

BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON

RESOLUTION NO. 99-116

Approving State Mental Health and Developmental Disabilities Services Division 1999-2001 County Financial Assistance Agreement and Appointing Lorenzo T. Poe, Jr, as County Grant Administrator.

The Multnomah County Board of Commissioners Finds:

- a. The Multnomah County Department of Community and Family Services provides mental health, alcohol and drug and developmentally disabled treatment services to citizens of Multnomah County.
- b. The County has requested financial assistance from the State of Oregon Mental Health and Developmental Disabilities Services Division (Division) to operate or contract for the operation of its community mental health, alcohol and drug, and developmental disabilities program.
- c. The Division is willing, upon the terms and conditions of the attached 1999 – 2001 Financial Assistance Agreement (Agreement), to provide such financial assistance (Grant Award) to the County.
- d. The Agreement must be approved before July 1, 1999, and approval of the Agreement is in the economic interests of Multnomah County and its citizens.
- e. Section III.B of the Agreement requires the County by resolution to appoint an officer to administer the Agreement (County Grant Administrator) and to authorize the County Grant Administrator to amend the Grant Award and Agreement on behalf of the County.

The Multnomah County Board of Commissioners Resolves:

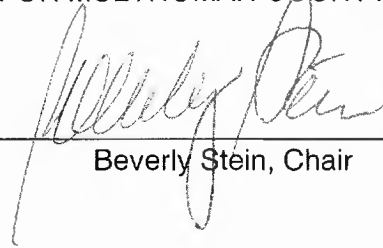
1. The Board approves the attached 1999 – 2001 County Financial Assistance Agreement with the State of Oregon Mental Health and Developmental Disabilities Division.
2. The Chair of the Multnomah County Board of Commissioners is authorized and directed to execute the attached Agreement and any other required documents.

3. The Board appoints Lorenzo T. Poe, Jr., Director of the Department of Community and Family Services, as the County Grant Administrator and authorizes Lorenzo T. Poe, Jr. to amend the Grant Award on behalf of the County, by execution and delivery of amendments to the Agreement in accordance with section III(C).

Adopted this 24th day of June, 1999.

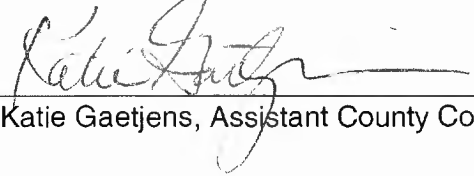


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON



Beverly Stein, Chair

Thomas Sponsler, County Counsel
For Multnomah County, Oregon

By 

Katie Gaetjens, Assistant County Counsel

**MENTAL HEALTH AND DEVELOPMENTAL DISABILITY
SERVICES DIVISION
1999-2001 COUNTY FINANCIAL ASSISTANCE GRANT AGREEMENT**

This Mental Health and Development Disability Services Division 1999-2001 County Financial Assistance Grant Agreement (the "Agreement") is effective as of July 1, 1999 between the State of Oregon acting by and through the Mental Health and Developmental Disability Services Division of its Department of Human Resources ("Division") and Multnomah County ("County"). Unless sooner terminated in accordance with section V, this Agreement shall expire on June 30, 2001.

RECITALS

WHEREAS, ORS 430.610(4) and 430.640(1) authorize the Division to assist Oregon counties and groups of Oregon counties in the establishment and financing of a community mental health and developmental disabilities programs operated or contracted for by one or more counties;

WHEREAS, County has established and proposes, during the term of this Agreement, to operate or contract for the operation of a community mental health and developmental disabilities program in accordance with the policies, procedures and administrative rules of the Division;

WHEREAS, County has requested financial assistance from the Division to operate or contract for the operation of its community mental health and developmental disabilities program; and

WHEREAS, Division is willing, upon the terms of conditions of this Agreement, to provide financial assistance to the County to operate or contract for the operation of its community mental health and developmental disabilities program.

NOW, THEREFORE, in consideration of the mutual premises set forth above and other good and valuable consideration the receipt and sufficiency of which is hereby acknowledged the parties hereto agree as follows:

AGREEMENT

I. DEFINITIONS

As used in this Agreement, the following words and phrases shall have the indicated meanings. Certain additional words and phrases are defined in the Service Descriptions and Specialized Service Requirements. When a word or phrase is defined in a particular Service Description or Specialized Service Requirement, the word or phrase shall not necessarily have the ascribed meaning in any part of the Agreement other than the particular Service Description or Specialized Service Requirement in which it is defined.

- A. **"Alcohol and Drug Abuse Services"** means all Services whose service code begins with the letters "A&D."
- B. **"Agreement"** means this Mental Health and Developmental Disability Services Division 1999-2001 County Financial Assistance Grant Agreement.
- C. **"Authorizing Resolution"** has the meaning set forth in section III(B).
- D. **"Community Mental Health Program or CMHP"** means the organization of all services for persons with mental and emotional disorders, developmental disabilities, and alcohol and drug abuse dependencies operated by, or contractually affiliated with an LMHA operated in a specific geographic area of the State of Oregon.
- E. **"Client"** means, with respect to a particular Service, any individual who is receiving that Service from County.
- F. **"Client Process Monitoring System or CPMS"** means Division's information system that tracks and documents Service delivery.
- G. **"Claim"** has the meaning set forth in section VI(D).
- H. **"Contract Settlement"** means the Division's reconciliation, after expiration or termination of this Agreement, of amounts Division actually paid to County under this Agreement with amounts that Division was obligated to pay to County under this Agreement. Division reconciles payments on an individual Service basis as set forth in the Service Description.
- I. **"County"** has the meaning set forth in the first paragraph of this Agreement.

- J. **“County Grant Administrator”** has the meaning set forth in section III(B).
- K. **“Developmental Disability Services”** means all Services whose service code begins with the letters “DD.”
- L. **“Division”** means the Mental Health and Developmental Disability Services Division of the Department of Human Resources of the State of Oregon.
- M. **“Federal Funds”** means all funds paid to County under this Agreement that Division receives from an agency, instrumentality or program of the federal government of the United States.
- N. **“Grant Award”** means the description of financial assistance set forth in Exhibit D attached hereto and incorporated herein by this reference, as such Grant Award may be amended from time to time in accordance with section III (C) and section IV (B).
- O. **“Local Mental Health Authority or LMHA”** means the county court or board of commissioners of one or more counties who choose to operate a CMHP.
- P. **“Local Administration Services”** means all Services whose service code begins with the letters “LA.”
- Q. **“Medicaid”** means Federal Funds received by Division under Title XIX of the Social Security Act.
- R. **“Mental Health Services”** means all Services whose service code begins with the letters “MH.”
- S. **“Program Area”** means any one of the following: (1) Developmental Disability Services, (2) Mental Health Services, (3) Alcohol and Drug Abuse Services or (4) Local Administration Services.
- T. **“Provider”** has the meaning set forth in section III(E).

- U. **“Service”** means any one of the following services or group of related services as described in Exhibit A attached hereto and incorporated herein by this reference, whose costs are covered in whole or in part with financial assistance Division pays to County pursuant to this Agreement:

Service Name	Service Code
Local administration	LA 01
Non-residential adult mental health services	MHS 20
Day and residential treatment services	MHS 21
Child and adolescent mental health services	MHS 22
Regional acute psychiatric inpatient facilities	MHS 24
Community crisis services for adults and children	MHS 25
Residential treatment facility services	MHS 28
Psychiatric security review board	MHS 30
Enhanced care services	MHS 31
Adult foster care	MHS 34
Older/disabled adult mental health services	MHS 35
Pre-admission screening and annual resident review	MHS 36
MHS special projects	MHS 37
Supported employment services – extended services	MHS 38
Community support services for the homeless mentally ill	MHS 39
JCAHO accredited psychiatric residential treatment facilities	MHS 128
Residential programs for children with mental disorders	MHS 129
Diversion services – crisis intervention	DD 44
Nursing facility specialized services	DD 45
Semi-independent living services	DD 47
Case management	DD 48
Self-directed individual and family support	DD 49
Residential facilities	DD 50
Supported living services	DD 51
Transportation	DD 53
Employment and alternative services	DD 54
Rent subsidies	DD 56
DD special projects	DD 57
DD non-relative foster homes	DD 58
Relative adult foster care	DD 59
High school transition services	DD 90
Regional crisis coordination	DD 157
A&D special projects	A&D 60
Alcohol residential care	A&D 61
Drug residential care	A&D 62
Non-hospital alcohol and drug detox	A&D 63

Service Name	Service Code
Outpatient chemical dependency	A&D 65
Continuum of care	A&D 66
DUII information program	A&D 68
Synthetic opiate treatment	A&D 69
Prevention and early intervention	A&D 70
Community intensive residential treatment	A&D 71
DUII rehabilitation program	A&D 78
Marijuana education – level 1	A&D 87
Marijuana level II	A&D 88
Marijuana evaluation specialists	A&D 89
Synthetic opiate detoxification	A&D 99

- V. **“Service Description”** means the description of a Service set forth on Exhibit A.
- W. **“Specialized Service Requirements”** means any one of the following specialized service requirements as described in Exhibit B attached hereto and incorporated herein by this reference:

<u>Specialized Service Requirement Name</u>	<u>Specialized Service Requirement Code</u>
Local administration – medicaid authorization specialist	01 A
Protective services	20 A
Extended care projects	20 C
Treatment foster care	22 A
Gero-specialist	35 A
SDSD residential	35 B
Secure residential treatment facility	37 A
OMHS housing fund awards	37 B
DD residential services	50 A
Community integration projects	50 B
DD medical homes	50 C
Regional training programs	57 A

II. REPRESENTATIONS AND WARRANTIES OF COUNTY

County represents and warrants to the Division as follows:

- A. **Organization and Authority.** County is a political subdivision of the State of Oregon duly organized and validly existing under the laws of the State of Oregon. County has full power, authority and legal right to make this Agreement and to incur and perform its obligations hereunder.
- B. **Due Authorization.** The making and performance by County of this Agreement (1) have been duly authorized by all necessary action of County and (2) do not and will not violate any provision of any applicable law, rule, regulation, or order of any court, regulatory commission, board, or other administrative agency or any provision of the County's charter or other organizational document and (3) do not and will not result in the breach of, or constitute a default or require any consent under any other agreement or instrument to which the County is a party or by which the County or any of its properties may be bound or affected. No authorization, consent, license, approval of, filing or registration with or notification to any governmental body or regulatory or supervisory authority is required for the execution, delivery or performance by County of this Agreement.
- C. **Binding Obligation.** This Agreement has been duly executed and delivered by the County and constitutes a legal, valid and binding obligation of County, enforceable in accordance with its terms subject to the laws of bankruptcy, insolvency, or other similar laws affecting the enforcement of creditors' rights generally.

III. COVENANTS OF COUNTY

- A. **Expenditure of Financial Assistance.** County shall expend the financial assistance paid to County under this Agreement solely on the delivery of Services. If the Grant Award requires County to expend all or a portion of the financial assistance paid to County pursuant to this Agreement solely on the delivery of a particular Service, County shall not expend that financial assistance on the delivery of any other Service, except as permitted under section III(D). County shall ensure that each Service is delivered in accordance with the terms and conditions of this Agreement including, but not limited to, any special terms and conditions set forth in the Grant Award, any Specialized Service Requirements set forth in the Grant Award and the Service Description. In the event of a conflict between two or more parts of this Agreement, the parts of this Agreement shall have the following precedence in the order listed: (1) (highest precedence) the terms and conditions of this Agreement (other than Exhibits A and B and D), (2) the Grant Award (Exhibit D), (3) the Specialized Service Requirements (Exhibit B), (4) the Service Descriptions (Exhibit A), (5) Exhibit E and (6) (lowest precedence)

Carryover (Exhibit F).

- B. Appointment of County Grant Administrator.** County shall, by a duly adopted order or resolution of the County Board of Commissioners or County Court ("Authorizing Resolution"), appoint a County officer to administer this Agreement ("County Grant Administrator"). The Authorizing Resolution shall authorize the County Grant Administrator to amend the Grant Award, on behalf of County, by execution and delivery of amendments to this Agreement in the name of County in accordance with section III(C). Unless the Authorizing Resolution clearly vests such authority in the County Grant Administrator, the Division will not treat the County Grant Administrator as authorized to amend, on behalf of County, any part of this Agreement other than the Grant Award. County shall furnish Division with a copy of the Authorizing Resolution. County shall immediately notify Division if the County Board of Commissioners or County Court revokes or alters the Authorizing Resolution. If the County chooses to name a new County Grant Administrator, County shall adopt a new Authorizing Resolution and promptly furnish a copy thereof to Division.
- C. Amendment of Grant Award.** County shall review all proposed amendments to the Grant Award prepared and submitted to County by Division in accordance with section IV(B) and shall accept or reject a proposed amendment within 60 days of County's receipt thereof. If County does not accept a proposed amendment within 60 days of County's receipt thereof, County shall be deemed to have rejected the proposed amendment and the proposed amendment shall be considered withdrawn and the offer to amend the Grant Award revoked. If County chooses to accept the proposed amendment, County shall return the proposed amendment to Division countersigned by the County Grant Administrator. Upon Division's actual physical receipt of a proposed amendment countersigned by the County Grant Administrator but otherwise unaltered, the proposed amendment shall be considered accepted by County and the Grant Award as amended by the proposed amendment shall become the Grant Award under this Agreement. If County returns a proposed amendment altered in any way (other than by signature of the County Grant Administrator), Division may, in its discretion, accept the proposed amendment as altered by County but only if the County Grant Administrator has initialed each alteration. A proposed amendment altered by County and returned to Division shall be considered accepted by Division on the date the Division initials each alteration and on that date the Grant Award as amended by the proposed amendment (as altered) shall become the Grant Award under the Agreement.

- D. **Expenditure Adjustments.** During the term of this Agreement, County may expend on Services in one Program Area, in addition to the financial assistance paid to County under this Agreement expressly for those Services, up to ten percent of the aggregate financial assistance paid to County, other than from Federal Funds, for other Services in that Program Area. County shall promptly notify Division in writing after expending any financial assistance paid to County under this Agreement in reliance on this section III(D).
- E. **Contracted Service Delivery.** Except when the Service Description expressly requires the Service or a portion thereof to be delivered by County, County may cause a Service to be delivered by a person or entity under contract with the County (a "Provider"). County may permit a Provider to subcontract with another person or entity for the delivery of a Service and such subcontractors shall also be considered Providers for purposes of this Agreement. County shall not permit any person or entity to be a Provider unless the person or entity holds all licenses, certificates, authorizations and other approvals required by applicable law to deliver the Service. Except for DD 44 and MHS 20 emergency services, if County causes a Service to be delivered by a Provider, the contract with the Provider shall be in writing and shall contain each of the provisions set forth on Exhibit C attached hereto and incorporated herein by reference, in addition to any other provisions that must be included in a Provider contract under the terms of this Agreement. County shall furnish a copy of any Provider contract to Division upon request. County may order DD 44 and MHS 20 emergency services according to County's policies and pay for these services upon receipt of an itemized invoice, purchase order, or other proper billing instrument evidencing the services rendered, or by contract, if required by County policy.
- F. **Provider Performance.** If County causes a Service to be delivered by a Provider, County shall monitor the Provider's delivery of the Service and promptly report to Division when County identifies a major deficiency in the Provider's delivery of the Service. County shall promptly take all necessary action to remedy any identified deficiency. County shall also monitor the fiscal performance of each Provider and shall take all allowable management and legal action necessary to pursue this responsibility. In the event of a major deficiency in a Provider's delivery of a Service, nothing in this Agreement shall limit or qualify any right or authority Division has under state or federal law to take action directly against the Provider.
- G. **Maintenance, Retention and Confidentiality of Records.** County shall create and maintain and cause all Providers to create and maintain the

following records and statistics:

1. County and all Providers shall document the expenditure of all financial assistance paid by Division under this Agreement. Unless the federal law referenced in section III(J)(5) requires the County or a Provider to utilize a different accounting system, County and Provider shall create and maintain all expenditure records in accordance with generally accepted accounting principles and in sufficient detail to permit Division to verify how the financial assistance paid by Division under this Agreement was expended.
2. Unless this Agreement requires a longer retention period for certain information, County and all Providers shall maintain all accounting records, financial records, supporting documents, statistical records, and all other records related to this Agreement or the delivery of any Service for a minimum of three years after the termination or expiration of this Agreement. If there are unresolved audit or Contract Settlement questions at the end of the three-year period, the records shall be retained until the questions are resolved.
3. County or the Provider, if a Provider delivers the Service, shall create and maintain a Client record for each Client who receives a Service, unless the Service Description precludes delivery of the Service on an individual Client basis and reporting of Service commencement and termination information is not required by the Service Description. The Client record shall contain: (a) Client identification, (b) problem assessment, (c) treatment, training and/or care plan, (d) medical information when appropriate, and (e) progress notes including Service termination summary and current assessment or evaluation instrument as designated by Division in administrative rules. Client records shall be retained in accordance with OAR 166-05-000 through 166-40-1050 (State Archivist). Unless OAR 166-05-000 through 166-40-1050 require a longer retention period, Client records shall be retained for a minimum of seven years after the termination or expiration of this Agreement.
4. No information contained in a Client record shall be disclosed if such disclosure is prohibited by ORS 179.495 to 179.507, 45 CFR section 205.5 or 42 CFR Part 2, any administrative rule adopted by Division implementing the foregoing laws, or any other applicable federal or state confidentiality law.

H. **Reporting Requirements.** County shall prepare and furnish or cause the Provider, if a Provider delivers the Service, to prepare and furnish the following information to Division when a Service is delivered:

1. Client, Service and financial information as specified in the Service Description.
2. All additional information and reports that Division reasonably requests.

County hereby grants Division, except where expressly prohibited by law, the right to reproduce, use, and disclose for Division's purposes all or any part of the information and reports furnished to Division under this Agreement.

I. **Compliance with Law.** County shall comply and cause all Providers to comply with all federal, state and local law applicable to the delivery of Services. Without limiting the generality of the immediately preceding sentence, County shall comply and cause all Providers to comply with all federal and state law governing operation of Community Mental Health Programs including, but not limited to, all administrative rules adopted by the Division related to Community Mental Health Programs and all state and federal laws requiring reporting of Client abuse. In the event of a conflict between the provisions of this Agreement and the provisions of a federal or state law, the provisions of the federal or state law shall control.

J. **Compliance with Federal Law.** Without limiting the generality of section III(I), County shall comply and, as indicated, cause all Providers to comply with the following federal requirements. For purposes of this Agreement, all references to federal and state laws are references to federal and state laws as they may be amended from time to time.

1. Unless exempted under the rules, regulations, and relevant orders of the Secretary of Labor set forth in 41 CFR Part 60, County shall comply with all provisions of (a) Executive Order No. 11,246 as amended by Executive Order No. 11,375 of the President of the United States, (b) Executive Order No. 12,086 of the President of the United States, as supplemented by Department of Labor regulations set forth in 41 CFR Part 60, (c) Title VI of the Civil Rights Act of 1964 (codified at 42 USC 2000d et. seq.), and Section 504 of the Rehabilitation Act of 1973 (codified at 29 USC 794) as implemented by 45 CFR Section 84.4, (d) all applicable rules, regulations and orders of the Secretary of Labor concerning equal opportunity in employment, and (e) the provisions of ORS Chapter 659.

2. County shall comply and cause all Providers to comply with all mandatory standards and policies that relate to energy efficiency and that are contained in the State of Oregon energy conservation plan which was issued in compliance with the Energy Policy and Conservation Act (codified at 42 USC 6201 et. seq.).
3. County shall comply with (a) all applicable standards, orders or requirements issued under the Clean Air Act (codified at 42 USC 7401 et. seq.) and the Federal Water Pollution Control Act, as amended (codified at 33 USC 1251 et. seq.), (b) Executive Order No. 11,738 of the President of the United States and (c) Environmental Protection Agency regulations set forth in 40 CFR Part 15. County shall promptly report all violations of the federal laws identified in this section III(J)(3) to Division. County shall include and cause all Providers to include in all contracts with Providers receiving more than \$100,000 in Federal Funds, language requiring the Provider to comply with the federal laws identified in this section III(J)(3) and to report all violations thereof to County.
4. County shall comply with federal rules and statutes pertaining to the Substance Abuse, Prevention, and Treatment Block Grant, including the reporting provisions of the Public Health Services Act (42 USC 300x through 300x-64).
5. County shall comply and, if applicable, cause a Provider to comply, with the applicable audit requirements and responsibilities set forth in the Office of Management and Budget Circular A-133 entitled "Audits of States, Local Governments and Non-Profit Organizations."
6. County shall not permit any person or entity to be a Provider if the person or entity is listed on the non-procurement portion of the General Service Administration's list of parties excluded from federal procurement or non-procurement programs in accordance with Executive Order No. 12,549 and Executive Order No. 12,689 of the President of the United States.
7. To the extent County provides any Service whose costs are paid in whole or in part by Medicaid, County shall:
 - a. Keep such records as may be necessary to disclose the extent of services furnished to Clients and, upon request, furnish such records or other information to the Oregon

Department of Human Resources, the medicaid fraud section of the Oregon Department of Justice and the Secretary of Health and Human Services;

- b. Comply with all applicable disclosure requirements set forth in 42 CFR Part 455, Subpart B;
- c. Comply with any applicable advance directive requirements specified in 42 CFR section 431.107(b)(4); and
- d. Comply with the certification requirements of 42 CFR sections 455.18 and 455.19.

County shall include and cause all Providers to include in all contracts with Providers receiving Medicaid, language requiring the Provider to comply with the record keeping and reporting requirements set forth in this section III(J)(7) and with the federal laws identified in this section III(J)(7).

- 8. County certifies to Division that, to the best of its knowledge and belief:
 - a. No federal appropriated funds have been paid or will be paid, by or on behalf of County, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
 - b. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, or a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, County shall complete and submit Standard Form-LLL, entitled "Disclosure Form to Report Lobbying," in accordance with its instructions.

- c. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC section 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

County shall include and cause all Providers to include in all contracts with Providers, the language of this certification.

9. County shall comply and cause all Providers to comply with Title II of the Americans with Disabilities Act of 1990 (codified at 42 USC 12131 et. seq.), ORS 30.670 to 30.685, ORS 659.425, ORS 659.430 and all regulations and administrative rules established pursuant to those laws, in the construction, remodeling, maintenance and operation of any structures and facilities, and in the conduct of all programs, services and training associated with the delivery of Services.
10. County shall comply and cause all Providers to comply with the Pro-Children Act of 1995 (codified at 20 USC section 6081 et. seq.).

K. Audits and Inspections. County shall permit and cause all Providers to permit authorized representatives of Division, the Oregon Department of Human Resources, the Oregon Secretary of State's Audits Division, the Oregon Department of Administrative Services, the Oregon Department of Justice and the applicable audit agencies of the United States Government to review the records of County and Provider in order to satisfy audit or program evaluation purposes. Audit and program evaluation purposes include, but are not limited to the following:

1. To document the relationship between the financial assistance paid by Division under this Agreement and the amounts expended by County or Provider on the delivery of Services;
2. To document that the amounts expended by County or Provider on the delivery of a Service are reasonable and necessary to ensure quality of service; and
3. To ensure that the County's or Provider's expenses are in accordance with federal OMB Circular A-133 as applicable on allowable costs.

