DTX  
Bob McCreery, Gladman MHRC  
James Wilson, Garfield  
George Gardner, Vida Nueva

Contract Fiscal Officer:

Marshall Langfeld, CFO  
Colleen Scheier, Director of Budgets and Reimbursements  
Edward Jay, Controller

### CERTIFICATION/LICENSURE

Facility	Type of License	License Number	State/Agency
Morton Bakar Center	SNF	020000398	DHS
Villa Fairmont	MHRC	02099014	DMH
Gladman Day Treatment	CMHC	M/Caid #0180	DHS
Gladman MHRC	MHRC	02080009	DMH
Garfield Neuro-Behavioral	SNF	020000074	DHS
STRIDES	Short-Doyle/Medi-Cal	Provider #018138	DMH
Vida Nueva	Social Model Detoxification	010047AP	Dept. Drug & Alcohol
STAGES	Short-Doyle/Medi-Cal	Provider #8160	DMH

## Exhibit B

Terms & Conditions

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Contractor: **Alameda County**  
Service(s): **Access to 24 Hour Skilled Nursing Care - Neuro-Behavioral Care provided by Ocadian Care Centers, Inc. and Telecare Corporation**  
Period: **July 1, 2000 through June 30, 2001**

### TERMS AND CONDITIONS OF PAYMENT

In return for access to the aforementioned services as set forth in Exhibit A of this Agreement, **San Mateo County** agrees to reimburse Alameda County on the following basis:

1. Total Remuneration

Remuneration to Alameda County under this agreement shall be known as net reimbursable cost and shall, in no event, exceed the amount of **\$348,210**.

2. Basis for Final Reimbursement

Final reimbursement to Alameda County shall be on the basis of a negotiated rate of **\$106**/day for each Medi-Cal eligible client and **\$206**/day for each non Medi-Cal eligible client placed in the program. **San Mateo County** shall consider this amount as net final reimbursable cost.

3. Interim Reimbursement Method(s) During Contract Period

**San Mateo County** acknowledges the necessity of providing a cash flow to Alameda County to enable Alameda County to pay program operating and other expenses of Ocadian Care Centers, Inc. and Telecare Corporation herein after referred to as the program providers. Therefore, to establish the aforementioned cash flow, **San Mateo County** shall pay Alameda County for services in accordance with the following reimbursement method(s) and payment schedules:

Net negotiated amount of **\$348,210** for access to **9** bed(s) at the Neuro-Behavioral Care program operated by Ocadian Care Centers, Inc. and Telecare Corporation.

Schedule of payments:

Fiscal year 2000-2001 net negotiated amount of **\$348,210** to be paid on or before March 31, 2001.

4. Submittal Deadline for Claims

Alameda County shall submit to **San Mateo County** claim(s) for payment 30 days prior to the payment date(s) as specified in Paragraph 3.