

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, 2001 and it terminates June 30, 2002, 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 **\$325,168**, 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:

Board of Supervisors
President/Designee



Mental Health Director/Designee

ATTEST:

Clerk of the Board/Deputy

APPROVED AS TO FORM:

Deputy County Counsel

ALAMEDA COUNTY

By:

Behavioral Health Care Services Director/Designee

Original contract form signed by

Jason Lauren

APPROVED AS TO FORM:

Deputy County Counsel

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.**

HOLD HARMLESS/INDEMNIFICATION: To the fullest extent permitted by law, Alameda County shall defend, indemnify and hold harmless San Mateo County and its officers, agents, departments, officials, representatives and employees from and against any and all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from the performance of this Contract, or any part thereof, or any negligent act or omission of Alameda County, its contractor(s), subcontractor(s) or anyone directly or indirectly employed by Alameda County (collectively, "Liabilities").

HOLD HARMLESS/INDEMNIFICATION: To the fullest extent permitted by law, San Mateo County shall defend, indemnify and hold harmless Alameda County and its officers, agents, departments, officials, representatives and employees from and against any and all claims, liabilities, loss, costs, damages, injury or death, fees, expenses, demands and actions including payment of reasonable attorneys' fees arising out of or resulting from the performance of this Contract, or any part thereof, or any negligent act or omission of San Mateo County, its contractor(s), subcontractor(s) or anyone directly or indirectly employed by San Mateo County (collectively, "Liabilities").

Each County shall maintain programs of self-insurance, purchased insurance, or a combination of both with minimum limits as follows:

- A. General and Automobile Liability: \$3,000,000 CSL per occurrence.
- B. Professional Liability: \$3,000,000 per claim.
- C. Workers Compensation: Statutory or \$1,000,000 per accident.

Alameda County shall require its subcontractor to maintain the above referenced minimum coverage limits, name the County Receiving Services as an additional insured, and include a 30 day notice of cancellation provision.

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:

San Mateo County
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: **Alameda County**

Services(s): **Access to 24 Hour Skilled Nursing Care - Neuro-Behavioral Care provided by Ocadian Care Centers Inc. and Telecare Corporation**

Contract Period: **July 1, 2001 through June 30, 2002**

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 brainsyndrome (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	CEO
Maureen L. Hewitt	President and Chief Operating Officer
Breda Conroy	Executive Director
Marion Schales	Chief Financial Officer
Nancy J. Plasse	Secretary

Members of the Board of Directors:

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

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B. Executive Director/Chief Executive Officer:

Robert G. Peirce

C. Medical Director:

Floyd Huen and Jim Mettleberger

D. Program Director:

Breda Conroy

E. Contract Fiscal Officer:

Marion Schales

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 Inc. 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), ADL's (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

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are 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 ADL's.

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.

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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. 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.

I. Case Management:

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

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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.

J. 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.

K. 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.

L. Quality Assessment and Improvement & Corporate Compliance:

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

i. 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.

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

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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.

M. Minimum Staffing Qualification: On File

N. 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:

124 Skilled Nursing Facility
Number: 020000110
Exp. Date: 5/23/2002

Certification
Medical: LTC55254J
Medicare: 555254

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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 O₂ 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 various Bay Area Counties. Alameda County will serve as the fiscal and administrative intermediary for all counties contracting for services in this facility for their designated patients through this Alameda County contract.

13. Service Delivery Sites:

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

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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.

Contracted Services:

24-hour: SNF, Neurobehavioral Center
Garfield

24-hour: SNF, IMD Gero-psychiatric & Gero-neurobehavioral
Morton Bakar Center

Program Description and Requirements:

Telecare Corporation Members of the Board of Directors:

Anne L. Bakar
Nanci Fredkin
James Ken Newman
Marshall Langfeld
Joan Meisel

Officers of Telecare Corporation:

President - Anne L. Bakar
Vice President, - Ross C. Peterson
Vice President, CFO- Marshall D. Langfeld
Vice President, COO - Stacey Calhoun, Program Operations
Vice President, HR - Carol Caputo
Vice President, MD - Stephen Wilson, M.D.
Vice President, National Marketing - Richard Aylor

Executive Director:

Anne L. Bakar, President and C.E.O.