County shall permit, and cause all Providers to permit, authorized representatives of Division and the Oregon Department of Human Resources to perform site reviews of all Services delivered by County or a Provider.

L. Recovery of Financial Assistance. Under the following circumstances, Division may recover from County the financial assistance paid to County under this Agreement:

1. If County fails or, if applicable, a Provider fails to have an independent certified public accountant audit Federal Funds in a manner that complies with section III(J)(5) of this Agreement, may recover from County all Federal Funds paid to County under this Agreement.
2. If federal authorities demand repayment of all or a portion of the Federal Funds or disallow payment of all or a portion of the Federal Funds to County under this Agreement, Division may recover from County that portion of the Federal Funds necessary to satisfy the federal repayment demand or disallowance. If the federal repayment demand or disallowance results from a Provider's actions or omissions, County shall, upon Division's request, recover the amount of the repayment demand or disallowance from the Provider. To the extent permitted by state and federal law, Division shall not require County to recover funds from a Provider under this section III(L)(2) if Division determines that further action by County is unreasonable given the cost of the action in comparison to the amount sought to be recovered and/or the likelihood of successful recovery resulting from County actions under authority vested in County.
3. If a County expenditure of financial assistance paid to County under this Agreement does not result in the delivery of a Service in accordance with the terms and conditions of this Agreement including, but not limited to, the Grant Award, any Specialized Service Requirements and the relevant Service Description, Division may recover the amount of the expenditure from County. If a County expenditure of financial assistance paid to County under this Agreement does not result in the delivery of a Service in accordance with the terms and conditions of this Agreement including, but not limited to, the Grant Award, any Specialized Service Requirements and the relevant Service description, because of a Provider's actions or omissions, County shall, upon Division's request, recover from the Provider the amount of the

expenditure received by the Provider. To the extent permitted by state and federal law, Division shall not require County to recover funds from a Provider under this section III(L)(3), if Division determines that further action by County is unreasonable given the cost of the action in comparison to the amount sought to be recovered and/or the likelihood of successful recovery resulting from County actions under authority vested in County.

Division shall recover financial assistance from County under this section III(L) by deducting the amount of financial assistance to be recovered from future payments to County from Division. For purposes of this section III(L) future payments to County from Division include, but are not limited to, any payment to County from Division under this Agreement and any payment to County from Division under any other contract or agreement, present or future, between County and Division. Division's right to recover financial assistance from County under this section III(L) is not subject to or conditioned on County's recovery of financial assistance from a Provider.

- M. **Alcohol and Drug Abuse Services Local Match.** In addition to the expenditure of financial assistance paid to County under this Agreement and in order to comply with ORS 430.359, County shall expend on Alcohol and Drug Abuse Services the amounts set forth in Exhibit E attached hereto and incorporated herein by this reference.
- N. **Contract Settlement.** County shall cooperate with Division in the Contract Settlement process with respect to this Agreement.

IV. COVENANTS OF DIVISION

- A. **Payment of Financial Assistance.** Division shall pay the financial assistance described in the Grant Award to County in accordance with the procedures set forth in the Service Descriptions and the Grant Award.
- B. **Amendment of Grant Award.** Division may from time to time prepare and submit to County proposed amendments to the Grant Award. Division shall clearly identify the amendment as a proposed amendment to the Grant Award and shall specify in the proposed amendment the changes to the Grant Award. No proposed amendment to the Grant Award shall become binding on County and Division until it has been accepted by County in accordance with section III(C).

- C. **Reports.** To the extent resources are available to the Division to prepare and deliver the information, Division shall provide County with the following reports:
1. Summary reports to County and County's Providers from CPMS data and other client data reported to Division under this Agreement; and
 2. Monthly reports to County that detail payment of financial assistance under the Grant Award for the delivery of Services including payments made by the Department of Human Resources on behalf of Division.
- D. **Technical Assistance.** Division shall provide technical assistance to the County in the delivery of Services to the extent resources are available to the Division for this purpose.
- E. **Expense Reimbursement.** If Division requests that an employee of County or a Provider or a citizen of County attend Division training or a Division conference or business meeting and County has obligated itself to reimburse the individual for travel expenses incurred by the individual in attending the training or conference, Division may reimburse County for those travel expenses but only at the rates and in accordance with the reimbursement procedures applicable to travel reimbursement for state employees and only to the extent that Division determines funds are available for such reimbursement. If Division elects to reimburse County for travel expenses under this section IV(E), upon County's written request, Division shall pay the travel reimbursement directly to the individual who incurred the travel expenses.
- F. **Legal Compliance.** Division shall comply with ORS 430.695(1).

V. **TERMINATION**

- A. **Mutual Agreement.** County and Division may terminate this Agreement at any time by mutual written consent.
- B. **County.** County may terminate this Agreement upon three calendar months advance written notice to Division. The three calendar month notice period shall not begin until the first day of the first calendar month after the month in which Division receives County's notice of termination.
- C. **Division.** Division may terminate this Agreement in its entirety or may terminate its obligation to provide financial assistance under this Agreement for a particular Service described in the Grant Award:

1. Upon 60 days advance written notice to County, if Division determines, in its sole discretion, to end all or any portion of the financial assistance to County under this Agreement.
2. Upon ten days advance written notice to County if Division does not obtain funding from federal, state or other sources sufficient to meet the payment obligations of Division under this Agreement.
3. Upon 20 days advance written notice to County, if County fails to perform or discharge any obligation that County is required to provide, perform or discharge under this Agreement and such failure remains uncured at the end of said 20 day period.
4. Immediately upon written notice to County, if there is a denial, revocation or non-renewal of any license, certificate, authorization or other approval required by applicable law to be held by County or a Provider to deliver a Service described in the Grant Award.
5. Immediately upon written notice to County, if Division determines that County or any of its Providers have endangered or are endangering the health or safety of a Client or others.

D. Effect of Termination or Expiration.

1. Upon expiration of this Agreement or termination of this Agreement in its entirety:
 - a. All rights and obligations of the County and Division under this Agreement shall cease except those rights and obligations that expressly survive termination of this Agreement.
 - b. Except to the extent Division is otherwise obligated to pay financial assistance to County under this Agreement because County has, prior to the termination or expiration of this Agreement, expended funds or contractually obligated itself to expend funds in accordance with this Agreement for the delivery of Services prior to the termination or expiration of this Agreement, Division shall have no further obligation to pay financial assistance to County under this Agreement whether or not Division has paid County all financial assistance described in the Grant Award.
 - c. County shall immediately repay to Division all financial assistance paid to County under this Agreement except for:

- i. Financial assistance that County has, prior to the termination or expiration of this Agreement, expended or contractually obligated itself to expend in accordance with this Agreement for the delivery of Services prior to the termination or expiration of this Agreement;
 - ii. Financial assistance paid to County for a particular Service where the Service Description permits the County to retain and expend the financial assistance in accordance with this Agreement on the delivery of Services after the expiration or termination of this Agreement; and
 - iii. Financial assistance described on Exhibit F attached hereto and incorporated herein by this reference.
- 2. Upon termination of Division's obligation to provide financial assistance under this Agreement for a particular Service:
 - a. Division shall have no further obligation to pay financial assistance to County under this Agreement for the identified Service whether or not Division has paid County all financial assistance described in the Grant Award for the identified Service.
 - b. County shall immediately repay to Division all financial assistance paid to County, for the identified Service, that County has not, prior to termination of financial assistance for the particular Service, expended or contractually obligated itself to expend in accordance with this Agreement for delivery of the identified Service prior to the termination of financial assistance for the Service.

E. **Survival.** The provisions of sections I, II, III (other than III(B) and III(C)), V(D), V(E), and VI and all Exhibits to this Agreement shall survive the termination or expiration of this Agreement.

VI. GENERAL

A. **Notice.** Any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, facsimile, or mailing the same, postage prepaid to County or Division at the address or number set forth below, or to such other addresses or numbers as either party may hereafter indicate pursuant to this section VI(A). Any communication or notice so addressed and mailed shall be deemed to be given five days after mailing. Any communication or notice delivered by facsimile shall be deemed to be given when receipt of the transmission is generated by the transmitting machine. To be effective against Division,

any facsimile transmission must be confirmed by telephone notice to Division's Assistant Administrator of Finance. To be effective against County, any facsimile transmission must be confirmed by telephone notice to the County Grant Administrator. Any communication or notice by personal delivery shall be deemed to be given when actually delivered.

Notices to Division:

Mental Health and Developmental Disability Services Division
2575 Bittern Street NE
Salem, OR 97310
Attention: Maynard Hammer, Assistant Administrator
Office of Finance

Notices to County:

Lorenzo Poe
Lorenzo Poe, Director
Department of Community and Family Services
421 SW Sixth Suite 700
Portland OR 97204-1618

- B. Severability.** The parties agree that if any term or provision of this Agreement is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Agreement did not contain the particular term or provision held to be invalid.
- C. Counterparts.** This Agreement may be executed in several counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Agreement so executed shall constitute an original.
- D. Governing Law, Venue, Consent to Jurisdiction.** This Agreement shall be governed by and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, suit or proceeding (collectively, "Claim") between Division (and/or any other agency or department of the State of Oregon) and County that arises from or relates to this Agreement shall be brought and conducted solely and exclusively within the Circuit Court of Marion County for the State of Oregon; provided, however, if a Claim must be brought in a federal forum, then it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon. COUNTY, BY EXECUTION OF THIS AGREEMENT, HEREBY CONSENTS TO THE IN PERSONAM JURISDICTION OF

SAID COURTS.

- E. **Time is of the Essence.** County agrees that time is of the essence under this Agreement.
- F. **Assignment, Successors and Assigns.** County shall not assign or transfer any of its interest in this Agreement without Division's prior written consent. The provisions of this Agreement shall be binding upon and shall inure to the benefit of the parties, hereto, and their respective successors and permitted assigns, if any.
- G. **No Third Party Beneficiaries.** Division and County are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Agreement.
- H. **Integration and Waiver.** This Agreement constitutes the entire agreement between the parties on the subject matter hereof. There are no understandings, agreements, or representations, oral written, not specified herein regarding this Agreement. No waiver, consent, modification or change of terms of this Agreement shall bind either party unless in writing and signed by both parties. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of Division to enforce any provision of this Agreement shall not constitute a waiver by Division of that or any other provision.
- I. **Headings.** The headings and captions to sections of this agreement have been inserted for identification and reference purposes only and shall not be used to construe the meaning or interpretation of this Agreement.
- J. **Construction.** The parties agree and acknowledge that the rule of construction that ambiguities in a written agreement are to be construed against the party preparing or drafting the agreement shall not be applicable to the interpretation of this Agreement.
- K. **Conditions.** Division's performance of its obligations under this Agreement is conditioned upon County's compliance with the provisions of ORS 279.312, 279.314, 279.316, 279.320 and 279.555.
- L. **Non-Appropriation.** Division has sufficient funds currently available and authorized for expenditure to finance the costs of this Agreement

within Division's biennial appropriation or limitation. County understands and agrees that Division's obligation to pay amounts under this Agreement with respect to Services delivered after the last day of the biennium in which the effective date of this Agreement falls is conditioned on Division receiving from the Oregon Legislative Assembly appropriations, limitations, or other expenditure authority sufficient to allow Division, in the exercise of its reasonable administrative discretion, to continue to make payments under this Agreement.

- M. Limitation of Liabilities.** EXCEPT FOR DAMAGES SUFFERED BY DIVISION OR THE STATE OF OREGON AS A RESULT OF COUNTY'S OR A PROVIDER'S FAILURE TO COMPLY WITH FEDERAL LAW (INCLUDING, BUT NOT LIMITED TO, MONETARY PENALTIES ASSESSED AGAINST THE DIVISION OR THE STATE OF OREGON BY THE FEDERAL GOVERNMENT OR AN AGENCY THEREOF), NEITHER PARTY SHALL BE LIABLE FOR ANY INDIRECT, INCIDENTAL, CONSEQUENTIAL OR SPECIAL DAMAGES UNDER THIS AGREEMENT. NEITHER PARTY SHALL BE LIABLE FOR ANY DAMAGES OF ANY SORT ARISING SOLELY FROM THE TERMINATION OF THIS AGREEMENT OR ANY PART HEREOF IN ACCORDANCE WITH ITS TERMS

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first set forth above.

STATE OF OREGON ACTING BY AND THROUGH THE MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION OF ITS DEPARTMENT OF HUMAN RESOURCES

By: Maynard Glanville
Name: _____
Title: Assistant Administrator

By: Beverly Stein 6/24/99
Date
Multnomah County Chair

MULTNOMAH COUNTY

By: Lolenz Paez
Name: _____
Title: Director, DCFS

REVIEWED:
THOMAS SPONSLER, County Counsel for
Multnomah County, Oregon

By: Katie Gaetjens 6/22/99
Date
Katie Gaetjens

APPROVED MULTNOMAH COUNTY
BOARD OF COMMISSIONERS
AGENDA # UC-2 DATE 6/24/99
DEB BOGSTAD
BOARD CLERK

EXHIBIT A
SERVICE DESCRIPTIONS

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
1999-2001 County Financial Assistance Grant Agreement

EXHIBIT A
Service Description

Service Name: Local Administration

Service I.D. Code: LA 01

I. Service Description and Performance Standards

Local Administration is the central management of a community mental health program across all program areas. It includes planning and resource development; coordination of services with state hospital and training center services; negotiation and monitoring of contracts and subcontracts; and documentation of service delivery in compliance with state and federal requirements.

This service is regulated by OAR 309-14-000 through 040, "General Administrative Standards for Mental Health Contractors."

Performance standards:

- A. Submit a biennial implementation plan which meets Division approval requirements.
- B. 100% of services delivered directly or through subcontract will be provided according to terms of this Agreement as measured through review and data provided by County and subcontractors.
- C. May attend and participate fully in onsite reviews of subcontracted programs. Negotiate and obtain Division approval for a plan of correction when subcontract providers are found out of compliance with Division rules.
- D. Communicate regularly with subcontractors for the purpose of sharing information in a timely manner and as part of routine monitoring of subcontractors to determine the existence of problems related to compliance with administrative rules or performance requirements.
- E. Within available resources, provide information, technical assistance and consultation to Division and local service providers, families, and others as needed to plan and implement new programs.
- F. Perform the following activities for the Alcohol and Drug services area in the priority shown:
 - (1) Staff support to Local Alcohol and Drug Planning Committees (LAPCs).

- (2) Interim monitoring against administrative rules with emphasis on census validation.
- (3) County prevention team support efforts.
- (4) Delivery of training and technical assistance concerning completion of CPMS forms

G. Perform the following in the area of foster home administration:

- (1) Assist Division in administration of foster home services provided under a direct contract between Division and the foster home provider.
- (2) Provide case management and protective services as needed by foster home clients, from funds authorized through the Grant Award for service elements MHS 20 and DD 48, as applicable.
- (3) Authorize payment for foster home services and assure that the total payment authorized does not exceed the amounts specified in the Grant Award for MHS 34 or DD 58. Total payments are to be calculated based on the full service rate, including offsets (client resources received by the home for care and services).

III. Special Reporting Requirements

None.

IV. Payment Procedures

Payments are based on the service capacity in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: **NON-RESIDENTIAL ADULT MENTAL HEALTH SERVICES**

Service ID Code: **MHS 20**

I. Service Description and Performance Standards

Non-Residential Adult Mental Health Services are provided for persons who have a chronic mental illness, or other mental or emotional disturbance posing a hazard to the health and safety of themselves or others. Non-Residential Adult Mental Health Services include: case management and residential case management services, vocational and social services, rehabilitation, support to obtain and maintain housing, abuse investigation and reporting, medication monitoring, emotional support, and individual, family and group counseling and therapy.

MHS 20 services are regulated by OAR 309-32-525 through 309-32-605, Adult Mental Health Services.

State hospital utilization will be maintained according to the process specified in the Grant Award. Certificates of Approval will be maintained as set forth in OAR 309-12-130 through OAR 309-12-220.

II. Special Reporting Requirements

All eligible clients must be enrolled on the Division's Client Process Monitoring System (CPMS) in MHS 20. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System Users Manual.

III. Payment Procedures

- A. Basis of Payment: Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 20 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-

eligible consumers, payments will be disbursed by the Office of Medical Assistance Programs.

- C. Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

MHEXHA\6-11-99

Service Name: **PSYCHIATRIC DAY TREATMENT SERVICES**

Service ID Code: **MHS 21**

I. **Service Description and Performance Standards**

Psychiatric Day Treatment Services is a community-based service provided to children ages 3 through 17 and to their families. The children may reside at home or in an alternative placement.

Day treatment services may only be provided to children with diagnosed mental or emotional disturbances who have been certified, or referred for assessment to the child's resident school district as handicapped under Public Laws 94-142 or 101-45, for whom a Personal Education Plan (PEP) or Individual Education Plan (IEP) has been developed. Day treatment encompasses services provided in the child's home and other appropriate settings natural for the child and are not limited only to the hours the child is in attendance at the center.

Day treatment incorporates education and therapy into an integrated process in accordance with an individualized, physician-approved treatment plan. The program must provide a range of professional expertise and treatment services that ensures individualized treatment for each child. Each program will have a written set of admission criteria available for use by community referral sources.

The day treatment program must have an established admission, assessment, and treatment process that includes the following:

- (a) An intake process that includes the collection of a child's Social Security number, and if Medicaid-eligible, a Medicaid prime number.
- (b) A written, individualized, temporary treatment plan that has been formulated on the information at intake and that has been reviewed and signed by the physician at the time of admission.
- (c) A comprehensive, written assessment completed within thirty (30) days of the child's admission including a 5-Axis DSM-IV diagnosis which includes a psychiatric disorder on Axis 1.
- (d) A written, individualized treatment plan for the child and family completed within thirty (30) days of admission.
- (e) Reviews conducted every thirty (30) days by the child's interdisciplinary team without a psychiatrist. Reviews conducted every ninety (90) days by child's interdisciplinary team with the involvement of a psychiatrist.
- (f) A discharge process in writing that is included as a part of the treatment planning process.

Preschool through sixth grade programs must be operational at least four (4) hours each day and sixth grade through twelfth grade programs must be in attendance at least five (5) hours per day. At a minimum, the program shall make available one (1) hour per month per slot for consultation services the total of which at least 60% will be provided by a psychiatrist.

Psychiatric Day Treatment Services shall provide such treatment and services to children as are authorized by the Division as provided herein, and are in accordance with the "Community Child and Family Treatment Program Standards (Psychiatric Day Treatment Services Standards)", which have been furnished to the Psychiatric Day Treatment Services provider and of which it acknowledges receipt, and any other attachments hereto.

It is agreed that each child will be admitted to the program only with the County's approval and the concurrence of a designated licensed physician. While the child is enrolled in Psychiatric Day Treatment Services, any services identified on the child's Treatment Plan shall not be billed to Medicaid as outpatient mental services.

II. Special Reporting Requirements

- A. Each child must be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 21.
- B. Each enrolled child's primary DSM IV Axis I, five-digit diagnosis and level of functioning score will be provided within 45 days of enrollment on forms provided by the Division. An updated level of functioning score will be submitted every 90 days thereafter on forms provided by the Division. At termination, each child's primary DSM IV Axis I, five-digit diagnosis and level of functioning score will be provided on forms provided by the Division. For children ages 4 through 16, level of functioning is measured by the Children's Global Assessment Scale (CGAS). For children age 17 and older, level of functioning is measured by the Global Assessment of Functioning (GAF) scale. No score is required for children under the age of 4.

III. Payment Procedures

The Psychiatric Day Treatment Services payment process pays on a monthly cycle. Payments are made based on each program's established daily rate. Funds may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Programs. The amount of prospective payment is 1/12th of a year's total service payment for the contracted number of children. If the contract period is less than one year, the

prospective monthly payment will be the total contract amount divided by the number of months contracted.

By the 21st day of each month, the Termination and Service Report (TSR) shall be returned to Division indicating changes in enrollment and termination information for children during the preceding month. This information will be the basis for calculation of slot utilization as set forth below.

Psychiatric Day Treatment Services programs utilizing less than 95% of contracted number of slots for the fiscal year will repay the daily rate times the number of service days below 95% utilization as instructed by the Division.

Annual slot utilization is based on a 230 days of Psychiatric Day Treatment Services service including sick days and a maximum of 90 transition days while a child is reintegrated to the school and community as part of the discharge process. The 230 day service year excludes weekends, holidays, and school vacation periods, but requires the performance of necessary services at any time during the child's enrollment.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 21 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

MHEXHA\6-11-99

Service Name: **CHILD AND ADOLESCENT MENTAL HEALTH SERVICES**

Service I.D. Code: **MHS 22**

I. **Service Description and Performance Standards**

Child and Adolescent Mental Health Services consists of a range of community-based rehabilitative treatment interventions and therapies that are child centered and family focused. MHS 22 services may be provided in clinic, home, school or other settings familiar and comfortable for the child. Children served must have a principal mental, emotional or behavioral condition diagnosed on Axis I of a completed five-axes DSM diagnosis.

MHS 22 services may be provided to any child in need of them. However, state funds shall only be used to evaluate and treat children who have been screened and are believed to be eligible for mental health assessment and treatment services based on the following criteria:

- A. For MHS 22 mental health assessment services, admission is made in the following order:
 - 1. Medicaid-eligible children who are referred as a result of an EPSDT Program health screen;
 - 2.. Medicaid-eligible children whose level of functioning indicates the need for mental health assessment;
 - 3. Any other child whose level of functioning indicates the need for mental health assessment.
- B. For MHS 22 mental health treatment services, admission is based on the documented clinical assessment conducted by a mental health professional for children who:
 - 1. Are at immediate risk of psychiatric hospitalization or removal from home due to a mental or emotional disorder;
 - 2. Exhibit behavior which indicates high risk of developing disorder of a severe or persistent nature;
 - 3. Have a severe and persistent mental or emotional disorder; or
 - 4. Are experiencing mental or emotional impairments which significantly affect the ability to function in everyday life, but not requiring hospitalization or removal from home in the near future.

MHS 22 services are regulated by OAR 309-16-000 through 309-16-130, "Medicaid Payment for Community Mental Health Services." Children eligible for MHS 22 services are under age 18, or if Medicaid-eligible, under the age of 21. A Certificate of Approval will be maintained as set forth in OAR 309-12-130 through 309-12-220.

II. Special Reporting Requirements

All eligible clients must be enrolled on the Client Process Monitoring System (CPMS) in MHS 22. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. Payment Procedures

- A. Basis of Payment: Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 22 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **REGIONAL ACUTE PSYCHIATRIC INPATIENT FACILITIES**

Service ID Code: **MHS 24**

I. **Service Description and Performance Standards**

Regional Acute Psychiatric Inpatient Facilities provide psychiatric inpatient services in local settings for persons from an assigned region who meet the following eligibility criteria:

- A. Patients in need of emergency hold services under ORS 426.215 in the region from within one hour's travel time of the facility;
- B. Patients committed to the Mental Health and Developmental Disability Services Division under ORS 426.130;
- C. Persons applying for services voluntarily as space in the facility is available, based on the following criteria:
 - 1. Those who are judged to be at high risk of emergency hold or involuntary commitment without voluntary inpatient care;
 - 2. Those with a history of psychiatric hospitalization who are beginning to decompensate, where a short period of intensive psychiatric treatment would reverse the decompensation process; or
 - 3. Those for whom inpatient psychiatric treatment is appropriate, but for whom other inpatient treatment resources are unavailable.