Corporate Medical Director:

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Steve Wilson, MD

Contract Program Director:

Stacey Calhoun, Vice President - Operations

Contract Fiscal Officer:

Marshall Langfeld, CFO

Patient Record Requirement:

Telecare shall maintain patient records in a safe place in locked files, retain, dispose and transfer records according to applicable County, State, and Federal laws and regulations and maintain confidentiality of records. The medical records' activity is viewed as an inherent part of the treatment program. Documentation in the record must meet the standards that are set by the licensing or certifying agency. The records constitute the source of documented evidence that justifies the program. To ensure that the medical records program answers these needs, adequate personnel, space and equipment are provided to assist in record development, maintenance, analysis and use.

Quality Assurance:

Telecare's Clinical Quality Management system promotes continuous improvement of clinical services in Telecare Programs. Our CQMS processes measure, evaluate, and improve clinical practices.

Telecare programs participate in all procedures required by Federal, State, County and accreditation agency procedures. Examples of these procedures include:

- Peer Review;
- Pharmacy Review;
- Utilization Review;
- Medication Monitoring; and
- Grievance Procedures.

Hours/Days of Operation:

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

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

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MORTON BAKAR CENTER

Program Objectives:

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.

Program Description:

Morton Bakar Center 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.

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.

Discharge Planning:

When it is determined by the treatment team that the discharge of a resident from the facility is feasible, Morton Bakar Center's Social Services will work with each counties' designated staff to explore available options.

Limitations of Service:

The program is not designed for younger, less fragile residents whose level of mental or neurological impairment, physical handicap or need for nursing care are higher than those offered at Morton Bakar Center. While biological age shall not be the sole criteria for

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admission, the program shall use the age of 57 for purposes of setting general admission criteria. Persons under the age of 57 may be admitted on an exception basis provided they meet other appropriate admission criteria.

Individuals with the following will not be accepted for admission:

- Individuals with a pronounced history of violent, assaultive and/or destructive behavior which is not as a result of psychotic episode;
- Individuals who are currently engaging in pronounced violent, assaultive and/or destructive behavior;
- Individuals with an infectious disease for whom Morton Bakar Center cannot provide proper isolation or who cannot cooperate with needed isolation procedures and restrictions;
- Any individual needing drug or alcohol detoxification;
- Those with a primary diagnosis of sociopathy or substance abuse;
- MDSO's or individuals with a history of child molestation
- Individuals who require ongoing one-on-one supervision and present an ongoing or immediate threat to themselves or others;
- Individuals on any life support equipment.

Note: Individuals who exhibit assaultive, self-abusive or suicidal behaviors requiring seclusion or one-to-one within one week of admission will be re-evaluated for referral to acute psychiatric services.

Certification and Licensure:

Facility:	Morton Bakar Center
Type of License:	SNF
License Number:	020000398
State/Agency:	DHS, DMH

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 subacute and chronic with mental illness or neurological impairments, some with disabling physical disabilities. This population includes residents who have been evaluated as behaviorally unsuited for placement in skilled nursing facilities for either the mentally disordered or physically disabled. Many of the groups also suffer from physical disabilities associated with the process of aging.

Service Delivery Site:

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Morton Bakar Center
494 Blossom Way, Hayward CA 94541
(510) 582-7676
Subcontractor: Garfield Nursing Home, Inc.

Service Criteria:

Age Criteria

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

Legal Status Criteria

Most of the admitted residents are considered gravely disabled and the severity and 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.

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 specific 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;
- Certain Severe Personality Disorders Organic Mental Disorders;
- Dementias.

Morton Bakar Center has a specific program for individuals with severe neurological impairments meeting the following criteria:

- Individuals must have a primary diagnosis of Dementia, Amnesic or other Cognitive Disorders and Mental Disorders due to a General Medical Condition. (The latter disorders had

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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 a 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 which 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.

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.