Regional Acute Care Psychiatric Facilities are approved under OAR 309-32-850 through 309-32-890 Standards for Regional Acute Care Psychiatric Services for Adults.

Funds contracted in this service element may also be used for ancillary services (so-called "envelope of services") such as regional coordination and enhancements to Community Mental Health Program (CMHP) services which serve to expedite the movement of persons into and out of the regional acute care facilities.

Performance Standards include:

- A. Facility must maintain certification by the Joint Commission on Accreditation of Health Care Organization (JCAHO); or
- B. Licensure under ORS 441.015 for the hospital services by the Oregon State Health Division; or
- C. Approval under applicable portions of OAR 309-33-100 through 309-33-170 for emergency hold beds and OAR 309-32-850 through 309-32-890; and

- D. 100% of the persons served with state funds will meet the eligibility criteria specified , above.

II. Special Reporting Requirements

- A. Reports of JCAHO or Health Division reviews must be submitted to Division.
- B. The Facility shall electronically submit information on the Oregon Patient and Resident Care System (OP/RCS) within 12 hours of a person's admission to and discharge from the program. Such information shall include patient name, DSM IV diagnosis, admission date, discharge date, legal status, Medicaid eligibility, Medicaid Prime Number, and various patient demographics.

III. Payment Procedures

- A. Basis of Payment: Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 24 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **COMMUNITY CRISIS SERVICES FOR ADULTS AND CHILDREN**

Service ID Code: **MHS 25**

I. **Service Description and Performance Standards**

Community crisis services will consist of:

- A. 24-hours a day, seven days a week face-to-face or telephone screening to determine the need for immediate services for any adult or child requesting assistance or for whom assistance is requested;
- B. 24-hours a day, seven days a week capability to conduct a face-to-face mental health status examination of:
 - 1. an adult by a Qualified Mental Health Professional or Qualified Mental Health Associate, or
 - 2. a child by a Qualified Mental Health Professional, to determine the person's condition and the interventions necessary to stabilize the person;
- C. A mental health assessment concluding with written recommendations by the a Qualified Mental Health Professional or a Qualified Mental Health Associate regarding the need for further treatment;
- D. In the case of a child, appropriate child and family, psychological, psychiatric and other medical interventions will be provided by a qualified mental health professional, who is specifically trained in the emergency treatment of children and families, which is specific to the assessment, and identified in the initial treatment plan, and any community placements necessary to protect and stabilize the child as quickly as possible;
- E. In the case of an adult, appropriate psychological, psychiatric and other medical interventions will be provided by a qualified mental health professional which is specific to the assessment and identified in the initial treatment plan, and any community placements necessary to protect and stabilize the person as quickly as possible;
- F. Arrangement for the provision of involuntary psychiatric services at a hospital or nonhospital facility approved by the state, when a person's behavior requires it;
- G. Pre-commitment services include:
 - 1. A pre-commitment investigation of a person who has been placed on an emergency psychiatric hold or for whom two persons have petitioned the court for the person's commitment to Division will be conducted. The investigation

may only be conducted by a certified mental health investigator who has not provided to the person the crises services described above.

2. The development of a treatment plan to:
 - a. divert a person from a commitment hearing; or
 - b. if the person is committed, to provide for the initial post-hearing care, custody and treatment of the person.
3. Assigning and placing a committed person to a treatment service appropriate to the person's needs and monitoring the care, custody and treatment of committed persons under the county's jurisdiction whether the person be placed at an inpatient facility, on trial visit or outpatient commitment at an outpatient setting.
4. Assuring that all legal procedures are performed as required by statute and administrative rule.

H. Disaster Response-Crisis Counseling services

For the purpose of responding to a specified local disaster event, funds may be awarded through the Grant Award, for the following purpose:

1. To respond to local disaster events by:
 - a. Providing crisis counseling and critical incident stress debriefing within the county to disaster victims; police, firefighters and other "first-responders"; disaster relief shelters; and, the community-at-large.
 - b. Coordinating crisis counseling services with the County Emergency Operations Manager (CEOM); and provide crisis counseling, and stress management services to Emergency Operations Center staff according to agreements established between the CMHP and CEOM.
2. To assist other CMHPs in the provision of services described in H.1.a. above as part of a mutual aid agreement.

A Certificate of Approval must be maintained as set forth in OAR 309-12-130 through OAR 309-12-220.

II. Special Reporting Requirements

- A. All eligible crisis clients will be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 25.
- B. All eligible pre-commitment clients will be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 29.

III. Payment Procedures

- A. Basis of Payment: Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 25 services, but not expended during the term of this Agreement, may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- B. Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **RESIDENTIAL TREATMENT FACILITY SERVICES (RTF)**

Service ID Code: **MHS 28**

I. Service Description and Performance Standards

Residential Treatment Facility (RTF) Services are 24-hour care, supervision, medication supervision and administration and other services described in administrative rule to Priority I mentally and emotionally disturbed persons in need of continuing services to avoid hospitalization or who are a hazard to themselves or others or who otherwise require such long-term care to remain in the community.

RTF service providers are licensed under OAR 309-35-100 through 309-35-190, "Residential Treatment Facilities". Bed utilization must be maintained at least at 90% as measured by CPMS. A license will be maintained as required in ORS 443.410.

II. Special Reporting Requirements

All eligible clients will be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 28. All persons funded under MHS 28 enrolled in an RTF will also be enrolled in Adult Mental Health Services (MHS 20). Instructions for enrollment, periodic updates and terminations will be followed according to the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. Payment Procedures

- A. Basis of Payment: Payment is based on the dollar amounts and bed capacity specified in the Grant Award, except that payments will be reduced by the amount of "client resources" received by the licensee in support of services provided.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 28 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement

- B. Disbursement: Funds are disbursed through monthly allotments which are adjusted to reflect receipt of "client resources" applied as an offset to Division payments. The offsets will be shown on the Client Offset Report and the Preliminary Provider Financial Statement Report. The amounts will be assumed to be correct unless a request for correction to the total offset amount for the County is sent to the Division no later than the 20th of the following month.

Allotments may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation, or, when dollar amounts are changed through amendment to the Grant Award. Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **PSYCHIATRIC SECURITY REVIEW BOARD (PSRB)**

Service ID Code: **MHS 30**

I. **Service Description and Performance Standards**

Psychiatric Security Review Board (PSRB) services will include:

- A. The assessment of persons for the court and the PSRB to determine if a person can be treated in the community and defining the specific supervision requirements for the person; and
- B. The treatment and supervision, as defined in the PSRB conditional release order, of persons placed in the community including services such as evaluation, supervision, case management, psychotherapy and medication management.

Persons under the Psychiatric Security Review Board are those judged by the courts to be "guilty, except for insanity" for a criminal offense and conditionally released or considered for conditional release into the community by the PSRB or the courts.

This service must comply with OAR 309-32-450 through 309-32-515, "Standards for Community Treatment and Supervision of Persons Under the Jurisdiction of the Psychiatric Security Review Board (PSRB)."

All persons served meet eligibility criteria as measured through CPMS MARS 2242.

Maintain 100% utilization of the number of persons to be served each month, as authorized in the Grant Award, and measured through CPMS.

Any vacancy in PSRB services is to be reported to Division's Office of Mental Health Services (OMHS) on a monthly basis.

A Certificate of Approval will be maintained as set forth in OAR 309-12-130 through OAR 309-12-220.

II. **Special Reporting Requirements:**

- A. Provide a monthly report to Psychiatric Security Review Board if required in Conditional Release Order.
- B. Enroll all eligible clients on the Division's Client Process Monitoring System (CPMS) in MHS 30.

III. Payment Procedures

- A. Basis of Payment: Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 30 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

MHEXHA\6-11-99

Service Name: **ENHANCED CARE SERVICES**

Service I.D. Code: **MHS 31**

I. **Service Requirements and Performance Standards**

Enhanced Care Services (ECS) are mental health and psychiatric rehabilitation services provided on a daily basis to eligible residents at selected Senior and Disabled Services Division (SDSD) facilities. Enhanced Care Services must be provided in accordance with OAR 309-32-720 et seq. and 309-32-830 et seq. To provide Enhanced Care Services beyond those that are facility based, the CMHP must complete a variance process in accordance with OAR 309-32-720 et seq.

100% of the residents served must meet eligibility standards described in OAR 309-12-130 through 309-12-220.

At least 95% of contracted bed utilization will be maintained as set forth in the Grant Award.

A Certificate of Approval will be maintained as set forth in OAR 309-32-720 through 309-32-830.

II. **Reporting Requirements**

A. All eligible residents will be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 31 within 7 days of admission and terminate eligible residents from CPMS within 30 days of discharge from the program.

B. The following reports will be completed per instructions in the referenced forms:

1. "Monthly Enhanced Care Services Census Report" - form #MHDDSD-MHS-0474.
2. "Enhanced Care Services Patient Referral Outcome Report" form # MHDDSD-MHS-490.
3. "ECS Data Base Part I" - form # MHDDSD-MHS-491.
4. "ECS Data Base Part II" - form # MHDDSD-MHS-492.

II. **Payment Procedures**

A. **Basis of Payment:** Payments are based on the service capacity in the Grant Award, except if the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 31 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **ADULT FOSTER CARE (AFC)**

Service ID Code: **MHS 34**

I. **Service Description and Performance Standards**

Adult Foster Care Services are provided in a licensed family home or facility for five or fewer persons with mental illness who are unable to live by themselves without supervision. Services consist of Regular Services which are provided to all AFC recipients, and Personal Care Services which are provided on an as-needed basis.

Adult Foster Care Services include, but are not limited to, the following:

- A. Crisis stabilization services, such as accessing psychiatric, medical, or qualified professional intervention to protect the health and safety of the consumer and others;
- B. Timely, appropriate access to crisis intervention to prevent or reduce acute, emotional distress which might necessitate psychiatric hospitalization.
- C. Money and household management.
- D. Supervision of daily living activities such as training with eating, personal hygiene, clothing care and grooming, communication with social skills, health care, and using community resources.
- E. Provision of care including assumption of a responsibility for the safety and well-being of the consumer;
- F. Administration and supervision of prescribed and non-prescribed medication;
- G. Provision or arrangement of routine and/or emergency transportation;
- H. Management of aggressive or self-destructive behavior;
- I. Management of a diet, prescribed by a physician, requiring extra effort or expense in preparation of food.
- J. Management of physical or health problems, including seizures or incontinency. The target population is adults with chronic or severe mental illness referred and approved by the community mental health program, who have been hospitalized or are at immediate risk of hospitalization or are in need of continuing services to avoid hospitalization, or who pose a hazard to the health and safety of themselves or others. All persons served must be assessed as unable to live independently without supervised intervention, training or support.

Adult Foster Care Services are provided in a effort to maintain the consumer at his or her maximum level of functioning, or improve the consumer's skills to the extent that he or she may live more independently.

This service is regulated by OAR 309-40-000 through 309-40-100, "Adult Foster Homes".

A license will be maintained as set forth in OAR 309-40-000, et seq.

A nurse will assess each individual upon enrollment in AFC and determine a Personal Care Plan. AFC services must be provided in accordance with the Plan. After the initial Personal Care Plan is developed, nurses will periodically reassess and adjust the Plan if necessary.

The provider will assist the Division in administration of foster home services provided under a direct contract between the Division and the foster home provider by providing case management and protective services as needed by foster home clients. The provider will authorize payment for foster home services, and assure that the total payment authorized does not exceed the amounts specified in the Grant Award for Adult Foster Care services. Total payments will be calculated based on the full service rate, including offsets (client resources received by the home for care and services).

II. Special Reporting Requirements

- A. The "MED Adult Foster Home SDS/DSO Data Form" and "Personal Care Rate Change Justification Form", will be completed when indicated by clinical needs.
- B. Client enrollment and termination will be reported in Division's Client Process Monitoring System (CPMS) in MHS 34.

III. Payment Procedures

- A. Payment for services is based on a monthly rate for each eligible client enrolled in Adult Foster Care, except that:
 - 1. The monthly rate is prorated for any month in which the eligible resident is not living in the home for a portion of the month;
 - 2. Payments are reduced by the amount of client resources received by the home in support of client care and services provided; and

3. Cumulative payments, including offsets, may not exceed the dollar amount specified in the Grant Award.
-
- B. Payment rates are established as follows: For all persons receiving Adult Foster Care services, a Client Assessment & Planning System Form (SDSD 360), assessing the individual's health care needs, will be completed by nurses contracted or hired by the Division or the County to perform this work. A standard payment rate based on the health care assessment will be utilized by the Division unless the County adjusts the rate to be higher or lower than the standard rate. County rate adjustments must be reported on the Division's "Personal Care Rate Change Justification Form".
 - C. Funds are disbursed to the licensed foster care provider monthly, following the month of service, through the Senior and Disabled Services Division's (SDSD) Community Based Care (CBC) system. Payments may be made between monthly disbursements for rate and other adjustments.

If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 34 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: **OLDER/DISABLED ADULT MENTAL HEALTH SERVICES**

Service I.D. Code: **MHS 35**

I. Service Description and Performance Standards

Older/Disabled Adult Mental Health Services (ODAMHS) is a package of mental health services provided to persons eligible for Senior and Disabled Services Division (SDSD) or services provided through the Area Agencies on Aging.

Direct Older/Disabled Adult Mental Health Services (ODAMHS). ODAMHS must be provided in accordance with OAR 309-32-525 et seq. and OAR 309-16-000 et seq. Clients must be enrolled in MHS 35, receive medication management, quarterly interagency staffings and follow-up services after treatment in local or state in-patient psychiatric hospitals.

Indirect Services. Community Mental Health Programs (CMHP) receiving these funds must ensure that a screening, referral, consultation and training service is available to relevant agencies and caregivers and that coordination is assured between SDSD protective services and county Mental Health Crisis/Commitment service.

Residential Services. Payments may be made to SDSD residential care facility providers for services delivered to residents with severe and persistent mental illness who are not eligible for SDSD community based care services as set forth in the Grant Award.

Services must be delivered by a Qualified Mental Health Professional (QMHP) in accordance with the requirements of OAR 309-16-000 et seq. QMHP must have a background with the Older/Disabled Adult population or be participating in relevant training programs to acquire such knowledge.

II. Reporting Requirements

All eligible clients must be enrolled on the Division's Client Process Monitoring System (CPMS) in MHS 35.

III. Payment Procedures

A. Basis of Payment: Payments are based on the service capacity in the Grant Award. If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 35 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **PRE-ADMISSION SCREENING AND
ANNUAL RESIDENT REVIEW**

Service I.D. Code: **MHS 36**

I. **Service Description and Performance Standards**

Pre-admission Screening and Annual Resident Review (PASARR) is a service conducted in accordance with Public Law 100-203. PASARR provides reviews and evaluations for residents of licensed nursing facilities to determine their need for in-patient psychiatric hospitalization. PASARR services must comply with OAR 309-48-050 through 309-48-130.

- A. 100% of the referrals from the nursing home must be reviewed.
- B. Reviews and evaluations must be completed by a Qualified Mental Health Professional or a Licensed Medical Professional.
- C. A Certificate of Approval must be maintained as set forth in OAR 309-12-130 through OAR 309-12-220, and comply with Public Law 100-203.

II. **Special Reporting Requirements**

- A. The Annual Resident Review (OMHS 0438) must be completed.
- B. A Level II Summary (OMHS 0440) must be completed.
- C. All eligible clients must be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 36. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. **Payment Procedures**

- A. **Basis of Payment:** Payments are based on the dollar amounts and services specified in the Grant Award. If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 36 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Program.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium

Payment Limitations.

- A. The Annual Resident Review will be limited to a maximum of two (2) hours.
- B. The Level II Evaluation will be limited to a maximum of five (5) hours.
- C. Reviews and Evaluations will be billed at established Medicaid rates unless special authorization for another rate is obtained from Division's Office of Mental Health Services.

MHEXHA\6-11-99

Service Name: **MHS SPECIAL PROJECTS**

Service I.D. Code: **MHS 37**

I. **Service Description and Performance Standards**

MHS Special Projects are activities within the scope set forth in ORS 430.630. Where funds are used for Medicaid-eligible clients, OAR 309-16-000 through 309-16-120 is applicable. The projects are not ongoing service elements defined in administrative rules, and they are not routinely contracted throughout the state. These projects may be operated on a demonstration or an emergency basis for a specified time-limited period until a determination is made by Division that the Special Projects service is no longer needed, or a decision is made whether or not to continue the activity as an ongoing service element defined in rule and available for implementation generally throughout the state or a region.

Minimum performance requirements are specified in Exhibit B for this service element or Special Conditions in the Grant Award. The requirements may include the following:

- A. The frequency, methodology, and the content of project reports to be filed;
- B. The consumer or other service recipient activities to be provided;
- C. The minimum number of consumers or other recipients to be served;
- D. Any tangible products to be produced;
- E. Any other requirements the accomplishment of which is to be monitored in order to determine the contractor's minimum performance under the Agreement; and
- F. Performance projections beyond the required performance may be articulated by the Division and monitored in order to assist in determining the project's suitability for continuation in further Agreement periods and/or its implementation more broadly throughout the state.

II. **Special Reporting Requirements**

All eligible clients must be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 37. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. Payment Procedures

A. Basis of Payment: Payments for each Special Project is limited to the cumulative dollar amount for the project as specified in the Grant Award. In addition, payment for Special Project will depend on payment methodology, as follows:

1. Payments based on rates, or on the amount in the Accepted Grant Award:

- a. Unless otherwise specified in Exhibit B or the Grant Award, payment will be based on the dollar amount specified as required for the Project in Exhibit B or the Grant Award.
- b. Except as provided above, any financial assistance paid to County under this Agreement for MHS 37 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

2. Expenditure-based payments: If Exhibit B or the Grant Award specifies expenditure-based payments, payment will be based on cost reimbursement for actual expenditures made in accordance with a line-item budget approved by the Division.

3. Start-Up Payments: Payment of Start-Up funds is based on reimbursement for actual expenditures, and is subject to requirements for Start-Up Funds as specified in the Grant Award and in the Division's Community Mental Health Financial Procedures Manual.

B. Disbursement: Funds are disbursed through monthly allotments. Allotments may be adjusted, at the Division's discretion, to: meet cash flow requirements for Special Projects.

C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium

Service Name: **SUPPORTED EMPLOYMENT SERVICES -
Extended Services (SES)**

Service I.D. Code: **MHS 38**

I. **Service Description and Performance Standards**

Supported Employment-Extended Services provide ongoing support to adults with chronic mental illness to enable them to obtain and maintain employment. Persons served may be employed in either one of the following:

- A. Supported employment, which is paid employment occurring individually, or in groups of no more than eight workers with disabilities, in a variety of integrated settings. Eligible consumers are adults with chronic mental illness who have not been served or who have been served unsuccessfully by the Vocational Rehabilitation Division (VRD) because of the lack of ongoing Supported Employment-Extended Services needed to sustain employment after time-limited rehabilitation SES are completed.
- B. Transitional employment, which is competitive work in an integrated setting for individuals with chronic mental illness who may need support services, but not necessarily job skills training services. Support may be provided either at or away from the work site. The job placement might not necessarily be a permanent employment outcome for the individual.

Persons with chronic mental illness who are eligible for Supported Employment Services are those who:

- A. Are enrolled and served in Non-Residential Adult Mental Health Services which meet the standards of Division;
- B. Are in need of Supported Employment Services to maintain employment; and
- C. Have been found to be eligible through evaluation conducted on behalf of the Vocational Rehabilitation Division.

Supported Employment Services include but are not limited to: supervision and job training with the consumer, on-the-job visits, consultation with employer, job coaching with the consumer, counseling, skills training, and transportation. Supported Employment Services is regulated by OAR 309-32-220 through 309-32-250, "Standards for Supported Employment Services".

100% of persons served with state funds must meet the Vocational Rehabilitation Division and Mental Health and Developmental Disability Services Division's eligibility criteria as measured by CPMS.

A Certificate of Approval must be maintained as set forth in OAR 309-12-130 through 309-12-220.

II. Special Reporting Requirements

- A. Report to Division's Office of Mental Health Services the total number of months of SES delivered to each eligible consumer within 30 days of the end of each fiscal year.
- B. All clients receiving Supported Employment Services must be reported on Division's Client Process Monitoring System (CPMS) in MHS 20. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. Payment Procedures

- A. Basis of Payment: Payments are based on client months of SES as measured through CPMS enrollments . Vacancies will be paid only for the month in which a person terminates SES. If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 38 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. Payments are limited to the cumulative biennial total authorized for the service element specified in the Grant Award.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Service Name: **COMMUNITY SUPPORT SERVICES FOR THE HOMELESS MENTALLY ILL (CSS-H)**

Service I.D. Code: **MHS 39**

I. **Service Description and Performance Standards**

Community Support Services for the Homeless Mentally Ill (CSS-H) provide outreach, crisis intervention, diagnostic services, community mental health services, and referral services for individuals with severe and persistent mental illnesses who are homeless or at substantial risk of homelessness. They also provide training and education for persons who work with the homeless individuals with severe and persistent mental illnesses.

CSS-H services are regulated by OAR 309-32-175 through 309-32-210, "Standards for Community Mental Health Services for the Homeless Mentally Ill".

100% of persons served must meet eligibility criteria as measured through site review. A Certificate of Approval must be maintained as set forth in OAR 309-12-130 through 309-12-220.

II. **Special Reporting Requirements**

- A. Programs contracted to provide Community Support Services for the Homeless Mentally Ill must assist the State, upon request, in the development of an annual federal report describing program activities and CSS-H services provided including coordination of services and activities with other public or private entities.
- B. Programs contracted to provide CSS-H services must assist the State, upon request, in the development of an annual application requesting continued funding..
- C. Programs contracted to provide CSS-H services will assist the State in the conduct of any reviews under OAR 309-12-130 through 309-12-220.
- D. All eligible clients must be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 39. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.

III. **Payment Procedures**

- A. **Basis of Payment:** Payments are based on the service capacity in the Grant Award. If the service is not operational for the full period specified in the Grant Award,

payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to County under this Agreement for MHS 39 services, but not expended during the term of this Agreement may be retained for expenditure for delivery of Mental Health Services or DD services after expiration or termination of this Grant Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorize funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Programs.
- C. Contract Settlement: Contract settlement will reconcile any discrepancies between payments and amounts due which may have occurred during the biennium.

Continued funding of services is dependent upon federal PATH funds.

Service Name: **JCAHO ACCREDITED PSYCHIATRIC
RESIDENTIAL TREATMENT FACILITIES**

Service I.D. Code: **MHS 128**

I. Service Description and Performance Standards

- A. Child and adolescent residential psychiatric treatment is provided to Medicaid-eligible individuals with severe mental or emotional disturbances, age 21 or younger, on a 24-hour basis in a facility accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The program must provide a range of professional expertise and treatment services that ensures the appropriate treatment for each admitted child. Active treatment is designed to improve the child's functioning and to achieve the child's discharge at the earliest appropriate time.
- B. Admission to the facility requires certification, following the Division's Certification of Need (CON) Committee procedures established in OAR 309-34-150 through 309-34-0310, Medicaid Payment for Child and Adolescent Residential Psychiatric Treatment Services, that psychiatric residential care is necessary.
- C. JCAHOs must retain licensure from the Oregon State Office for Services to Children and Families (SCF) and a Certificate of Approval under OAR 309-12-130 through 309-12-220 from the Division to provide psychiatric residential treatment to mentally or emotionally disturbed children as provided in OAR 309-34-150 through 309-34-0310. The County must be accredited by JCAHO as a psychiatric residential treatment facility for treatment of children age 21 or under.

II. Special Reporting Requirements

- A. Each child must be enrolled on Division's Client Process Monitoring System (CPMS) in MHS 128. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.
- B. Each enrolled child's primary DSM IV Axis I, five-digit diagnosis and level of functioning score will be provided to the Division within 45 days of enrollment on forms provided by the Division. An updated level of functioning score must be submitted every 90 days thereafter on forms provided by the Division. At termination, child's primary DSM IV Axis I, five-digit diagnosis and level of functioning score will be submitted on forms provided by the Division. For children ages 4 through 16, level of functioning is measured by the Children's Global Assessment Scale (CGAS). For children over age 16 and older, level of functioning is measured by the Global Assessment of Functioning (GAF) scale.

III. Payment Procedures

- A. The Oregon Medical Professional Review Organization (OMPRO) reviews admissions and authorizes continued stay for Title XIX psychiatric residential

treatment under the Medicaid program. If active treatment is not documented during any period in which Division payments are made on behalf of a child, the Division may recoup such payments.

- B. JCAHO programs will operate 365 days per year and JCAHO services will be reimbursed at established daily rates on a filled bed basis.
- C. JCAHO programs will have an aggregated 20 days per slot per year in which a child may be absent from the program for purposes such as home and substitute care visits, hospitalizations, transitions, runaways and detention stays. A child may not be absent from the program for visitation and transitions for more than seven consecutive days. An additional five days per contracted bed per year may be used as unfilled vacant bed days. The use of these vacancy days will be determined by the JCAHO program. The Division will track utilization and make annual rate adjustments accordingly.
- D. While the child is enrolled in psychiatric residential services, any JCAHO services identified on the child's Treatment Plan will not be billed to Medicaid as outpatient mental health services. If the Grant Award authorizes funds for Medicaid-eligible consumers, payment will be disbursed by the Office of Medical Assistance Programs. Payment will be made based on the monthly submission of the computer generated turnaround documents (TAD) to Adult and Family Services, PO Box 14954, Salem, OR 97309.
- E. Contract Settlement: Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: Residential Programs for Children with Mental Disorders (RES-MED)

Service I.D. Code: MHS 129

I. Service Description and Performance Standards

The RES-MED service is an organized program of mental health treatment services consisting of psychosocial skills development; individual, group and family therapies; medication management; psychiatric services and consultation provided in a State Office for Services to Children and Families (SCF) or Oregon Youth Authority (OYA) contracted residential program. The purpose of the services are to remediate significant impairments in a child's functioning that are the result of a primary mental disorder diagnosed on Axis I of a completed DSM 5-Axes diagnosis. The disorder and the child's level of functioning are the reason for, and the focus of, clinical intervention.

- A. 100% of the children served with state funds must meet eligibility criteria specified above as measured through the Client Process Monitoring System (CPMS) or program reviews.
- B. RES-MED facility must be licensed by SCF. Certificate of Approval must be obtained based on Standards for Community Treatment Services for Children (OAR 309-032-0950 to 309-032-1080).
- C. Maintain program requirements according to the process specified in the Grant Award.

II. Special Reporting Requirements

- A. Report to the Division quarterly, the names of children with lengths of stays greater than 300 days.
- B. RES-MED program will enroll children in the Client Process Monitoring System (CPMS) under assigned provider numbers differentiating OYA and SCF custody. CONTRACTOR must enroll each child on the Client Process Monitoring System (CPMS) in MHS 129. Instructions for enrollment, periodic updates and terminations are to be followed per the most current version of the Office of Mental Health Services Client Process Monitoring System User's Manual.
- C. RES-MED program will report all third party resources collected on behalf of each specific child at the time the child is terminated from RES-MED service through the monthly CPMS Termination and Service Report (TSR).
- D. RES-MED program will report monthly to the Division any additional and not prior reported third party resources collected on behalf of children after they have been terminated from CPMS.

III. Payment Procedures

- A. The RES-MED payment process pays on a monthly cycle. Payments are made based on the established daily rate. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation. If the Grant Award authorizes funds for services to Medicaid-eligible consumers, payments will be disbursed by the Office of Medical Assistance Programs. The amount of prospective payment is 1/12th of a year's total RES-MED service award for the contracted number of children offset by third party collections reported to the Division as set forth below.
- B. By the 21st day of each month, the Termination and Service Report (TSR) shall be returned to the Division indicating changes in enrollment, third party resources and termination information for children during the preceding month. This information will be the basis for calculation of slot utilization as set forth below.
- C. Division will settle mental health service utilization with each program at the end of the year. Programs are allowed an aggregate of mental health service vacancy days totaling 18 days per bed per year to allow for runaways, transitions, detention, vacancies, and hospitalizations. For example, if the contract is for 10 beds, the program will have a maximum of 180 allowable days of mental health service vacancy. Programs exceeding the annual allowable vacancy days will reimburse the Division for the under-utilization. Home visits will not be considered part of the aggregate vacancy days if they are included in the child's approved treatment plan and provided as part of a continuum of services.
- D. Potential third party payments must be pursued from Medicare, health insurance or other sources that may cover mental health treatment services rendered. Third party resources received for specific children will be reported to the Division on the TSR at the time each child is terminated from service. The allotment payment in months following the TSR terminations will be offset by any reported collections.
- E. Third party collections received on behalf of children after they have been terminated from CPMS must be reported to the Division. Further, the next monthly allotment will be reduced by the amount of reported collections. Monthly allotments may be withheld pending receipt of properly completed third party collections reports.

Service Name: DIVERSION SERVICES

Service I.D. Code: DD 44

I. Service Description and Performance Standards

Diversion Services provide support to individuals who are eligible for civil commitment under Oregon Revised Statutes (ORS) 427, and for children with developmental disabilities (DD) who are at imminent risk of out-of-home placement. Support to maintain the client in the community may include homemaker services, in-home staff support, non-medical transportation, physical adaptations to the home, respite care, special diet services, adaptive equipment, short-term residential and/or vocational services, professional consultation, assessment and evaluation, and other services as approved in the individual's diversion plan.

Performance standards to be met for Diversion Services (DD 44) are as follows:

- A. Diversion Services (DD 44) must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-041-0300 through 0335.
- B. 100% of individuals served must be eligible for civil commitment under ORS 427, or must be children with developmental disabilities who are at imminent risk of out-of-home placement.
- C. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Title XIX Waiver Form: When an individual receives DD Diversion Services, and the individual is already receiving another Waivered Service, Waivered Service information for that client must be updated to include DD Diversion, using the Title XIX Waiver Form as prescribed by DIVISION. If the individual is not already receiving another Waivered Service, DIVISION's Office of DD Services must be consulted, to determine whether to enroll that person in the Waiver program. If the DIVISION's Office of DD Services determines that a Title XIX Waiver Form must be completed for a newly enrolled client, COUNTY must submit the Form required under this section on or before the date COUNTY submits CPMS DD Diversion Form(s) reporting DD 44 services for the affected individual.
- B. Client Process Monitoring System (CPMS): Completion of the special CPMS form for DD Diversion services, following instructions in the DIVISION's CPMS Manual for DD Services.

III. Payment Procedures

- A. Basis of payment: Payment is based on reimbursement for actual expenditures resulting from delivery of the services as specified above, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.

DIVISION is not obligated to pay for DD 44 services in any fiscal year if those services are not properly reported through CPMS within 60 days after the close of the fiscal year or after termination of the Agreement, whichever is earlier.

- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted to recover underexpenditures identified through CPMS. Disbursements may also be adjusted, at DIVISION's discretion, to meet cash requirements for continued program operation.

- C. Contract Settlement: Contract Settlement is based on actual expenditures as reported in CPMS DD Diversion enrollment/accounting forms submitted in the manner specified in the DIVISION's CPMS Manual for DD Services.

Service Name: NURSING FACILITY SPECIALIZED SERVICES

Service I.D. Code: DD 45

I. Service Description and Performance Standards

Nursing Facility Specialized Services are individualized, specialized services for persons with developmental disabilities residing in nursing facilities, as defined in OAR 309-48-025. These services are to be integrated with, but are in addition to, care the nursing facility is required to provide. DD 45 services must be directly tied to assessment findings, including service needs identified in the Pre-Admission Screening/Annual Resident Review (PASARR) Level II assessment as defined and prescribed by DIVISION. Additional assessments, including the Minimum Data Set (MDS) which the nursing facility (NF) must complete for all residents, may be used to identify or clarify additional service needs. The type, intensity, and frequency of Nursing Facility Specialized Services to be provided to each individual must be specified in the nursing facility's Annual Care Plan.

Performance standards to be met for Nursing Facility Specialized Services (DD 45) are as follows:

- A. Eligibility for Services: 100% of individuals served must have been determined, through the Pre-Admission Screening/Annual Resident Review (PASARR) process, to: 1) be eligible for Developmental Disability (DD) Services; 2) require nursing facility services; and 3) require specialized services.

Additionally, Nursing Facility Specialized Services must be provided to individuals determined through the PASARR process to require relocation, but who, having lived in a nursing facility for at least 30 consecutive months prior to the original PASARR Level II assessment, have chosen (or have a guardian or informed consent panel choose for them) not to relocate.

- B. Level of service, expense limitations: In no case shall an individual determined to require Nursing Facility Specialized Services receive fewer than 28 hours of direct service per month without the written approval of the Nursing Home Reform Coordinator of the DIVISION's Office of DD Services (ODDS). Time and expenses to transport eligible individuals to community activities and events may be included in computing direct service. For a newly-enrolled individual in this service element, or a new service provider, no more than one month's service allocation may be used for assessment and planning processes.

Administrative costs of providing Nursing Facility Specialized Services shall be limited to no more than 10% of the total service allocation. Administrative costs may include, but are not limited to: recruitment, hiring, training, and supervision of

personnel providing the services; clerical support; and routine office costs, such as facility expenses, telephone, supplies, and photocopying.

- C. Utilization: COUNTY and DIVISION may renegotiate both the Agreement amount and required units if:

- (1) The program is operating at less than a cumulative-to-date average of 95% of contracted capacity; and/or
- (2) The number of eligible individuals to be served changes.

- D. Record keeping:

- (1) Client records must be maintained as described in "Comprehensive Assessment and Care Plan", as defined in OAR 411-86-225, and as required in OAR 309-41-400 through 500.
- (2) Provision of Nursing Facility Specialized Services shall be documented according to nursing facility, COUNTY DD Program, and DIVISION requirements.

- E. Monitoring: It shall be the responsibility of the DD Case Manager to ensure that Nursing Facility Specialized Services are provided in accordance with the Service Description and Performance Requirements specified above. The DIVISION's ODDS Nursing Home Reform Coordinator may visit individuals in Nursing Facilities to monitor contract compliance.

II. Special Reporting Requirements

- A. Client Process Monitoring System (CPMS): Enrollment and Termination/Service Activity Reports, as required in the DIVISION's CPMS Manual for DD Services.
- B. In addition to reporting terminations in CPMS, notification of vacancies and service interruptions must be given to DIVISION's Office of Developmental Disability Services Nursing Home Reform Coordinator, as follows:
- (1) Any terminations from DD 45 services, including those resulting from a client's death, illness, transfer, or discharge from the NF, must be reported in writing within 14 calendar days of the termination(s).
 - (2) Any service interruption of two continuous weeks duration or more, regardless of cause, must be reported immediately. The report must include the cause for interruption, and must specify the expected plan for resuming services.

III. Payment Procedures

- A. Basis of Payment: Payment is based on a monthly rate for each eligible client enrolled in the service and documented through CPMS, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award. Payment will not be made for any slot vacant for a full calendar month.
- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted periodically by DIVISION to reflect the actual services delivered as reported in CPMS. Disbursements may also be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: SEMI-INDEPENDENT LIVING SERVICES

Service I.D. Code: DD 47

I. Service Description

Semi-Independent Living Services provide residential support and skill training to adults with developmental disabilities who, with assistance from this program, can continue to live in their own homes or apartments. The programs provide assistance and training in such areas as managing money, planning meals, shopping, using community resources, counseling, and recreation. Services also include regular monitoring of varying intensity from monthly to daily based on individual need.

Performance standards to be met for Semi-Independent Living Services (DD 47) are as follows:

- A. Semi-Independent Living Services (DD 47) must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-41-015.
- B. 100% of individuals served must be eligible for Developmental Disability (DD) services.
- C. One unit of Semi-Independent Living (SIL) is defined as one full-time equivalent (FTE) skills trainer. Each unit of SIL will provide services to a minimum of eight clients per month. If the program operates at less than a cumulative-to-date average of 95% of contracted capacity, DIVISION and COUNTY may renegotiate both the Grant Award amount and required units.
- D. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.
- B. Provider Administrative Rule Self-Assessment: Each certified Semi-Independent Living program requesting certification renewal, as required by Administrative Rule, must conduct a self-assessment of its services at a minimum of every two years, prior to expiration of its existing certificate. Self-assessments must be conducted, and findings and plans of improvement must be reported, following procedures and using forms included in DIVISION's Self-Assessment Procedures for Developmental Disability Services for the service being assessed.

III. Payment Procedures

A. Basis of Payment: Payments are based on the service capacity in the Grant Award , except:

1. Payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award, and
2. If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to COUNTY under this Agreement for DD 47 services, but not expended during the term of this Agreement, may be retained by COUNTY for expenditure for delivery of Mental Health Services or Developmental Disability Services after expiration or termination of this Agreement.

- B. Disbursement: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation .
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: CASE MANAGEMENT

Service I.D. Code: DD 48

I. Service Description and Performance Standards

The Case Management Program serves as a fixed point of entry for individuals with developmental disabilities who are in need of services provided by DIVISION. The program documents client eligibility for services and funding; assesses client needs; assists the client and/or the family to obtain services; coordinates the development of the individual plan for work training, medical care, recreation, and living situation; monitors the provision of client services; responds to crises; recommends certification of Developmental Disability (DD) adult foster homes; authorizes payments for foster home services; provides consultative services to providers and families; and is responsible for the appropriateness and quality of services to individual clients.

Performance standards to be met for Case Management (DD 48) services are as follows:

- A. Case Management (DD 48) services must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-041-0375 through 0480.
- B. 100% of individuals served must be eligible for Developmental Disability (DD) services.
- C. A current address must be maintained for each client.
- D. 100% of individuals in DIVISION-funded DD vocational or residential services (DD 47, DD 50, DD 51, DD 54, DD 58, DD 59) will have an Individual Service Plan (ISP).
- E. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Required reports to be completed in accordance with instructions provided by DIVISION:
 - 1. Client Process Monitoring System (CPMS): Case Management services must be reported in CPMS, even if sufficient contacts have already been reported as needed to generate full payment of the full DD 48 allocation included in the Grant Award;

2. Title XIX Waiver Forms, as prescribed by DIVISION, for all individuals enrolled in Family Support (DD 49), DD Residential Facilities (DD 50), Supported Living Services (DD 51), Employment and Alternative Services (DD 54), DD Adult Foster Homes (DD 58), and High School Transition Services (DD 90), and for other individuals as instructed by the DIVISION; and
 3. "MHD/DD 0376" (Adult Foster Care License Evaluation Form), as prescribed by DIVISION.
- B. If asked to assist DIVISION with Case Management rate computations, detailed information on expenditures for Case Management services will be submitted in a format specified by DIVISION.

III. Payment Procedures

- A. Basis of payment: Payment is based on the DIVISION-established monthly rate per client served by a Case Manager, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award. The DIVISION has established two rates: a "Regular Rate", and an "Intensive Rate". The monthly payment amount for each rate is specified in Special Conditions of the Grant Award. Case Management services may be billed at the "Intensive Rate", by reporting services through CPMS, for the following Case Management activities only:
1. "Abuse investigation and protective services", defined as an investigation required by OAR 309-040-0240 and any subsequent services or supports necessary to prevent further abuse; and/or
 2. Services to a person fitting the definition of "Priority Population" in OAR 309-041-0405.

For each month for which Case Management (DD 48) services are reported for a client in CPMS, at least one billable contact must be made to justify the full payment rate. For purposes of this Service Description for DD 48, a billable contact means a contact made, in person or by telephone by a Case Manager as defined by OAR 309-041-0375 through 0480, for the purpose of delivering services described in those same rules. Each billable contact must be documented according to those same rules. Records may be reviewed by DIVISION, and payments may be adjusted, if services have not been accurately reported or documented.

- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due based on the number of total service months reported through CPMS.

Service Name: SELF-DIRECTED INDIVIDUAL AND FAMILY SUPPORT

Service ID Code: DD 49

I. Service Description and Performance Standards

Self-Directed Individual and Family Support programs provide: (a) comprehensive family-chosen services to families which have exceptional care-giving requirements associated with having a member with developmental disabilities who lives at home; and (b) support services chosen by individuals with developmental disabilities who are living in their own homes. Services may include:

- (1) Prioritization and enrollment of families and individuals with developmental disabilities who require the services;
- (2) Preparation of a Support Plan for each individual or family to be served;
- (3) Assistance with family problems of adjustment to the needs of the family member with a developmental disability;
- (4) Assistance to agencies and groups to develop, improve, and increase access to specialized resources for families and individuals with developmental disabilities;
- (5) Development and coordination of networks and support groups;
- (6) Financial assistance directly to or on behalf of individuals and families to offset part or all of the costs of services in an individual or family Support Plan. Services eligible under Self-Directed Individual and Family Support programs for financial assistance include: architectural modification; adaptive equipment and clothing; specialized consultation services; transportation; respite; information/education; and other expenses related to the effects of the disability on the family or individual. Services may be directed to either the eligible person or eligible family member.

Performance standards to be met for Self-Directed Individual and Family Support (DD 49) programs are as follows:

- A. Self-Directed Individual and Family Support (DD 49) services must be provided in compliance with the requirements of Oregon Administrative Rules to regulate this service, if and when such Rules are adopted.
- B. Eligibility: 100% of individuals served must be eligible under DIVISION requirements for DIVISION-funded developmental disability services, or must be family members of individuals eligible under those DIVISION requirements.
- C. Local Plan for Self-Directed Individual and Family Support: Services must be provided in conformance with a Local Plan for Self-Directed Individual and Family

Support as approved by DIVISION's Office of Developmental Disability Services (ODDS), hereinafter also referred to as the "Local Plan".

- D. Determining eligibility; setting priorities; point of entry for services: COUNTY's Community Mental Health Program (CMHP) shall be the single point of entry for determining eligibility for DIVISION-funded developmental disability services. The COUNTY CMHP shall also be the single point for setting priorities for, and enrolling families and individuals in, Self-Directed Individual and Family Support services, unless otherwise specified in the Local Plan, in which case setting priorities and the points of entry for Self-Directed Individual and Family Support services will be done in accordance with the Local Plan.
- E. Support Plan and documentation: The Self-Directed Individual and Family Support program will prepare, and update as changes occur, a written Support Plan for all individuals and families receiving Self-Directed Individual and Family Support services. The Support Plan will, at a minimum: (1) include a description of services to be provided and projected expenditures to be paid with DIVISION funds; and (2) clearly establish and document that expenditures under the Support Plan are not income for tax or benefit calculations, by including only support for needs that are strictly related to a disability rather than a financial need. The Self-Directed Individual and Family Support program will maintain documentation that services are delivered and expenditures made in accordance with each Support Plan, and will make that documentation available to DIVISION on request.
- F. Self-Directed Individual and Family Support Governing Board or Local Policy Group: A governing board or local policy group must be established and maintained, in conformance with the requirements listed below, to develop and oversee Self-Directed Individual and Family Support services provided under this Agreement and in accordance with the Local Plan.
1. The board or policy group must be fully operational for the full term of this Agreement, unless otherwise approved in writing by DIVISION.
 2. At least 50% of the board/policy group membership must consist of individuals with developmental disabilities or families which have members with developmental disabilities.
 3. If the Self-Directed Individual and Family Support services will be provided through a subcontracted, non-government entity, the program will be overseen by a governing board with, at a minimum, the following responsibilities:

- a. Development of policies and procedures for services;
 - b. Setting priorities for the provision of services;
 - c. Coordination of planning functions;
 - d. Arrangement for program evaluation; and
 - e. Directing the use of program resources, including annual reviews of the use of those resources.
4. If the Self-Directed Individual and Family Support services will be provided directly by the COUNTY Mental Health Program, COUNTY Developmental Disability Program, or any other branch of local government, the Local Plan for Self-Directed Individual and Family Support, as required under this Exhibit A, must include, at a minimum:
 - a. Assurance that the majority of the members the policy group will be developmental disability (DD) service consumers and/or members of families with individuals with developmental disabilities, and a description of how this majority participation will be developed and maintained;
 - b. Extent to which the policy group will have authority over DD 49 program decisions, including local priority setting, allocation of resources, and selection of key personnel, with the assurance that the board/policy group will have significant influence in these decisions; and
 - c. A description of specific procedures to be followed to resolve any conflicts between the policy group and COUNTY/local government body operating the Self-Directed Individual and Family Support program.
- G. Maintenance of Effort, Use of Other Available Resources: The Self-Directed Individual and Family Support program must ensure that federal, state, and local sources of services or payment for services to each individual or family are used prior to utilizing DD 49 funds for the same services and that the DD 49 funds do not supplant other available fund sources.
- H. Fee Requirements and Standard Expenditures Prohibited:
 - (1) Families and individuals receiving DD 49 services may not be required to pay for those services. Eligibility for services, including payments to or on behalf of individuals or families, will be determined without either applying a standard means test or requiring any other written family financial statement.
 - (2) Standardized expenditure limitations may not be established.

I. Allowable Expenditures:

- (1) DD 49 expenditures must be made in accordance with a biennial line-item budget approved by DIVISION. For purposes of this Agreement, "biennial" refers to DIVISION's two-year budget cycle, beginning on July 1 of each odd-numbered year, and ending on June 30 of the next odd numbered year. The proposed budget must be submitted by August 15 of the first year of the biennium, or within 45 days of the initial award of DD 49 funds to COUNTY. A revised budget must be submitted within 45 days of acceptance by COUNTY of any Grant Award which changes the biennial DD 49 allocation. The biennial budget, and all revisions, must be prepared on forms prescribed by DIVISION.