Facility Funding

- Medi-Cal: Morton Bakar Center presently participates in the Medi-Cal Program. Medi-Cal will reimburse Morton Bakar Center ONLY for those residents who are age 65 and older;
- Medicare: Morton Bakar Center does not currently participate in the Medicare program for Part A services. 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. Morton Bakar does receive Medicare Part B funds for certain professional services and ancillary costs;
- Institutions for Mental Disease (IMD): Certain mental health facilities have been designated by the State of California as Institutions for Mental Disease. Morton Bakar 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;
- Short/Doyle: A portion of all residents' 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;

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- **Private Pay:** Residents with sufficient resources may, under certain circumstances, reimburse Morton Bakar at private rates for the full cost of basic services;
- **Other Counties:** A portion of Morton Bakar Center's program is funded by other California Counties.

Intake Hours

Intake hours for Morton Bakar Center are Monday through Friday, 8:30 a.m.- 5:00 p.m.

GARFIELD NEUROBEHAVIORAL CENTER

Program Objectives:

Garfield will provide 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's approach 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 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 in which result from the neurological impairment.

The program operates with a structured framework using 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 setting, which will possibly impact the individual's quality of life and ability to obtain personal goals.

Program Goal:

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

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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.

Discharge Planning:

When it is determined by the Treatment Team that the discharge of a resident from the facility is feasible, Garfield Neurobehavioral Center's Social Services will work with each counties' designated staff to explore available options.

Limitations of Service:

Individuals with the following will not be accepted for admission:

- 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;
- Individuals in extremely debilitated states, e.g., severe contractures, or;
- 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 an admission decision made based on the facility's ability to safely provide services. Therefore, individuals with severe disinhibition and violent behaviors may not be accepted into the program.

Certification and Licensure:

Facility:	Garfield Neurobehavioral Center
Type of License:	SNF
License Number:	02000074
State/Agency:	DHS

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 rather of needing longer term interventions in order to allow the individual to successfully return to a less restrictive environment.

EXHIBIT A

The following overview highlights the target population for the facility. Garfield Neurobehavioral Center provides medical care and ongoing treatment of adults, predominantly between the ages of 18-56, with a primary diagnosis of Dementia, Amnestic 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:

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

Service Delivery Site:

Garfield Neurobehavioral Center
1451 - 28th Avenue, Oakland, CA 94601
(510) 261-9191

Service Criteria:

- Individuals must have a primary diagnosis of Dementia, Amnestic or 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 a 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 which 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;

EXHIBIT A

- 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.;

Facility Funding

- 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;
- Short/Doyle: A portion of all residents' 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;
- Other Counties: A portion of Garfield Neurobehavioral Center's program is funded by other California Counties.

Intake Hours

Intake hours for Garfield Neurobehavioral Center are Tuesday, Wednesday and Thursday, 10:00 a.m. - 2:00 p.m.

EXHIBIT B

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, 2001 through June 30, 2002**

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 **\$325,168** unless **San Mateo County** purchases additional bed days.

2. Basis for Final Reimbursement

Final reimbursement to Alameda County shall be on the basis of the following negotiated rates for each bed day utilized:

	Medi-Cal Clients	Non Medi-Cal Clients
Garfield	\$176.34	\$307.42
Morton Bakar	\$132.75	\$263.83
Ocadian (7/1/01/01 – 2/28/02 only)	\$106.00	\$237.08
Counties who purchased Ocadian beds during the period 3/01/02 –6/30/02 will be charged their actual utilization of patient days at the facility plus any vacant days if the facilities census is below the guaranteed minimum census of 30 beds per month. Final reimbursement (settlement) will allocate patient days that are below the minimum census in proportion to the counties' initial bed allocation on 3/01/02.		

San Mateo County shall consider these amounts 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 **\$325,168** for access to **6** bed(s) at the Neuro-Behavioral Care program operated by Ocadian Care Centers, Inc. and Telecare Corporation.

Schedule of payments:

Fiscal year 2001-2002 net negotiated amount of **\$325,168** to be paid on or before June 30, 2002.

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.