Except for restrictions as noted in this section, the Self-Directed Individual and Family Support program may transfer up to 15% from Personal Services, Services and Supplies, and Capital Outlay within the approved line-item budget without prior DIVISION approval, if supported by the local planning process. Restrictions: The following transfers must be prior-approved by DIVISION: (i) transfers that exceed 15%; (ii) all transfers to Capital Outlay; and (iii) any transfers that would result in indirect/administrative overhead costs exceeding 10% of the total DD 49 allocation. DIVISION may, at its discretion, transfer funds approved for Capital Outlay to Start-Up, Part C of the Grant Award.

- (2) Self-Directed Individual and Family Support funds and FTEs included in the approved Self-Directed Individual and Family Support budget must be used solely for the Self-Directed Individual and Family Support program. DD 49 shall not be co-mingled with any other program or service funds.
- J. Project Evaluation: In addition to the annual reports, the Self-Directed Individual and Family Support program must participate in a DIVISION-authorized external evaluation of the impact and effectiveness of the DD 49 services, if DIVISION requests that participation. Participation includes, but is not limited to: furnishing all readily available program data within statutory and regulatory limits governing confidentiality; granting permission for staff and clients to be interviewed and/or respond to questionnaires; and participating in other evaluation activities as may reasonably be required by DIVISION.
- K. CIP: Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.
- B. Financial Reports: The Self-Directed Individual and Family Support program must submit a final report of actual revenues and expenditures for the biennium, due within 60 days after the close of the biennium or after termination of the Agreement, whichever is earlier. Reports must be prepared in a format prescribed by DIVISION.

III. Payment Procedures

- A. Basis of payment: Payment is based on reimbursement for actual allowable expenditures resulting from delivery of the services as specified above and made in accordance with a line-item budget approved by DIVISION, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies between payments and actual allowable expenditures as reported in the final financial report for the biennium.

Service Name: RESIDENTIAL FACILITIES

Service I.D. Code: DD 50

I. Service Description and Performance Standards

Residential Facilities provide care, training, and support in neighborhood homes for persons with developmental disabilities who require 24-hour care, supervision, and training. Homes provide board and room as well as a program of services which comply with standards required for licensure.

Performance standards which must be met for Residential Facilities (DD 50) services are as follows:

- A. Residential Facilities (DD 50) services must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-049-0030 through 0225, for 24-Hour Residential Services for Individuals With Developmental Disabilities.
- B. 100% of individuals served must be eligible for DD services.
- C. If a facility or facilities operate at less than a cumulative-to-date average of 95% of contracted capacity, DIVISION and COUNTY may renegotiate both the Grant Award amount and required units.
- D. Vacancy Reserve Fund: Each Residential Facility program's Board of Directors (or other governing authority as applicable) must define, establish, and maintain a "prudent vacancy reserve" fund for its organization. The purpose of the reserve fund is to ensure that the organization can continue to provide services that meet applicable statutory, administrative rule, and contract requirements when payments are reduced due to vacancies, as described under Payment Procedures, below. If the reserve fund falls below the level established by the Board/governing authority, the Board/governing authority must develop and implement a plan to replenish the reserve fund in a timely manner. Each Residential Facility program must include a line-item on its routine financial statements that documents the status of the organization's vacancy reserve fund.
- E. Exhibit B, 50A, Specialized Service Requirements for Developmental Disability Residential Services, applies.
- F. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

- G. **Advocates Involved In Monitoring:** Residential Facilities (DD 50) providers must participate in an advocate monitoring system operated under the auspices of DIVISION, if such participation is requested by DIVISION.

II. Special Reporting Requirements

- A. Residential Outcome Measures: Unless exempted in writing by DIVISION, all residential programs will participate and maintain certification in the DIVISION's Residential Outcomes System (ROS). ROS reporting will be completed in accordance with instructions provided by DIVISION.
- B. Provider Administrative Rule Self-Assessment: Each licensed 24-Hour Residential Facility program requesting license renewal, as required by Administrative Rule, must conduct a self-assessment of its services at a minimum of every two years, prior to expiration of its existing license. Self-assessments must be conducted, and findings and plans of improvement must be reported, following procedures and using forms included in the DIVISION's Self-Assessment Procedures for Developmental Disability Services for Residential Facilities.
- C. Client Process Monitoring System (CPMS) and Vacancy Reporting:
1. Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.
 2. Vacancy reporting: In addition to routine CPMS reporting as required above:
 - a. DIVISION must be notified when any individual enrolled in DD 50 services is, or is anticipated to be, absent from the Residential Facility, for any of the reasons listed below for more than fourteen (14) consecutive days.
 - i. AWOL (absent without leave);
 - ii. On vacation;
 - iii. Incarcerated;
 - iv. On convalescent leave;
 - v. In a psychiatric hospital; or
 - vi. Admitted to Eastern Oregon Training Center (EOTC)'s Crisis Unit

This information must be: (i) reported no later than five (5) days after the onset of the individual's absence; and, (ii) provided to DIVISION's Office of Developmental Disability Services (ODDS) Regional Coordinator or other designee assigned to work with COUNTY.

b. Termination in CPMS is required as follows:

- i. For any individual who is, for more than 30 consecutive days, AWOL, on vacation, or incarcerated; and/or
- ii. For any individual who is, for more than 90 consecutive days, on convalescent leave, in a psychiatric hospital, or at the EOTC Crisis Unit.

Terminations required under this section must be effective whichever date is earlier, either (a) on or before the date it is determined that the individual will not be returning to the facility, or, (b) on or before the 31st or 91st day of absence, respectively for items i. and ii., above.

D. Vacancy Reserve Fund: Providers of Residential Facility services must submit their Vacancy Reserve Fund plans, and/or the current status of these reserve funds, to COUNTY and/or DIVISION upon request.

E. Direct Care Staff Wages and Turnover: Staff wages and turnover data must be reported using forms and procedures prescribed by DIVISION or by an organization designated by DIVISION to collect this information. Data to be reported will include, but will not necessarily be limited to the following information about direct care staff: number of positions; number of vacancies and new hires; average wages and benefits paid; and hours of overtime. Data must be compiled separately for each month, and submitted on a quarterly basis.

III. Payment Procedures

A. Basis of Payment: Payment is based on a daily rate for each eligible client actually served, as documented through enrollment in CPMS, except that:

1. Total payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award; and
2. Payments will be reduced by the amount of client resources received by the program in support of client services provided; and
3. DIVISION will pay for vacancies as follows for individuals who are eligible to remain enrolled: 1) up to 30 days for individuals who are AWOL, on vacation, or incarcerated; 2) up to 90 days for individuals who are on convalescent leave or in a psychiatric hospital; and 3) up to 90 days for any individual who is at the Eastern Oregon Training Center (EOTC) Crisis Unit,

provided that there is a plan for the individual to return to the Residential Facility (i.e., the specific site) where he/she is enrolled, and that plan has been approved by the DIVISION's ODDS Regional Coordinator assigned to the COUNTY.

The daily rate will be calculated based on the monthly rate in CPMS for the affected CPMS Provider Number.

- B. Disbursement: Funds are disbursed through monthly allotments which will be adjusted periodically to reflect receipt of client resources applied as an offset to DIVISION payments. Disbursements may also be adjusted periodically by DIVISION to reflect the actual services delivered (i.e., non-vacancy days), as reported in CPMS, and/or, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may occur during the biennium between payments and amounts due after offsets are applied.
- D. Exceptions to pay for vacancies: In exceptional circumstances, when DIVISION has approved a plan to hold a slot vacant for an individual who will be served in the future, and when lack of payment will, in DIVISION's opinion, cause a financial hardship for the service provider, DIVISION may make payment for vacant days. Payment and settlement under these circumstances will follow standard procedures used by DIVISION for start-up funds.

Service Name: SUPPORTED LIVING SERVICES

Service I.D. Code: DD 51

I. Service Description and Performance Standards

Supported Living Services provide individualized supports, delivered in a personalized manner, to people with developmental disabilities who live in the homes of their choice. Levels of support are based on individual needs and preferences as defined in the Individual Support Plan (ISP). Services include room and board and up to 24 hours per day of care, training, and support, which promote opportunities for individuals to be a part of and participate in the community in which they live. Care and services must comply with standards required for certification.

Performance standards to be met for Supported Living Services (DD 51) are as follows:

- A. Supported Living Services (DD 51) must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-041-0550 through 0830.
- B. 100% of individuals served must be eligible for Developmental Disability (DD) services.
- C. If the Supported Living program operates at less than a cumulative-to-date average of 95% of contracted capacity, DIVISION and COUNTY may renegotiate both the Grant Award amount and required units.
- D. Exhibit B, 50A, Specialized Service Requirements for Developmental Disability Residential Services, applies.
- E. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.
- F. Advocates Involved In Monitoring: Supported Living Services (DD 51) providers must participate in an advocate monitoring system operated under the auspices of DIVISION, if such participation is requested by DIVISION.

II. Special Reporting Requirements

- A. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.

- B. Provider Administrative Rule Self-Assessment: Each certified Supported Living program requesting certificate renewal, as required by Administrative Rule, must conduct a self-assessment of its services at a minimum of every two years, prior to expiration of its existing certificate. Self-assessments must be conducted, and findings and plans of improvement must be reported, following procedures and using forms included in DIVISION's Self-Assessment Procedures for Developmental Disability Services for the service being assessed.
- C. Residential Outcomes Measures: DIVISION-funded residential support services are required to participate and maintain certification in the DIVISION's Residential Outcomes System (ROS). The DIVISION has determined that ROS, initially developed for use in 24-hour residential facilities, must be adapted if it is to provide appropriate data for Supported Living services. ROS reporting is waived for DD 51 until such time as DIVISION notifies DD 51 service providers that system changes for Supported Living have been completed. When notified to do so by DIVISION, DD 51 providers will complete ROS reporting following instructions provided by DIVISION.
- D. Direct Care Staff Wages and Turnover: Staff wages and turnover data must be reported using forms and procedures prescribed by DIVISION or by an organization designated by DIVISION to collect this information. Data to be reported will include, but will not necessarily be limited to the following information about direct care staff: number of positions; number of vacancies and new hires; average wages and benefits paid; and hours of overtime. Data must be compiled separately for each month, and submitted on a quarterly basis.

III. Payment Procedures

- A. Basis of Payment: Payment is based on a monthly rate approved by DIVISION for each bed made available for Supported Living Services as described above, except that payments will be reduced by the amount of client resources received by the program in support of client services provided. Payments are further limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Disbursement of funds: Funds are disbursed through monthly allotments which will be adjusted periodically to reflect receipt of client resources applied as an offset to DIVISION payments. Disbursements may also be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may occur during the biennium between payments and amounts due after offsets are applied.

Service Name: TRANSPORTATION

Service I.D. Code: DD 53

I. Service Description and Performance Standards

The Transportation service element provides funding for transportation services for persons with developmental disabilities. DIVISION funds may be used when: a) public transportation is not available or not feasible due to the severity of the disability; and b) transportation is required for effective participation in employment or other needed services (such as medical/dental and community access).

Performance standards to be met for Transportation (DD 53) services are as follows:

- A. 100% of clients receiving assistance will be enrolled in Employment and Alternative Services (DD 54), DD Residential Facilities (DD 50), or Supported Living (DD 51), unless otherwise authorized in writing by DIVISION.
- B. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) reporting is required for this service element for all clients enrolled in DIVISION's Title XIX Waiver program. CPMS reports must be completed following instructions in the DIVISION's CPMS Manual for Developmental Disability (DD) Services.

III. Payment Procedures

- A. Basis of payment: Payment is based on the service capacity specified in the Grant Award, except:
 - 1. Payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award, and
 - 2. If the service is not operational for the full period specified in the Grant Award, payment will be based on the monthly amount for each month in which the service capacity was operational.

Except as provided above, any financial assistance paid to COUNTY under this Agreement for DD 53 services, but not expended during the term of this Agreement, may be retained by COUNTY for expenditure for delivery of Mental Health Services or Developmental Disability Services after expiration or termination of this Agreement.

- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued program operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: EMPLOYMENT AND ALTERNATIVE SERVICES

Service I.D. Code: DD 54

I. Service Description and Performance Standards

Employment and Alternative Services are out-of-home programs providing employment or alternatives to employment, training, and related supports to adults with developmental disabilities, to improve the individuals' productivity, independence and integration in the community.

Performance standards to be met for Employment and Alternative Services (DD 54) are as follows:

- A. Employment and Alternative Services (DD 54) must be provided in compliance with the requirements of Oregon Administrative Rules (OAR) 309-047-0000 through 0140.
- B. 100% of individuals served must be eligible for Developmental Disability (DD) services.
- C. When providing Employment and Alternative Services to residents of an Intermediate Care Facility for the Mentally Retarded (ICF/MR), provider will comply with all terms of an agreement (which must be approved by DIVISION), between the provider and the Facility.
- D. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.
- B. Vocational Outcomes Measurement must be completed following instructions provided by DIVISION.
- C. ICF/MR: Reports to ICF/MR Facilities must be completed as required under the terms of any agreements with such Facilities.
- D. Provider Administrative Rule Self-Assessment: Each certified Employment and Alternative Services program requesting certification renewal, as required by Administrative Rule, must conduct a self-assessment of its services at a minimum

of every three years, prior to expiration of its existing certificate. Self-assessments must be conducted, and findings and plans of improvement must be reported, following procedures and using forms included in DIVISION's Self-Assessment Procedures for Developmental Disability Services for the service being assessed.

- E. Direct Care Staff Wages and Turnover: Staff wages and turnover data must be reported using forms and procedures prescribed by DIVISION or by an organization designated by DIVISION to collect this information. Data to be reported will include, but will not necessarily be limited to the following information about direct care staff: number of positions; number of vacancies and new hires; average wages and benefits paid; and hours of overtime. Data must be compiled separately for each month, and submitted on a quarterly basis.

III. Payment Procedures

- A. Basis of payment: Except as provided below, payment is based on a monthly rate for each eligible client served, as documented through enrollment in CPMS, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Disbursement of funds: Funds are disbursed through monthly allotments which may be adjusted periodically by DIVISION to reflect actual number of individuals served, as reported in CPMS. Disbursements may also be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued program operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.
- D. Exceptions to pay for vacancies: In exceptional circumstances, when DIVISION has approved a plan to hold a slot vacant for an individual who will be served in the future, and lack of payment will, in DIVISION's opinion, cause a financial hardship for the service provider, DIVISION may make payment for the vacant months. Payment and settlement under these circumstances will follow standard procedures used by DIVISION for start-up funds.

Service Name: RENT SUBSIDIES

Service I.D. Code: DD 56

I. Service Description and Performance Requirements

Rent subsidies are for rent and/or other housing-related costs in homes occupied by individuals receiving DIVISION-funded community developmental disability residential services. Subsidies may be awarded when room and board payments which can be billed to residents and/or other housing subsidies are insufficient to cover household expenses. These are costs which cannot be charged to DIVISION service payments for client care.

Performance standards which must be met for Rent Subsidies (DD 56) are as follows:

- A. 100% of individuals for whom Rent Subsidy funds are expended must be eligible for Developmental Disability (DD) Services.
- B. Application must be made for Section 8 or other housing subsidies available through the local housing authority, for the individuals and/or facilities for which DIVISION Rent Subsidies are awarded. Application(s) will be made: within sixty (60) days of the effective date of DIVISION Subsidy funding; or at the first opportunity as set by the local housing authority to submit applications.
- C. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Notification that other subsidies have been obtained: Written notification must be provided to DIVISION's Office of Developmental Disability Services (ODDS) within two weeks (14 days) of any approvals of Section 8 or any other housing subsidies for individuals and/or facilities for which DIVISION Rent Subsidies are included in the Agreement. Notification will include, at a minimum:
 - 1. The name(s) of individual(s) and/or facility(ies) for which other subsidies have been approved;
 - 2. The source(s) and amount(s) of the other subsidy(ies) itemized by individual and/or by facility;
 - 3. The effective date(s) of the other subsidy(ies).

- B. Application for New or Renewed DD Rent Subsidies: The number of units and rates for Rent Subsidies are established through negotiations between DIVISION and COUNTY. DIVISION may, at its discretion, develop a standardized application form to be completed prior to any new or expanded award and periodically (but no more frequently than annually) to justify continuation of the Subsidies. Any such applications must be completed following instructions provided by DIVISION.

III. Payment Procedures

- A. Basis of payment: The amount payable is based on a monthly rate for each contracted slot, except that:
1. Rent Subsidy funds may be expended only for the following allowable costs in homes occupied by individuals receiving DIVISION-funded DD residential services:
 - a. Rent or mortgage payments;
 - b. Utility costs, including heat, electricity, basic cable television, water, sewer, sanitation services, basic telephone costs;
 - c. Fire and liability insurance on the home(s);
 - d. Maintenance and cleaning supplies/services;
 - e. Maintenance, repair or replacement of household appliances, furnishings or fixtures;
 - f. Capital expenditure on personal and/or real property needed for the home(s); and
 - g. Other expenses approved in writing by DIVISION.
 2. DIVISION may reduce Rent Subsidies by any Section 8 or other housing subsidy amounts approved for the same individuals and/or facilities subsidized by DIVISION.
 3. Payment is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: DD SPECIAL PROJECTS

Service I.D. Code: DD 57

I. Service Description and Performance Standards

Developmental Disability (DD) Special Projects are activities within the scope of services set forth in Oregon Revised Statutes (ORS) 430.630. This includes training projects, as well as projects which are not ongoing service elements defined in administrative rules and which are not routinely contracted throughout the state. The projects may be operated on a demonstration or an emergency basis for a specified time-limited period until a determination is made by DIVISION that the service is no longer needed, or a decision is made whether or not to continue the activity as an ongoing service element defined in rule and available for implementation generally throughout the state or a region.

Performance standards to be met for DD Special Projects (DD 57) may be specified in one or more of the following: a) Exhibit B, "Specialized Service Requirements"; or b) special conditions in the Grant Award. The requirements may include the following:

- A. The frequency, methodology, and the content of project reports to be filed;
- B. The client or other service recipient activities to be provided;
- C. The minimum number of clients or other recipients to be served;
- D. Any tangible products to be produced;
- E. Any other requirements the accomplishment of which is to be monitored in order to determine the contractor's minimum performance under the Agreement; and/or
- F. Any line item expenditure requirements or limitations.

II. Special Reporting Requirements

- A. Special programmatic and other reporting requirements may be specified in one or more of the following: a) Exhibit B, "Specialized Service Requirements"; or b) special conditions in the Grant Award.
- B. Expenditure reports: For each DD 57 Special Project funded on the basis of reimbursement for actual expenditures, the following expenditure reports must be submitted: a) Interim report of actual revenue and expenditures for the first fiscal year or portion thereof (July 1 - June 30) included in the Agreement, due by August 31 of Year 2 of the Agreement; and b) Final report of actual revenues and

expenditures for the biennium, due within 60 days after the close of the biennium or after termination of the Agreement, whichever is earlier.

Reports must be prepared: a) separately for each Special Project included in the Agreement; and b) on forms and following instructions prescribed by DIVISION.

- C. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

III. Payment Procedures

- A. Basis of Payment: Payment for each Special Project is limited to the cumulative dollar amount for the Project as specified in the Grant Award. In addition, payment for Special Project will depend on payment methodology, as follows:
1. Payments based on rates, or on the amount in the Grant Award:
 - a. Unless otherwise specified in Exhibit B or the Grant Award, payment will be based on the dollar amount specified in the Grant Award, contingent on performance of services as required for the Project in Exhibit B or in the Grant Award.
 - b. Unexpended funds, if any, may be retained by COUNTY for expenditure for delivery of Mental Health Services or Developmental Disability Services after expiration or termination of this Agreement.
 2. Expenditure-based payments: If Exhibit B or the Grant Award specify expenditure-based payments, payment will be based on cost reimbursement for actual expenditures made in accordance with a line-item budget approved by DIVISION.
 3. Start-Up payments: Payment of Start-Up funds is based on reimbursement for actual expenditures, and is subject to requirements for Start-Up funds as specified in the Grant Award and in DIVISION's Community Mental Health Financial Procedures Manual.
- B. Disbursement of funds: Funds are disbursed through monthly allotments which may be adjusted, subject to approval by DIVISION, to: a) meet cash flow requirements for the Special Project(s); b) recover unexpended funds based on information provided in interim expenditure reports; or c) recover funds based on failure to perform services required in Exhibit B or the Grant Award.

- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the term of the Agreement between payments and amounts due.

Service Name: DD NON-RELATIVE FOSTER HOMES

Service I.D. Code: DD 58

I. Service Description and Performance Standards

Non-Relative Foster Homes for people with developmental disabilities (DD) provide care and services in a safe, secure, home-like environment. Care includes: 24-hour supervision; the provision of room and board; assistance with the activities of everyday living, from grooming and eating to participation in leisure activities; and access to services which help the residents develop appropriate skills to increase or maintain their level of functioning.

Performance standards to be met for DD Non-Relative Foster Homes (DD 58) are as follows:

- A. For Foster Home services for adults (individuals aged 18 or older), responsibilities under this Exhibit A apply to services regulated by Oregon Administrative Rules (OAR) OAR-40-000 through 100 and the requirements of Oregon Revised Statutes (ORS) 443.705 through 443.825, or any fully adopted revisions of those rules or statutes.
- B. For Foster Home services for children (individuals under 18 years of age), responsibilities under this Exhibit A apply to services regulated by the State Office for Services to Children and Families (SCF) OARs 413-200-0100 through 0230, until such time as ORS and OAR governing DIVISION services are revised to include children with developmental disabilities, at which time DIVISION rules will apply.
- C. 100% of clients must be eligible for DD services.
- D. Responsibilities under this Exhibit A include assisting DIVISION in licensing DD Non-Relative Foster Homes, by performing the following tasks within timelines required in the above-referenced OARs. These requirements do not apply to Foster Home services for children until such time as ORS and OARs governing DIVISION services are revised to include children with developmental disabilities, at which time DIVISION rules will apply:
 - 1. For new licenses, inspection of the homes, and completion and submission to DIVISION of the following forms, as prescribed by DIVISION: (a) Foster Home License Evaluation Form; (b) Foster Home License Application; (c) criminal history check; (d) physician's statement; and (e) any other information necessary for licensing the residences.
 - 2. For renewal of existing licenses, inspection of the homes, and completion and submission to DIVISION of the Foster Home License Evaluation Forms.

3. Assistance to Foster Home and potential Foster Home providers to meet statutory requirements for training and testing, by:
 - a. Maintaining and distributing copies of DIVISION's "Basic Training Course and Self-Study Manual" and associated video tapes;
 - b. Making test site(s) available, administering tests provided by DIVISION, and mailing completed tests promptly to DIVISION for scoring.

DIVISION will make the final determination on issuance and renewal of licenses, based on information submitted by the homes and as required above.

E. Other performance requirements for DD Non-Relative Foster Homes (DD 58):

1. Assistance to DIVISION in administration of foster home services provided under a direct contract between DIVISION and the foster home provider;
2. Provision of case management and protective services as needed by foster home clients, from funds authorized through the Grant Award for service element MHS 20 or DD 48; and
3. Authorization of payments for foster home services, ensuring that total payments authorized do not exceed the amounts specified in the Grant Award for Non-Relative Foster Homes. Total payments are to be calculated based on the full service rate, including offsets (client resources received by the home for care and services).

F. Exhibit B, 50A, Specialized Service Requirements for Developmental Disability Residential Services, applies.

G. Exhibit B, 50B, Specialized Service Requirements for Community Integration Projects (CIP), applies for services provided to individuals discharged from a state training center on or after July 1, 1997.

II. Special Reporting Requirements

- A. Personal Care Foster Home Data Forms and Provider Enrollment Forms must be completed on forms prescribed by DIVISION and following instructions in DIVISION's Developmental Disability Services Foster Care Procedures Manual.

- B. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.

III. Payment Procedures

- A. Basis of payment: Payment is based on a monthly rate for each eligible client enrolled and served, except that:
1. The monthly rate is prorated for any month in which the eligible resident is not living in the home for a portion of the month;
 2. Payments are reduced by the amount of client resources received by the home in support of client care and services provided; and
 3. Payment, including offsets, is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Payment rates: Payment rates are established by the COUNTY Community Mental Health Program (CMHP). The CMHP will maintain documentation, in the client record, on how the rate was established, and will report rates and/or rate adjustments on the Foster Home Data Form as prescribed by DIVISION, following instructions in DIVISION's Developmental Disability Services Adult Foster Care Procedures Manual.
- C. Disbursement of funds: Funds are disbursed monthly, following the month of service, through the Senior and Disabled Services Division's (SDSD) Community Based Care (CBC) system. Payments may be made between monthly disbursements for rate and other adjustments.

Service Name: **DD RELATIVE FOSTER HOMES**

Service I.D. Code: **DD 59**

I. Service Description and Performance Standards

Relative Foster Homes are homes which provide care and services solely to adults (aged 18 or older) with developmental disabilities who are family members of the Foster Home provider. Care includes: 24-hour supervision; the provision of room and board; assistance with the activities of everyday living, from grooming and eating to participation in leisure activities; and access to services which help the residents develop appropriate skills to increase or maintain their level of functioning.

For purposes of this Service Description for DD 59, "family member" and "relative" mean husband or wife, natural parent, child, sibling, adopted child, adoptive parent, stepparent, stepchild, stepbrother, stepsister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, grandparent, grandchild, aunt, uncle, niece, nephew, or first cousin.

Performance standards to be met for DD Relative Foster Homes (DD 59) are as follows:

- A. 100% of clients must be eligible for DD services.
- B. No new individuals may be enrolled or served in DD 59 without prior written approval by DIVISION's Office of Developmental Disability Services (ODDS).
- C. Other performance requirements for DD Relative Foster Homes (DD 59):
 - 1. Provision of case management and protective services as needed by foster home residents, from funds authorized through the Grant Award for service element MHS 20 or DD 48; and
 - 2. Authorization of payments for foster home services, ensuring that total payments authorized do not exceed the amounts specified in the Grant Award for Relative Foster Homes. Total payments are to be calculated based on the full service rate, including offsets (client resources received by the home for care and services).

II. Special Reporting Requirements

- A. Provision of information to DIVISION as necessary for DIVISION to enter into, renew, or terminate direct contracts between DIVISION and providers of DD 59 services. Changes in DD 59 providers must be reported in writing to DIVISION's Office of Developmental Disability Services (ODDS) Licensing Unit as follows:

1. Requests for contracts with new DD 59 providers must be submitted at least 60 days prior to the first day of service;
 2. Requests to renew contracts for existing DD 59 providers must be submitted at least 60 days prior to the date of termination of the respective existing contract(s); and
 3. Notifications to terminate contracts must be submitted no later than 30 days after termination of the services.
- B. Forms as required by the local branch of the Oregon Senior and Disabled Services Division (SDSD) to initiate, maintain, and terminate payments for DD 59 services.
- C. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in the DIVISION's CPMS Manual for DD Services.

III. Payment Procedures

- A. Basis of payment: Payment is based on a monthly rate for each eligible individual enrolled and served, except that:
1. Payments are reduced (offset) by the amount of client resources received by the home in support of client care and services provided; and
 2. Payment, including offsets, is limited to the cumulative biennial total authorized for the service element as specified in the Grant Award.
- B. Payment rates: Payment rates are established by the COUNTY Community Mental Health Program (CMHP). The CMHP will maintain documentation, in the client record, on how the rate was established, and will report rates and/or rate adjustments to DIVISION if so requested.
- C. Disbursement of funds: Funds are disbursed through the Oregon Department of Human Resources (DHR) Client Maintenance System (CMS), at the beginning of each month of service. Special payments may be made to correct CMS errors or omissions.

Service Name: HIGH SCHOOL TRANSITION SERVICES

Service I.D. Code: DD 90

I. Service Description and Performance Standards

High School Transition Services assist individuals ages 18-26 with developmental disabilities to obtain and maintain supported employment without dependence on long-term DIVISION funding.

Performance standards to be met for High School Transition Services (DD 90) are as follow:

- A. High School Transition Services (DD 90) must be provided in conformance with the following general descriptions:
 - 1. Unless otherwise approved by DIVISION, employment developed through this service must meet the definition of "supported employment", which is "an individual job with pay levels expected to be at the prevailing wage". Hours worked per week are based on documented assessments of each individual's needs and preferences.
 - 2. High School Transition Services are provided through Developmental Disability (DD) Transition Specialists, who provide an average of twelve (12) months of intensive case management services to those individuals enrolled. These services include certain standard case management services, plus assistance to individuals to obtain and maintain jobs after graduation from high school. Specifically:
 - a. Approximately 70% of DD Transition Specialist service costs are related to the following case management activities: assessment of client needs; assistance to the client and/or the family to obtain services; coordination of the development of the individual plan for work training, as well as medical care and the living situation (if the latter are related to obtaining and maintaining employment); monitoring the provision of client services; obtaining/coordinating consultation services to providers and families; information and referral; and ensuring the appropriateness and quality of services to individual clients.
 - b. Approximately 30% of DD Transition Specialist activities may include the following: co-worker training; job analysis/adjustments; individual training/support or group instruction; individual retraining/coaching; assistance in obtaining SSI/Medicaid eligibility; monitoring/evaluating employer satisfaction; assisting family members with issues affecting transition to work; reporting on outcomes (e.g. jobs, wages, hours); maintaining administrative and contracts-related records; contract monitoring; and clerical support.

- c. Case management activities specifically excluded from the responsibilities of DD Transition Specialists are: protective services; crisis/diversion services; eligibility determination; wait list management; making recommendations about certification of DD foster homes; Level I and Level II nursing facility screening; and authorization of payments for foster home services.
- B. High School Transition Services (DD 90) will be provided in compliance with the requirements of applicable sections of Oregon Administrative Rules governing case management and individual support planning for "priority population" members, as defined in those rules. The applicable sections of OAR 309-041-1300 through 1370, Individual Support Plan for Individuals with Developmental Disabilities, and OAR 309-041-0375 through 0480, Case Management Services for Individuals with Developmental Disabilities and Their Families, address:
- Basic service definitions;
 - Abuse prohibitions and reporting procedures;
 - Standards for developing and monitoring individual support plans;
 - Minimum standards and priorities for service;
 - Minimum records requirements;
 - Provision of service;
 - Grievances; and
 - Variances.

DD Transition Specialists shall also assist in development and coordination of the Individual Education Plans (IEPs) for students enrolled in DD 90.

- C. High School Transition Services (DD 90) must also be provided in accordance with a plan approved in writing by the DIVISION.
1. Required components of High School Transition Services Plan: At a minimum, the plan must include:
 - a. Confirmation that there will be no billing under DD 48 Case Management for individuals served in DD 90 High School Transition Services unless approved in writing by DIVISION;
 - b. Identification of agency or individual providing High School Transition Services, if other than COUNTY;
 - c. A statement of commitment to annual outcomes for new job placements that will not require long-term DIVISION funding to maintain, including: proposed timelines for placement of individuals in jobs; long-term support strategies to be used; and, if 18 to 26-year-old individuals are not directly served by DD Transition Specialists, an explanation of how

jobs created will result in an equivalent number of other day program placements for this target population;

- d. A description of the assessment process used, or to be used, to determine who will be served, as well as individual preferences and support strategies;
 - e. A statement of DD Transition Specialist full-time equivalencies (FTEs) to be utilized in the project and the number of individuals each Specialist, or portion of Specialist, is anticipated to serve over the course of each year in the Agreement period;
 - f. A description of activities planned for increasing/maintaining local collaboration among families, individuals, employers, schools, Vocational Rehabilitation, and DD service providers;
 - g. A "Plan for Improved Services", if the 1997-99 Agreement between DIVISION and COUNTY included DD 90, and, as of 4/1/99, less than 60% of the performance requirements had been met, for number of jobs to be developed under that Agreement for the 1998-99 period;
 - h. A plan for "Collaboration with Self-Directed Services", in a format and with a level of detail prescribed by DIVISION.
2. Due dates for High School Transition Services Plan:
- a. If a plan acceptable to DIVISION has not been submitted prior to the effective date for implementation and payment of DD 90 services as described in the Grant Award, then the High School Transition Services Plan must be submitted by July 10 of the first year of the Agreement period, or within 10 days after the initial award of DD 90 funds to COUNTY. This deadline does not apply to the portions of the plan defined as "Plan for Improved Services" and a plan for "Collaboration with Self-Directed Services", both of which are subject to different due dates, as described below.
 - b. If applicable, as described under "Required components of High School Transition Services Plan", above, the "Plan for Improved Services" must be submitted by August 15 of the first year of the current Agreement.
 - c. If DD 90 services were included under COUNTY's last Agreement with DIVISION for a Community Mental Health Program, the plan for "Collaboration with Self-Directed Services", described under "Required components of High School Transition Services Plan", will be submitted within 60 days of receiving the format and instructions from DIVISION. If DD 90 services are not a continuation of this service from the last Agreement period, the above-referenced plan for "Collaboration with

Self-Directed Services" will be submitted as part of its initial High School Transition Services Plan.

D. Eligibility: 100% of individuals served must:

1. Be eligible for DD Services;
2. Be ineligible for the Oregon Vocational Rehabilitation Division's Youth Transition Program due to need for permanent ongoing support to maintain employment;
3. Not be enrolled in DIVISION-funded Employment and Alternative Services (DD 54) or must be individuals who were previously enrolled in DD 54 services, but who have been terminated from those services to create a placement for an eligible individual transitioning from high school to adult employment; and
4. Unless otherwise approved in writing by the DIVISION, not have been previously served through High School Transition projects in previous biennia.

E. Utilization:

1. DD 90 service recipients will be placed in jobs that do not require ongoing DIVISION funds to maintain.
2. Provision of DD 90 services will result in securing the number of jobs specified in Special Conditions included in the Grant Award. The number of jobs will be for unduplicated individuals; that is, job placement for an individual may only be counted once during the biennium.

F. Individual Transition Service Plan: Services must be provided in accordance with written transition plans developed by each project participant's Individual Education Plan (IEP) or Individual Support Plan (ISP) team.

G. DD Transition Specialist training: High School Transition Specialists as described in this Exhibit A will participate in statewide training and technical assistance, including attendance at quarterly meetings, unless specifically exempted in writing by DIVISION.

II. Special Reporting Requirements

A. Client Process Monitoring System (CPMS): Enrollment, termination, and other required information must be reported following instructions in DIVISION's CPMS Manual for DD Services.

- B. Title XIX Waiver Form: When an individual receives DD High School Transition Services, and the individual is already receiving another Waivered service, the Title XIX Waiver Form, as prescribed by DIVISION, must be updated for that client, to include DD High School Transition Services.

If the individual is not already receiving another Waivered service, DIVISION's Office of Developmental Disability Services (ODDS) will determine whether to enroll that person in the Waiver program after receipt of completed CPMS forms for DD High School Transition Services. The DIVISION's ODDS will notify the High School Transition program when a Title XIX Waiver Form must be completed for a newly-enrolled client.

- C. Documentation of DD Transition Specialist qualifications: Personnel records will be maintained and made available to DIVISION for each DD Transition Specialist, to include, at a minimum:
1. Evidence that the DD Transition Specialist meets minimum qualifications for DD Case Managers;
 2. Records of reference checks;
 3. Criminal history check and approval documents;
 4. Proof of current CPR/First Aid certification;
 5. If applicable, proof of insurance and current license to operate a motor vehicle; and
 6. Records of pre-service and inservice training participation.
- D. Documentation of case management activities: Records of case management activities will be maintained in accordance with requirements of OAR 309-041-0375 through 0480, as referenced in item I.D. above. Such records will be made available to DIVISION upon request.
- E. Program reports: The following program reports will be provided to DIVISION's designee, on the dates specified, in a format and with a level of detail prescribed by DIVISION:
1. Individual outcomes plans: Initial report identifying, by name, the individuals to be served in DD 90 High School Transition Services. The report will include, for each person to be served: proposed outcomes, service costs, and demographic information as may be required by DIVISION. DUE DATE: AUGUST 15 of the first year of the Agreement period, unless an alternate date is approved in writing by DIVISION;

2. Monthly reports, to include, at a minimum: updated information identifying individuals to be served; information about wages; hours worked by program participants; and levels of integration; and
3. General project reports, as may be requested by DIVISION, to include information such as: individual satisfaction measures, successful strategies for achievement, lists of private business partners, and fiscal status of the project.

III. Payment Procedures

- A. Basis of payment: Payment is based on the DIVISION-established monthly rate per client served by a High School Transition Specialist, except that payment is limited to the cumulative biennial total authorized for the Service as specified in the Grant Award.

For each month for which High School Transition Services (DD 90) are reported for a client in CPMS, at least one billable contact must be made to justify the full payment rate. For purposes of this Service Description for DD 90, a billable contact means a contact made, in person or by telephone by a qualified Transition Specialist as defined by this Service Description for DD 90, for the purpose of delivering services described in OAR 309-041-0375 through 0480. Each billable contact must be documented according to those same rules. Records may be reviewed by DIVISION, and payments may be adjusted, if services have not been accurately reported or documented.

- B. Disbursement of funds: Funds are disbursed through monthly allotments. DIVISION may withhold payments pending approval of the High School Transition Services Plan, as required above. Disbursements may also be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due based on the number of total service months reported through CPMS.

Service Name: REGIONAL CRISIS AND BACK-UP SERVICES

Service I.D. Code: DD 157

I. Service Description and Performance Standards

Regional Crisis and Back-Up Services consist of management of selected developmental disability services for a group of counties, including crisis intervention services as well as other services that can be delivered more effectively or economically on a regional basis. Funds allocated in this service element are generally used for: staff who coordinate and manage regional crisis service planning and payments; regional consultation, respite and other specialized resources needed to enhance or support developmental disability services within the region; and/or other activities as included in an approved Regional Crisis and Back-Up Services Plan.

The Regional Crisis and Back-Up Services program must be operated in accordance with a plan approved by all participating counties and DIVISION, hereinafter referred to as the "Regional Crisis and Back-Up Services Plan". Performance standards to be met by this program are as follows:

- A. Staff and associated costs: The Regional Crisis and Back-Up Services program will employ and equip staff as needed to perform the functions and tasks described in the approved Regional Crisis and Back-Up Services Plan.
- B. Coordination of Diversion Services (DD 44): The Regional Crisis and Back-Up Services program will assist counties within the region to develop crisis service plans and resources as needed for individuals with developmental disabilities, and will serve as the fiduciary agent for payment of regional DD 44, funds if such a fiduciary role is assigned to the Regional Crisis and Back-Up Services program as part of the Regional Crisis and Back-Up Services Plan.
- C. Regional Management of Long Term Diversion funds: The Regional Crisis and Back-Up Services program will manage "Long Term Diversion" funds for the region, hereinafter also referred to as "LTD" funds. For purposes of this Agreement, LTD funds are those budgeted by DIVISION for new services or enhancements needed on a long-term or ongoing basis for individuals with developmental disabilities who are eligible for civil commitment under Oregon Revised Statutes (ORS) 427, or children with developmental disabilities who are at imminent risk of out-of-home placement. In managing regional LTD funds, the Regional Crisis and Back-Up Services program will comply with the following:
 - 1. The maximum amount of LTD funds that may be authorized is limited to the budgeted amount for the region, as published by DIVISION.

2. All Long Term Diversion plans and associated allocations must be approved through the process described in the Regional Crisis and Back-Up Services Plan.
3. When a Long Term Diversion individual service plan has been approved, Regional Crisis and Back-Up Services staff will send written notification to DIVISION, as required below under "Special Reporting Requirements". No approval from DIVISION is needed for LTD plans authorized as described in this section, provided that the plans do not cause the region to exceed the budget limitation as specified above.

Upon receipt of a Long Term Diversion plan that has been approved by the Regional Crisis and Back-Up Services program and that meets the criteria above, DIVISION will amend the appropriate county's Grant Award to reflect the LTD plan approved by the region.

D. Other regional services: The Regional Crisis and Back-Up Services program will provide the following additional services if required as part of the Regional Crisis and Back-Up Services Plan:

1. Coordination of access to residential and foster care services for individuals with developmental disabilities, by identifying vacancies, developing new providers, and referring appropriate individuals to those services;
2. Development and coordination of resources and access to professional consultation and/or respite services needed to support or enhance DIVISION-funded community developmental disability services;
3. Any other services, fiduciary activities, or other administrative support agreed upon as part of the Regional Crisis and Back-Up Services Plan.

II. Special Reporting Requirements: The following reports are required from the Regional Crisis and Back-Up Services program:

- A. Long Term Diversion (LTD) plans: For each LTD plan approved by the Regional Crisis and Back-Up Services program, written notification to DIVISION, in a format and with a level of detail prescribed by DIVISION, to include, at a minimum: name of county where funds are to be allocated; the name and date of birth of the individual to be served; amount of funds to be paid from the LTD budget; service element(s), provider name, CPMS provider number, and dates of service in the approved LTD plan; and other information needed by DIVISION to amend the appropriate county's Grant Award.

LTD plans must be submitted to the DIVISION's Office of Developmental Disability Services (ODDS) Regional Coordinator or other ODDS staff person assigned to COUNTY.

- B. Regional Crisis and Back-Up Services Semi-Annual Reports: Written reports in February and August of each year, in a format prescribed by DIVISION, describing the program's activities, accomplishments, and expenses during the preceding half calendar year (July - December in the February report; January - June in the August report).
- C. Staff Time Sheets, for reporting Title XIX-related activities: Time sheets, on forms prescribed by DIVISION, for staff paid as part of the Regional Crisis and Back-Up Services program, to document the percentage of time eligible for billing to DIVISION-administered Federal Medicaid (Title XIX) funds. The schedule for submittal of time sheets will be mutually agreed upon between DIVISION and the Regional Crisis and Back-Up Services program, except that all time sheets must be submitted no less frequently than semi-annually, within 60 days after the close of each calendar half year for that half year, or within 60 days after termination of the Agreement, whichever is earlier. Calendar half years are defined as July - December, and January - June.
- D. Final Biennial Expenditure Report: A final report of actual revenues and expenditures for the biennial Agreement period, due within 60 days after the close of the biennium or after termination of the Agreement, whichever is earlier. Reports must be prepared in a format prescribed by DIVISION.

III. Payment Procedures

- A. Basis of payment: Payment is based on reimbursement for actual allowable expenditures resulting from delivery of Regional Crisis and Back-Up Services as specified above, except that payment is limited to the cumulative biennial total authorized for the service element as specified in the Approved Grant Award. Allowable expenditures are those directly associated with the Regional Crisis and Back-Up Services program, and are further limited to the following:
 - 1. Personnel expenses (salaries, wages, payroll tax and fringe benefit costs) for crisis and back-up services above and beyond the duties normally handled through Case Management (DD 48) as defined in this Agreement.

2. Program operating expenses, such as office rent/lease, office utilities, telephone costs, office equipment rental and repair, office supplies, staff travel and staff training.
3. Professional consultation and/or respite services needed to support or enhance DIVISION-funded community developmental disability services.
4. Administrative expenses (direct and indirect), capital outlay, or other expenses only as included in the approved Regional Crisis and Back-Up Services Plan.

B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, at DIVISION's discretion, to meet cash flow requirements for continued service operation.

C. Contract Settlement: Contract Settlement will reconcile any discrepancies between payments and actual allowable expenditures as reported in the Final Biennial Expenditure Report as required in "Special Reporting Requirements", above.

Service Name: **A&D Special Projects**

Service ID Code: **A&D 60**

I. Service Description and Performance Standards

Alcohol and Drug Special Projects are activities within the scope of ORS 430.630. The projects are not ongoing service elements defined in administrative rules, and they are not routinely contracted throughout the state. The projects may be operated on a demonstration or an emergency basis for a specified time-limited period until a determination is made by Division that the service is no longer needed, or a decision is made whether or not to continue the activity as an ongoing service element defined in rule and available for implementation generally throughout the state or a region of the state.

Minimum performance requirements are specified in Special Conditions of the Grant Award. The requirements may include the following:

- o The frequency, methodology, and the content of project reports to be filed;
- o The client or other service recipient activities to be provided;
- o The minimum number of clients or other recipients to be served;
- o Any other requirements the accomplishment of which is to be monitored in order to determine the contractor's minimum performance under the Agreement.
- o Performance projections beyond the required performance may be articulated by the Division and monitored in order to assist in determining the project's suitability for continuation and/or its implementation more broadly throughout the state.

II. Special Reporting Requirements

Special Reporting Requirements may be specified in Special Conditions of the Grant Award. Start-Up Payments: Payment of start-up funds is based on reimbursement for actual expenditures, and is subject to requirements in the Grant Award and the Division's Community Mental Health Financial Procedures Manual.

III. Payment Procedures

Payments are based on the service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation..

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: **ALCOHOL RESIDENTIAL CARE**

Service ID Code: **A&D 61**

I. Service Description and Performance Standards

Alcohol residential programs must comply with OAR 410-10-170, and must have a current license issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Alcohol residential care centers are required to give priority for admission to clients referred from community intensive residential treatment facilities, Department of Corrections Treatment Programs, and agencies of the Department of Human Resources, as well as Oregon Health Plan members. All publicly supported residential treatment programs are regional programs and shall serve individuals referred from counties within the region.

Alcohol Residential Care provides a structured environment for residents on a 24-hour basis. Individuals admitted are primarily dependent on alcohol and in need of 24-hour supervision, treatment, and care. They are temporarily unable to live independently in the community, and cannot maintain even a short period of abstinence.

Alcohol Residential Care services include a minimum 14 hours of structured counseling (not less than five hours per week), education, recreation, and self-help group participation. Aftercare planning is provided for persons who leave the residential setting in support of the gains made in treatment. Residential alcohol treatment services address the needs of all population groups in the community with special emphasis on ethnic minorities.

- A. Utilization of service units awarded in the Grant Award must be 90% or greater on a monthly basis for all Performance Standard criteria detailed in Section D. Under-utilization for three consecutive months may result in a reduction of payment amounts.
- B. In programs with state-funded beds for ethnic minorities, 51% of the persons served must be members of the ethnic group(s) designated in the Grant award. This requirement will be monitored quarterly.
- C. 5.8% of the total persons served in state-funded beds must be parolees and/or probationers.
- D. Program performance must utilize 90% of service units with a minimum of 51% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider through the County Grant Agreement.

ADULT PERFORMANCE STANDARDS	Percent of Total Clients Served
Change in Employability	60%
Employment Improvement	5%
Educational Advancement	6%
Participated in Self-Help	85%
Not Arrested During Tx	90%
Abstinent/Drug-Free	70%
Completed Tx	55%
Referral to Self-Help	22%
Referral to A&D Tx	30%

WOMENS PERFORMANCE STANDARDS	
Progressed in School/Training	65%
Participated in Self-Help	75%
Not Arrested During Tx	90%
Abstinent/Drug Free	70%
Completed Treatment	55%
Referral to Self-Help	20%
Referral to A&D Tx	20%
Complied with SCF Agreement	55%
Abstinent 30 Days Before Delivery	90%

II. Special Reporting Requirements

OADAP will send a list of open clients to the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on the Client Process Monitoring System (CPMS).

III. Payment Procedures

Payments are based on the service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation..

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: **DRUG RESIDENTIAL CARE**

Service ID Code: **A&D 62**

I. **Service Description and Performance Standards**

Drug residential programs must comply with OAR 410-10-000 through 410-10-170, and must have a current license issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Drug residential care centers are required to give priority for admission to clients referred from community intensive residential treatment facilities, Department of Corrections Treatment Programs, and agencies of the Department of Human Resources, as well as Oregon Health Plan members. All publicly supported residential treatment programs are regional programs and shall serve individuals referred from counties within the region.

Drug Residential Care provides a structured environment for residents on a 24-hour basis. Individuals admitted are primarily dependent on drugs and in need of 24-hour supervision, treatment, and care. They are temporarily unable to live independently in the community, and cannot maintain even a short period of abstinence.

Requirements include a minimum 14 hours of structured counseling (not less than five hours per week), education, recreation, and self-help group participation. Aftercare planning is provided for persons who leave the residential setting in support of the gains made in treatment. Drug Residential Care treatment services address the needs of all population groups in the community with special emphasis on ethnic minorities.

- A. In programs with state-funded beds for ethnic minorities, 51% of the persons served must be members of the ethnic group(s) designated in the Grant Award. This requirement will be monitored quarterly.
- B. 5.8% of the total persons served in state-funded beds must be parolees and/or probationers.
- C. Utilization of service units in the Grant Award must be 90% or greater on a monthly basis for all Performance Standard criteria detailed in Section D. Under-utilization for three consecutive months may result in a reduction of payment amounts.
- D. Program performance must utilize 90% of service units with a minimum of 51% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider.

ADULT PERFORMANCE STANDARDS	Percent of Total Clients Served
Change in Employability	60%
Employment Improvement	5%
Educational Advancement	6%
Participated in Self-Help	75%
Not Arrested During Tx	90%
Abstinent/Drug-Free	50%
Completed Tx	30%
Referral to Self-Help	22%
Referral to A&D Tx	25%

WOMEN PERFORMANCE STANDARDS	
Progressed in School/Training	65%
Participated in Self-Help	75%
Not Arrested During Tx	90%
Abstinent/Drug Free	70%
Completed Treatment	55%
Referral to Self-Help	20%
Referral to A&D Tx	20%
Complied with SCF Agreement	55%
Abstinent 30 Days Before Delivery	90%

II. Special Reporting Requirements

OADAP will send a list of open clients to the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on the Client Process Monitoring System (CPMS).

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Service Name: **NON-HOSPITAL ALCOHOL AND DRUG DETOX**

Service ID Code: **A&D 63**

I. **Service Description and Performance Standards**

Alcohol and Drug Detoxification programs must comply with OAR 415-50-000 through 415-50-095, and must have a current license issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Alcohol and Drug Detox is non-hospital based and provides immediate evaluation and care for persons with alcohol and other drug abuse problems who are either severely intoxicated or are drug-addicted and in need of supervision through the withdrawal episode. The primary objective of detoxification centers is to stabilize the person in order to refer and begin treatment of the chemical dependency problem. Programs are required to give priority for admission to clients referred by agencies of the Department of Human Resources.

No client shall remain in a publicly funded alcohol and drug detoxification program for more than 10 consecutive days without a waiver from OADAP.

- A. Utilization of service units in the Grant Award must be 70% or greater on a monthly basis for all Performance Standard criteria detailed in paragraph B. Under-utilization for three consecutive months may result in a reduction of payment amounts.
- B. Program performance must utilize 70% of service units with a minimum of 51% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider.

ADULT PERFORMANCE STANDARDS

Participated in Self-Help
Completed Treatment
Referral to Self-Help
Referral to A&D Tx
Not Readmitted to Prov #

**Percent of Total
Clients Served**

65%
65%
5%
35%
50%

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) Enrollment/Discharge forms unique to Non-hospital Detoxification must be submitted within 7 days of client discharge. Non-hospital Alcohol and Drug Detox service volume must be reported on the form showing report unit, service element, the number of days served, and the number of hours of service provided to the client.

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Service Name: OUTPATIENT CHEMICAL DEPENDENCY

Service ID Code: A&D 65

I. Service Description and Performance Standards

Outpatient Chemical Dependency service element provides assessment and treatment services, in an outpatient setting, for persons who are not in need of 24-hour supervision for effective treatment of their chemical dependency.

Programs serving chemically dependent clients on an outpatient basis must perform in accordance with OAR 415-51-000 through 415-51-120, if applicable. Such programs also must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs.

Client treatment plans may include individual, group, and family counseling, and chemotherapy such as Antabuse. Programs may also refer clients for ancillary services, such as educational or vocational training, consumer living skills training, and recreational therapy.

- A. Utilization of service units in the Grant Award must be 100% or greater on a monthly basis for all Performance Standard criteria detailed in paragraph C. Under utilization for three consecutive months may result in a reduction of payment amounts. Clients who are Oregon Health Plan members will not be counted towards slot utilization, nor will clients whose income is over 200% of the Federal Poverty Level.
- B. In programs with state-funded slots for ethnic minorities, 51% of the persons served in those slots must be members of the ethnic groups(s) designated in the Grant Award. This requirement will be monitored quarterly.
- C. Program performance must utilize 100% of service units with a minimum of 51% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider.

ADULT PERFORMANCE STANDARDS

Percent of Total
Clients Served

Employment Improvement	15%
Maintained Employment	80%
Change in Employability	45%
Educational Advancement	7%
Not Arrested During Treatment	85%
Completed Treatment	30%
Reduction in Use of Primary Problem	40%
Abstinent/Drug Free 30 Days Prior to Discharge	37%
Participation in Self-Help Groups	20%

YOUTH PERFORMANCE STANDARDS

Educational Advancement	60%
Participated in Self-Help Groups	35%
Not Arrested During Treatment	75%
Abstinent at Termination	45%
Completed Treatment	40%
Academic Improvement	30%
Improved School Attendance	15%
Improved School Behavior	15%

WOMEN PERFORMANCE STANDARDS

Employment Maintained	70%
Employment Status Improved	15%
Progressed in School/Training	30%
Participated in Self-Help Groups	40%
Not arrested during Treatment	75%
Abstinent/Drug Free	40%
Completed Treatment	35%
Reduction in Use	45%
Complied with SCF Agreement	35%
Abstinent 30 Days Before Delivery	60%

II. Special Reporting Requirements

Providers must enroll all clients on CPMS (Client Process Monitoring System). OADAP will send a list of open clients to the provider monthly, called the Monthly Management Report. This list must be reviewed to identify changes to monthly income, number of dependents, and health insurance status, as well as clients whose treatment has been terminated.

Designated Youth Programs must use the CPMS Early Intervention/Youth Treatment enrollment and termination form. Completion of enrollment items 41-43 and Discharge items 71-78 is required.

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

If the Grant Award authorizes funds for services to Medicaid-eligible clients, payments will be disbursed by the Office of Medical Assistance Programs.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Service Name: Continuum of Care Services (A&D Track B)

Service ID Code: A&D 66

I. Service Description and Performance Standards

Continuum of Care Services provide a range of services delivered consistent with the clinical need of the individual for persons who have lost control of their use of alcohol and other drugs. The services consist of case management, clinical care and aftercare: At a minimum, these terms mean:

Case Management will enhance the scope of addiction treatment and the recovery continuum, providing the client with a single point of contact for multiple health and social service systems and to be an advocate for the client, flexible, community-based and client oriented. Assists the client with needs that generally are thought to be outside the realm of substance abuse treatment.

Clinical Care includes assessment to determine the person's appropriate diagnosis and using the Oregon Placement, Continued Stay and Discharge Criteria (OAR 415-051-000 through 0130), tracking client progress in treatment, and assistance in accessing needed wraparound services.

After Care includes those services provided to clients completing treatment to sustain their commitment to recovery and consists of ongoing intermittent contact with a treatment program including, but not limited to, telephone outreach, participation in individual or group counseling, self help groups and programs, and transitional housing.

Level I (Outpatient) Non-residential treatment services provided in regularly scheduled face-to-face therapeutic sessions. Such services may include individual, group and family counseling, as well as long-term support for relapse prevention. The services may also include medically prescribed pharmacological agents, i.e., methadone, level-alpha-acetyl-methadol (LAAM), etc.

Level II (Intensive Outpatient) - This level of care affords the client the opportunity to remain in their existing environment (social, familial, vocational), while still benefiting from a therapeutic, structured program. It is a non-residential service consisting of multiple face-to-face contacts per week for clients who cannot maintain stability over a 72-hour period. Some Level II programs may operate as evening programs, day treatment programs, or partial hospitalization. Such services may include individual, group and family counseling, as well as medically-prescribed pharmacological agents.

Outpatient Services must comply with OAR 415-51-000 through 130 and synthetic opiate treatment services 415-020-0000 through 0090.

Level III (Residential Treatment) - Residential Services provides twenty-four hour observation, monitoring and treatment. This multi-level service is for clients:

- (a) Whose subacute physical and emotional/behavioral problems are severe enough to require placement in a safe and stable living environment.
- (b) Whose housing and social, familial, and vocational support systems are not sufficiently in place to support recovery.
- (c) Who, because of circumstances, must return to an environment which will sabotage their outpatient treatment.

Residential treatment may include non-medical detoxification, intensive residential substance abuse treatment, and the treatment of co-existing sub-acute physical health and/or emotional/behavioral conditions that would jeopardize recovery. Physician contact is available as necessary, based on clinical judgment.

Detoxification services must comply with OAR 415-50-000 through 095. Residential Services must comply with OAR 415-10-000 through 170.

Performance standards:

Utilization: The appropriate levels of services shall be provided to the number of clients agreed to serve. The client is defined as a single count client receiving all services required for the term of a state fiscal year. (Not to include Oregon health Plan clients, DUII or marijuana clients).

Engagement: The number of clients who "engage" in treatment (enter treatment following positive assessment) must not be less than two standard deviations below the State mean.

Retention: Average number of days clients are actively engaged in treatment must be within +/- 2 standard deviations of the State mean.

Completion: The number of clients who complete 2/3 of their individual treatment plan must not be less than 2 standard deviations below the State mean.

III. Special Reporting Requirements

Client Process Monitoring System (CPMS) forms must be submitted within seven (7) days of the first face-to-face treatment contact. OADAP will send a list of open clients to

the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on CPMS. For those clients who have been served. County will report the type of services provided.

IV. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

If the Grant Award authorizes funds for services to Medicaid-eligible clients, payments will be disbursed by the Office of Medical Assistance Programs.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Counties whose data reporting meets OADAP requirements are eligible for award of a quality incentive of up to 10% of the service award for this service element as specified in the Grant Award.

Service Name: DUII INFORMATION PROGRAM

Service ID Code: A&D 68

I. Service Description and Performance Standards

Programs must comply with OAR 415-54-005 through 415-54-0040 and any OAR specific to the service element in which service is delivered, and must have a current Letter of Approval issued by the office of Alcohol and Drug Abuse Programs (OADAP).

DUII Information Program provides short-term (12 hours minimum) didactic alcohol and drug education programs with an emphasis on the effects of driving under the influence of intoxicants. Programs must meet the minimum curriculum, instructor, and hourly standards established by OADAP. DUII Information programs serve clients who have been charged with driving under the influence of intoxicants (DUII) for the first time and who are determined to be careless social drinkers.

DUII clients shall not be enrolled as outpatient clients. They must be enrolled in the appropriate DUII service element until all DUII requirements are fulfilled.

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) Enrollment and Discharge forms unique to the DUII Information Program must be submitted at termination. Forms must be properly coded (showing the service element and reporting unit for all clients including non-indigent clients). Service volume must be reported showing number of hours of service provided for indigent and partially indigent clients.

III. Payment Procedures

Payment is based on a fee-for-service, issued as a reimbursement determined by: a) service volume information reported in CPMS for DUII Information Program services delivered as specified above; and b) the dollar limitation specified in the Grant Award.

Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies between CPMS reports and payments which may have occurred during the biennium.

Service Name: **SYNTHETIC OPIATE TREATMENT**

Service ID Code: **A&D 69**

I. **Service Description and Performance Standards**

Synthetic Opiate Treatment services must comply with OR 415-20-000 through 415-20-090 and Federal Methadone Regulations (21 CFR) , and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Synthetic Opiate Treatment services include the administration of prescribed methadone or levo-alpha-acetylmethadol hydrochloride (LAAM), another synthetic opiate. Synthetic opiate treatment programs must assure that clients referred from community intensive residential treatment facilities, the Department of Corrections Treatment Programs, and agencies of the Department of Human Resources will receive priority for admission.

Synthetic Opiate Treatment service provides non-residential assessment and treatment to persons who are not in need of 24-hour supervision for effective treatment of their opiate dependency. Administration of synthetic opiates combined with rehabilitative counseling (i.e., individual, group, and family counseling) enables the patient to leave the drug-seeking street life in favor of a normal life style. Clients are also referred for ancillary services, such as educational or vocational training, consumer-living skills training, and recreational therapy.

- A. Utilization of service units in the Grant Award must be 100% or greater on a monthly basis for all Performance Standard criteria detailed in paragraph B. below. Under-utilization for three months may result in a reduction of payment amounts. Clients who are Oregon Health Plan members will not be counted towards utilization of slots.
- B. Program performance must utilize 100% of service units with a minimum of 50% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider.

<u>ADULT PERFORMANCE STANDARDS</u>	<u>Percent of Total Clients Served</u>
Employment Maintained	80%
Change in Employability	40%
Employment Improvement	8%
Educational Advancement	5%
Not Arrested During Treatment	65%
Completed Treatment	30%
Abstinent/Drug Free	35%

II. Special Reporting Requirements

A list of open clients will be sent to the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on the Client Process Monitoring System (CPMS).

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

If the Grant Award authorizes funds for services to Medicaid-eligible clients, payments will be disbursed by the Office of Medical Assistance Programs.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Service Name: **PREVENTION AND EARLY INTERVENTION PROGRAMS**

Service ID Code: **A&D 70**

I. **Service Description and Performance Standards**

Programs must comply with OAR 415-56-000 through 415-56-025, and must have a current Letter of Approval issued by the office of Alcohol and Drug Abuse Programs (OADAP).

Prevention and Early Intervention implements projects which add to the continuum of strategies that maximize community commitment and involvement in the reduction of alcohol, tobacco and other drug problems, the reduction of factors predicted to increase such use problems, and increasing the presence of protective factors research demonstrates reduces such problems.

Projects funded range from prevention to early intervention. Examples of specific strategies include: support for parent groups focusing on alcohol, tobacco and other drug use issues; training of school staff in school policy to incorporate procedures for preventing and managing alcohol and drug use problems; effective alcohol, tobacco and other drug problems prevention curricula; student assistance programs; programs directed at reducing risk factors that lead to adolescent alcohol, tobacco and other drug use, strategies to improve the environment for citizens by improved public policy regarding alcohol consumption, etc.

Program performance criteria will be negotiated, and included in the Prevention Plan approved by OADAP.

Programs will be monitored on the basis of how well they perform in achieving the objectives on the Prevention Plan, and continued funding will in part depend upon achievement of the conditions at acceptable levels. Criteria routinely include process objectives, with related outcomes in the behavioral, attitudinal, and educational areas. The objectives and related outcome measures must focus on reducing locally identified risk factors or increasing locally identified protective factors.

II. **Special Reporting Requirements**

A. Client Process Monitoring System (CPMS) Early Intervention enrollment and termination forms must be submitted within a week of the first face-to-face contact by programs whose project is designed to intervene at the earliest stages of alcohol and/or drug abuse (e.g., most Student Assistance Programs and Children of Alcoholics Programs) . Completion of Enrollment Items 41-43 and Discharge Items 71-78 is required.

- B. OADAP will send a list of open clients to the provider monthly. This list should be reviewed to identify clients who have not been served within the past thirty days. These clients should be terminated on CPMS.
- C. All programs must submit standardized annual progress reports due August 15th. Such reports must focus on successfully achieving the performance criteria noted in Section II above. Award of funds in future periods will depend, in large part, upon OADAP's assessment of the County's success in achievement of outcomes as reported in the annual progress reports.

III. Payment Procedures

Payment is based on reimbursement for actual expenditures approved by OADAP resulting from delivery of the Prevention and Early Intervention services as specified above, and the dollar amount specified in the Grant Award.

Funds are disbursed through monthly allotments which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement, based on the County's statement of revenue and expenditures as reported in OADAP's Prevention Cost Statement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due. The Prevention Cost Statement is due to OADAP within 60 days after termination or expiration of the Agreement, whichever is earlier.

Service Name: COMMUNITY INTENSIVE RESIDENTIAL TREATMENT (CIRT)

Service ID Code: A&D 71

I. Service Description and Performance Standards

A CIRT Program must comply with OAR 410-10-000 through 410-10-170, and must have a current license issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

CIRT Programs must assure that clients referred from agencies of the Department of Human Resources and court-committed clients will receive a priority for admission, as well as Oregon Health Plan clients. All CIRT programs are regional programs and shall serve individuals referred from counties within the region.

CIRT provides a highly structured alcohol and drug abuse treatment environment for residents on a 24-hour, seven-day-a-week basis. This includes a minimum of 27 hours of highly structured therapy per seven-day week, seven hours per seven-day week of structured recreational activities, and six hours per seven-day week of alcohol and drug specific education.

Clients must be referred from a community treatment program after initial evaluation has determined them to be appropriate and in need of CIRT-level care. Referrals must meet the "Chemical Dependency, Placement, Continued Stay and Discharge Criteria" published by OADAP. Medical and mental health back-up coverage must be available during the treatment episode. CIRT clients are referred back to community programs for continuation of treatment.

- A. Utilization of service units in the Grant Award must be 90% or greater on a monthly basis for all Performance Standard criteria detailed in B. below. Under-utilization for three consecutive months may result in a reduction of payment amounts.
- B. Program performance must utilize 90% of service units with a minimum of 75% of the listed criteria being met on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 75% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 75% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 75% criteria requirement may result in resources being removed from the provider.

ADULT PERFORMANCE-STANDARDS	Percent of Total Clients Served
Change in Employability	60%
Not arrested During Treatment	90%
Completed Treatment	60%
Abstinent/Drug Free	70%
Participation in Self-Help Groups	90%
Referral to Alcohol and Drug Treatment	60%
Referral to Self-Help Groups	12%
YOUTH PERFORMANCE STANDARDS	
Educational Advancement	75%
Participation in Self-Help Groups	95%
Not Arrested During Treatment	80%
Abstinent at Termination	70%
Benefited From Treatment	60%
WOMEN PERFORMANCE STANDARDS	
Progressed in School/Training	65%
Participated in Self-Help Groups	75%
Not Arrested During Treatment	90%
Abstinent/Drug Free	70%
Completed Treatment	55%
Referral to Self-Help Groups	20%
Referral to Other A&D Services	20%
Complied with SCF Agreement	55%
Abstinent 30 days Before Delivery	90%

A list of open clients will be sent to the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on the Client Process Monitoring System (CPMS).

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and the amount due.

Service Name: **DUI REHABILITATION PROGRAM**

Service ID Code: **A&D 78**

I. **Service Description and Performance Standards**

Programs must comply with OAR 415-51-000 through 415-51-130 and any OAR specific to the service element in which treatment is delivered, and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Length of stay and discharge decisions for each client shall be made using the "Chemical Dependency, Placement, Continued Stay and Discharge Criteria" published by OADAP. Rehabilitation programs serve clients who have been charged with driving under the influence of intoxicants (DUI) for the second or subsequent time(s), are determined to be problem drinkers, and have been referred for treatment according to the "criteria for client classification."

Treatment plans may include individual, group, or family counseling, and chemotherapy such as Antabuse. Clients also receive ancillary services, such as educational or vocational training, consumer-living skills training, and recreational therapy.

Program performance must be at or above the minimal level on over 50% of the performance criteria detailed below monitored on a quarterly basis. Under-utilization will result in the following action plans:

First quarter a program is below minimum standards for 25% of the 51% criteria requirement, a letter will be sent requesting an action plan for improving performance in the deficient areas.

Second consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement, consultation with the County and the provider will be provided by OADAP.

Third consecutive quarter a program is below minimum standards for 25% of the 51% criteria requirement may result in resources being removed from the provider.

PERFORMANCE STANDARDS	Percent of Total <u>Clients Served</u>
Employment Improvement	5%
Maintained Full Employment	80%
Educational Advancement	5%
Not Arrested During Treatment	80%
Completed Treatment	45%

Reduction in Use	60%
Not Arrested for DUII During Treatment	85%
Abstinent/Drug Free 30 Days Prior to Discharge	40%
Participation in Self-Help Groups	40%

DUII clients shall not be enrolled as outpatient clients. They must be enrolled in the appropriate DUII service element until all DUII requirements are fulfilled.

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) Enrollment and Termination forms must be submitted according to established CPMS timelines. Forms must be properly coded (showing the service element and reporting unit by their respective codes) for all clients (including non-indigent clients) . Service volume must be reported monthly showing the number of hours of service provided for indigent and partially indigent clients.

III. Payment Procedures

Payment is based on a fee-for-service, issued as a reimbursement determined by: a) service volume information reported in CPMS for DUII Rehabilitation services delivered as specified above; and b) the dollar limitation specified in the Grant Award.

Payments for up to 40 hours of CPMS-documented treatment per client are made from the indigent driver program fund for all indigent or partially indigent clients. If clients require more treatment as determined by the Oregon Placement, Continued Stay, and Discharge Criteria, then further payments will depend upon whether the client is covered by a prepaid health plan under the Oregon Health Plan.

Funds are disbursed through monthly allotments which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation. Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

Service Name: MARIJUANA EDUCATION LEVEL I

Service ID Code: A&D 87

I. Service Description and Performance Standards

Programs must comply with OAR 410-08-000 through 410-08-035 through 410-09-040 and any OAR specific to the service element in which treatment is delivered, and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Marijuana Education Level I provides short-term (12 hour minimum) substance abuse education. Programs must meet minimum curriculum, instructor, and hourly standards established by OADAP. Programs serve clients who are offenders charged with knowingly or intentionally possessing less than one ounce of marijuana.

Marijuana Education Level I clients shall not be enrolled as outpatient clients; they must be enrolled in the Marijuana Education Level I service element.

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) Enrollment and Discharge form unique to Marijuana Education Level I will be submitted at termination. Forms will be properly coded (showing the service element and reporting unit for all clients including non-indigent clients). Service volume must be reported showing number of hours provided for indigent and partially indigent clients.

III Payment Procedures

Payment is based on a fee-for-service, issued as a reimbursement determined by: a) service volume information reported in CPMS for Marijuana Education Level I delivered as specified above; and b) the dollar limitation specified in the Grant Award.

Funds are disbursed through monthly allotments, which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies between CPMS reports and payments which may have occurred during the biennium.

Service Name: **MARIJUANA LEVEL II**

Service ID Code: **A&D 88**

I. **Service Description and Performance Standards**

Programs must comply with OAR 410-08-000 through 410-08-035, 410-09-000 through 410-09-040 and any OAR specific to the service element in which treatment is delivered, and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Marijuana Level II provides a minimum of 40 hours of outpatient therapy and educational services that meet the minimum curriculum, instructor, and hourly standards established by OADAP.

Marijuana Level II programs serve clients who have been charged with unlawful knowing or intentional possession of less than one ounce of marijuana. Treatment plans may include individual, group, or family counseling. Clients also receive ancillary services, such as educational or vocational training, consumer-living skills training, and recreational therapy.

Program performance must be at or above the minimal level of 51% of the following performance criteria monitored on a quarterly basis:

PERFORMANCE STANDARDS	<u>Percent of Total Clients Served</u>
Employment Improvement	5%
Maintained Full Employment	80%
Educational Advancement	5%
Not Arrested During Treatment	90%
Completed Treatment	80%
Reduction in Primary Use	70%
Not Arrested for Possession of Marijuana during Trmt	90%
Abstinent/Drug Free 30 Days Prior to Discharge	40%
Participation in Self-Help Groups	40%

Marijuana Treatment clients shall not be enrolled as outpatient clients. They must be enrolled in the Marijuana Treatment Level II service element.

II. Special Reporting Requirements

Client Process Monitoring System (CPMS) Enrollment and Termination forms must be submitted weekly. TSR Forms must be returned promptly and properly coded (showing the service element and reporting unit by their respective codes) for all clients (including non-indigent clients) . Service volume must be reported monthly showing the number of hours of Marijuana Level II service provided for indigent and partially indigent clients.

III. Payment Procedures

Payment is based on a fee-for-service, issued as a reimbursement determined by: a) service volume information reported in CPMS for Marijuana Level II services delivered as specified above; and b) the dollar limitation specified in the Grant Award.

Funds are disbursed through monthly allotments, which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation..

Contract settlement will reconcile any discrepancies between CPMS reports and payments which may have occurred during the biennium

Service Name: **MARIJUANA EDUCATION SPECIALISTS**

Service ID Code: **A&D 89**

I. **Service Description and Performance Standards**

Evaluators must comply with OAR 410-08-000 through 410-08-035 and any OAR specific to the service element in which treatment is delivered, and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

The Marijuana Evaluation Specialist evaluates individuals referred by the criminal justice system under ORS 135.917. Evaluation shall be done using, at a minimum, assessment instruments designated by OADAP. Based on the evaluation, the Evaluation Specialist shall promptly refer the client to a program providing appropriate Level I or Level II services. Referrals of juveniles for programs providing Level II services should be to programs with juvenile treatment capacity.

The Marijuana Evaluation Specialist shall:

- 1) Directly contact each client's service provider at least once a month to verify participation and compliance.
- 2) Communicate client's compliance status to appropriate judicial or other justice system staff.
- 3) For Level I clients, confer with program between third and sixth week to determine if client should be placed in Level II program, and take appropriate action.

II. **Special Reporting Requirements**

Files must be maintained on each individual evaluated and those files retained for seven years. The file must include evidence or indigence (where appropriate), record of fee payments made, compliance documentation, and other documentation cited in OAR 410-08-000 through OAR 410-08-035. These files are subject to audit by OADAP.

III. **Payment Procedures**

Payment is based on a fee-for-service, issued as a reimbursement determined by: a) receipt of an invoice approved by OADAP for Marijuana Education Specialist services delivered as specified above; and b) the dollar limitation specified in the Grant Award.

An itemized invoice form, provided by OADAP, must be submitted to OADAP by the 10th of the month following the month indigent client evaluations were performed. The invoice will list case number, date of birth, and date of evaluation. OADAP will forward approved invoices to the Division for payment.

Marijuana Evaluation Specialists are not permitted to bill for evaluation of indigent marijuana offenders unless the evaluator is employed by or contracted with a CMHP or an agency under direct supervision of the Division. Evaluators who are employees of subcontract agencies will be permitted to bill if that agency's contract with the CMHP includes an amount for Marijuana Evaluation Specialists.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium and amounts due.

ADEXHA\6-11-99

Service Name: **SYNTHETIC OPIATE DETOXIFICATION**

Service ID Code: **A&D 99**

I. **Service Description and Performance Standards**

Synthetic Opiate Detoxification services must comply with OAR 415-20-000 through 415-20-0901 and Federal Methadone Regulations (21 CFR), and must have a current Letter of Approval issued by the Office of Alcohol and Drug Abuse Programs (OADAP).

Synthetic Opiate Detoxification services may include the administration of prescribed methadone or levo-alphaacetylmethadol hydrochloride (LAAM) or other synthetic opiate. Synthetic Opiate Detoxification programs are required to give priority for admission to clients referred from community intensive residential treatment facilities (CIRTS), Department of Corrections Treatment Programs, and agencies of the Department of Human Resources.

Synthetic Opiate Detoxification provides non-residential assessment and treatment to persons who are not in need of 24-hour supervision for effective treatment of their opiate dependency. Synthetic Opiate Detoxification combined with rehabilitative counseling (i.e., individual, group, and family counseling) enables the patient to leave the drug-seeking street life in favor of a normal lifestyle. Clients are also referred for ancillary services, such as educational or vocational training, consumer living skills training and recreational therapy.

Clients must be enrolled in Synthetic Opiate Detoxification, instead of Synthetic Opiate Maintenance, if:

- a) They are unable to qualify for methadone maintenance as described in OAR 415-20-025; or
- b) They are expected to detoxify from methadone within 180 days.

Utilization of service units awarded in the Grant Award must be 100% or greater on a monthly basis. Under-utilization for three consecutive months may result in reduction of payment amount. Utilization will be computed by summing the utilization rates of both Synthetic Opiate Detoxification (A&D 99) and Synthetic Opiate Maintenance (A&D 69).

Program performance must utilize 100% of service units with a minimum of 50% of the listed criteria being met on a quarterly basis:.

PERFORMANCE STANDARDS	<u>Percent of Total Clients Served</u>
Change in Employability	40%
Employment Improvement	8%
Maintain Employment	80%
Educational Advancement	5%
Not Arrested During Treatment	65%
Abstinent/Drug Free 30 Days Prior to Discharge	35%
Completed Treatment	30%

II. Special Reporting Requirements

A list of open clients will be sent to the provider monthly. This list must be reviewed to identify clients who have not been served within the past thirty (30) days. These clients must be terminated on the Client Process Monitoring System (CPMS).

III. Payment Procedures

Payment is based on the dollar amounts and service capacity specified in the Grant Award. Funds are disbursed through monthly allotments, which may be adjusted, at the Division's discretion, to meet cash flow requirements for continued service operation.

Contract settlement will reconcile any discrepancies which may have occurred during the biennium between payments and amounts due.

EXHIBIT B

SPECIALIZED SERVICE REQUIREMENTS

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
1999-2001 County Financial Assistance Grant Agreement

EXHIBIT B
Specialized Service Requirements

Service Name: Local Administration
Service Element I.D. Code: LA 01
Specialized Service: MEDICAID AUTHORIZATION SPECIALIST
Exhibit B Code: 01A

I. Description of Service and Performance Standards (exceeding Exhibit A)

The Medicaid Authorization Specialist (MAS) will authorize extended care services for Medicaid-eligible children. Additionally, the MAS will assist in referral, participate in concurrent review, and assist in discharge planning for Medicaid-eligible children who are not enrolled in a managed care program.

The Medicaid Authorization Specialist must be a Qualified Mental Health Professional in accordance with the requirements of OAR 309-016-0000 through 309-016-0230.

II. Reporting Requirements (Exceeding Exhibit A)

None.

III. Payment Procedures (Exceeding Exhibit A)

None.

MHEXHB\6-11-99

Service Name: Adult Mental Health Services
Service Element I.D. Code: MHS 20
Specialized Service: PROTECTIVE SERVICES
Exhibit B Code: 20A

I. Description of Service and Performance Standards (exceeding Exhibit A)

Community programs and community facilities are required to investigate and report allegations of abuse that involve adult consumers of mental health services and to provide protective services to prevent further abuse. These protective service, investigation, and reporting requirements are defined by ORS 430.734 through 430.765 "Abuse Reporting for Mentally Ill or Developmentally Disabled", and OAR 309-40-200 through 309-40-290 "Abuse Reporting and Protective Services in Community Programs and Community Facilities".

A. Initial Actions

Upon receiving a report of alleged abuse, a community program or community facility must notify the Division immediately by telephone, complete and forward an "Initial Complaint Form" to the Division, and initiate protective services as necessary and appropriate (OAR 309-40-230, ORS 430.737, 430.743, and 430.745).

B. Protective Services and Abuse Investigations

Community programs are required to provide protective services to adults in order to prevent further abuse as required by OAR 309-40-250 and ORS 430.745. Investigations of alleged abuse must be conducted as defined by OAR 309-40-240 and ORS 430.747 and 430.743.

C. Reporting Requirements

Reports detailing the allegation(s) of abuse and protective services provided must be completed and submitted to Division as specified in OAR 309-40-260 and ORS 430.745 and 430.757. Additional information to a report may be required of a community program or community facility by the Division in order to fully understand and to take corrective action(s) based on the allegation(s) of abuse.

II. Reporting Requirements (exceeding Exhibit A)

Community programs and community facilities will submit such special reports as may be reasonably requested by the Division related to the provision of protective services and allegations and reports of abuse involving adult consumers of mental health services.

III. Payment Procedures (exceeding Exhibit A) - None

Service Name(s): Adult Mental Health Services
Residential Care Facilities
Adult Foster Care Services
Older/Disabled Adult Mental Health Services
Special Projects

Service Element I.D. Code: MHS 20, MHS 28, MHS 34, MHS 35, MHS 37
Specialized Service: EXTENDED CARE PROJECTS
Exhibit B Code: 20C

I. Description of Service and Performance Standards (exceeding Exhibit A)

Extended Care Projects (ECPs) are programs and services established to support persons in community settings who have histories of or who are at immediate risk of long-term state hospital services. These projects include the PASSAGES projects, the Psychiatric/Vocational projects, and designated "365 Plans", all authorized by the Legislature to achieve and maintain mandated state hospital census reductions.

Extended Care Projects provide a variety of services deemed to be medically necessary for the diagnosis, correction, or improvement of a mental condition for persons approved as eligible by the Extended Care Management Unit. Services and supports provided by Extended Care Projects include assessment, medication management, case management, crisis intervention, rehabilitation, and residential supports in accordance with the following OARs:

- (1) 309-16-000 through 309-16-130: "Medicaid Payment for Community Mental Health Services;"
- (2) 309-32-525 through 309-32-605: "Standards for Adult Mental Health Services;"
- (3) 309-33-200 through 309-33-340: "General Standards for Civil Commitment;"
- (4) 309-33-600 through 309-33-650: "Standards for Obtaining Informed Consent to Treatment from a Person and the Administration of Significant Procedures without the Informed Consent of a Committed Person at Community Hospitals, Nonhospital Facilities, and Residential Facilities Approved by the Division;"
- (5) 309-33-700 through 309-33-740: "Standards for the Approval of Community Hospitals and Nonhospital Facilities to Provide Seclusion and Restraint to Committed Persons in Custody or on Diversion;"
- (6) 309-35-100 through 309-35-190: "Residential Care Facilities for Mentally or Emotionally Disturbed Persons;" and
- (7) 309-40-000 through 309-40-100: "Adult Foster Homes."

Performance Standards include:

- A. 100% of persons served must be approved as eligible by the Extended Care Management Unit (ECMU) of the Division's Office of Mental Health Services (OMHS). Individual placements in a Passages project, "365 Projects," and Psychiatric/Vocational Programs (otherwise known as "Extended Care Projects") must be approved by OMHS and the ECMU.
- B. Persons eligible for an Extended Care Project (ECP) must be discharged from adult general units of state hospitals or transferred from regional acute care facilities if they would otherwise have been transferred from extended state hospital care and/or otherwise approved for admission by the Extended Care Management Unit.
- C. All persons admitted must also meet the specific ECPs admission criteria.

II. Reporting Requirements (exceeding Exhibit A)

Data will be submitted, as may be reasonably requested by OMHS, or contractors of OMHS, as related to the assessment of outcomes of Extended Care Projects.

The County of Responsibility remains the same as it was prior to most recent discharge from State Hospital and admission to Extended Care Project.

III. Payment Procedures (exceeding Exhibit A)

None.

Service Name: Child and Adolescent Mental Health Services
Service Element I.D. Code: MHS 22
Specialized Service: TREATMENT FOSTER CARE
Exhibit B Code: 22A

I. Description of Service and Performance Standards (exceeding Exhibit A)

Treatment Foster Care (TFC) provides individual skills training services to Medicaid-eligible children in specialty foster homes approved by the Services to Children and Families Division.

- A. Foster care providers will provide individual skills training to a maximum of two (2) TFC children per home, for up to forty (40) hours per month per child.
- B. Foster care providers delivering TFC services will be designated by the county as Qualified Mental Health Associates (QMHA) or Qualified Mental Health Professionals (QMHP).
- C. A QMHA must be supervised by a QMHP.
- D. Services, professional qualifications and supervision must be in accordance with OAR 309-16-000 et seq.

III. Reporting Requirements (exceeding Exhibit A)

None.

IV. Payment Procedures (exceeding Exhibit A)

- A. TFC services must be billed using BA code 130 (Treatment Foster Care). Payments will be disbursed by the Office of Medical Assistance Programs.

Service Name: Older\Disabled Mental Health Services
Service Element I.D. Code: MHS 35
Specialized Service: GERO-SPECIALIST
Exhibit B Code: 35A

I. Description of Service and Performance Standards (exceeding Exhibit A)

A Gero-Specialist provides mental health services to persons over age 65 who reside in Senior and Disabled Services Division (SDSD) licensed facilities and are at risk of state supported hospitalization. Services are provided in accordance with OAR 309-32-525 et seq. and OAR 309-16-000 et seq.

(1) Other Related Services. Other services provided include, but are not limited to: screening; referral; program planning; and training and consultation to SDSD staff, AAA staff, and caregivers for elderly persons.

(2) Gero-Specialist Responsibilities:

- (a) Regularly access a psychiatrist or nurse practitioner for case and medication review.
- (b) Regularly participate in interdisciplinary meetings with SDSD staff or contractors serving eligible residents.
- (c) Provide discharge assistance and provide, or arrange for, short term follow-up services for geriatric clients being discharged into the County from in-patient psychiatric hospitals.
- (d) Be available to County's crisis team and SDSD protective services for consultation on geriatric cases.

The Gero-Specialist must be a Qualified Mental Health Professional in accordance with the requirements of OAR 309-16-000 et seq., and have training or experience in geriatrics.

II. Reporting Requirements (exceeding Exhibit A)

The provider must enroll all eligible residents on Division's Client Process Monitoring System (CPMS).

III. Payment Procedures (exceeding Exhibit A)

None.

Service Name: Older/Disabled Adult Mental Health Services
Service Element I.D. Code: MHS 35
Specialized Service: SDSD Residential
Exhibit B Code: 35B

I. Description of Service and Performance Standards (exceeding Exhibit A)

Residential services are provided in a Senior and Disabled Services Division (SDSD) licensed facility to an identified client who is ineligible for SDSD Support.

A written agreement will be maintained with local SDSD and residential provider that addresses: SDSD approval for the placement, services to be provided by each agency, and an annual review of the appropriateness of the placement.

II. Reporting Requirements (exceeding Exhibit A)

- A. The Office of Mental Health Services (OMHS) must be notified when placement is discontinued.
- B. A copy of the written agreement with SDSD must be sent to OMHS by 6/30 of each fiscal year.

III. Payment Procedures (exceeding Exhibit A)

None.

Service Name: Special Projects
Service Element I.D. Code: MHS 37
Specialized Service: SECURE RESIDENTIAL TREATMENT FACILITY
Exhibit B Code: 37A

I. Description of Service and Performance Standards (exceeding Exhibit A)

Secure Residential Treatment Facility (SRTF) services include the provision of room, board, personal care, mental health treatment and psychiatric rehabilitation services provided on a daily basis in a locked residential facility licensed by Division. These services are for persons discharged from state psychiatric hospitals or local acute psychiatric programs who have a history of behaviors that are harmful to themselves or others. SRTFs must comply with OAR 309-35-100 through 309-35-190.

- A. Rehabilitative Services. These include services such as: mental health assessment, diagnosis, and treatment plan development; monitoring and management of psychotropic medications; development of behavioral programs; establishment of a therapeutic milieu; group and individual skills training; consultation to other agencies/providers serving residents.
- B. Security. The facility and grounds will be locked to prevent free egress by residents in compliance with Building Code and Uniform Fire Code provisions. While a secure environment will be maintained, the facility will be residential in nature and as homelike as possible.
- C. Staffing. SRTF staffing will include a combination of on-site Qualified Mental Health Professionals, Qualified Mental Health Associates and other positions sufficient to meet the security, behavioral, recreational, and mental health needs of residents, as identified in their service plans, on a 24-hour basis.

Performance Standards include:

- A. 100% of the residents served must be approved by the Extended Care Management Unit.
- B. Maintain at least 95% of contracted bed utilization as set forth in the Grant Award.

II. Reporting Requirements (exceeding Exhibit A)

Data will be submitted as may be reasonably requested by Division's Office of Mental Health Services (OMHS), or contractors of OMHS, related to the assessment of outcomes of SRTF services.

III. Payment Procedures (exceeding Exhibit A)

None.

Service Name: Special Projects
Service Element I.D. Code: MHS 37
Specialized Service: OMHS HOUSING FUND AWARDS
Exhibit B Code: 37B

I. Description of Service and Performance Standards (exceeding Exhibit A)

The Office of Mental Health Services Housing Fund (OMHS/HF) program awards funding for the development or preservation of housing for persons with serious mental illness who are at risk of psychiatric hospitalization or homelessness. These funds are made available in accordance with Start-Up Requirements specified in the Financial Procedures Manual. The purchase of furniture or equipment, which does not become part of the real property, is not permitted.

In addition to the provisions for Start-Up in the Financial Procedures Manual, it must be shown that approved costs will not be covered by other sources of funding available to the project, as applicable.

II. Reporting Requirements (exceeding Exhibit A)

None.

III. Payment Procedures (exceeding Exhibit A)

Funds are disbursed as described in the Financial Procedures Manual.

MHEXHB\6-11-99

Service Elements: Residential Facilities
 Supported Living Services
 ICF/MR
 Non-Relative Foster Homes

Service Element I.D. Code: DD 50, DD 51, DD 52, DD 58

Specialized Service: DEVELOPMENTAL DISABILITY RESIDENTIAL SERVICES

Exhibit B Code: 50A

I. Service Description and Performance Standards (exceeding Exhibit A)

Performance standards to be met for all Grant Award amounts designated as subject to this Exhibit B, 50A, are as follows:

A. Vacancies

1. When an individual is terminated from a Developmental Disability (DD) residential service provided under this Agreement or provided under a direct contract between the state and a private Intermediate Care Facility for the Mentally Retarded (ICF/MR), the highest priority for filling the vacant slot created by that termination must be given to a person from a state training center, or a person eligible for DD Diversion Services as defined in Oregon Administrative Rules (OAR) 309-41-0300 through 0335 or any subsequent revision thereof.

An individualized plan will be jointly approved by the COUNTY Community Mental Health Program (CMHP) and DIVISION's Office of Developmental Disability Services (ODDS). For purposes of this requirement, "residential service" includes: Residential Facilities (DD 50); ICF/MR (DD 52); and Supported Living Services (DD 51) and Non-Relative Foster Home (DD 58) services for individuals whose DD 51 or DD 58 rate is over \$800 per month.

2. Procedures to be followed when a vacancy (as defined in this Exhibit B) occurs are as follows:
 - a. DIVISION must be notified of the vacancy as soon as possible. Notification must be given to the ODDS Regional Coordinator assigned to work with COUNTY.
 - b. Eligible individuals (as defined in this Exhibit B) known to the COUNTY CMHP or DIVISION will be considered relative to their needs and circumstances. The capacity of the program to serve these individuals will also be considered.
 - c. For the first sixty (60) days of any given vacancy, consideration of referrals to fill the vacancy may be limited to eligible individuals residing in the DIVISION-defined region of which COUNTY is a part. After sixty

(60) days, referrals of eligible individuals from outside of its region must be considered.

- d. After the COUNTY CMHP and DIVISION agree on the individual to fill the vacancy, the ODDS Regional Coordinator will send a confirming memo to COUNTY CMHP's DD Program Manager, with copies to other interested parties.
 3. If the vacancy cannot be filled in the manner outlined above, DIVISION may approve other individual(s) selected by the COUNTY CMHP, or may recover funds for any slot vacant for more than 90 days.
 4. Service rates may be renegotiated based on the needs of the new individual(s) enrolled under the conditions described above. The amount payable under the Agreement may be adjusted by DIVISION based on the outcome of those negotiations, through an amendment to the Grant Award.
- B. Day Habilitation Funds Included in Residential Rates: Residential Facilities (DD 50), Supported Living (DD 51) allocations, and/or Adult Foster Home (DD 58) limitation may include funds for day habilitation activities for residents who are not receiving Employment or Alternative Services (DD 54), because the individuals are attending school, or because DD 54 services are either not available or not appropriate for the individuals. If any such DD 50 or DD 51 slot, or DD 58 limitation, is no longer being used for an individual who has no vocational service, COUNTY shall agree to amend the Grant Award to reduce the DD 50, DD 51, or DD 58 allocation/limitation and, if appropriate, to transfer the funds to Employment and Alternative Services (DD 54) or other service element.
- C. Tax-Exempt Status
- ✧ Residential Facilities (DD 50) providers occupying housing developed with financing authorized by DIVISION and obtained through the Oregon Housing and Community Services Department must have 501 (C)(3) tax exempt status from the federal Internal Revenue Service (IRS). The IRS letter of determination of 501 (C)(3) status, or equivalent IRS interim determination, must be submitted to DIVISION's ODDS Housing Development Section.
- D. Provider Selection and Client Placement in Community Integration Project (CIP) Homes
1. The requirements of this section apply to "CIP homes", i.e., housing which:
(a) is owned by a public housing agency or private, non-profit housing agency; (b) is rented or leased to COUNTY or COUNTY Provider for provision of DIVISION-funded Residential Facility (DD 50) services as defined in this Agreement; and (c) was obtained, constructed and/or

remodeled, in part or in whole, with state funds and/or Oregon General Obligation Bonds, and is subject to trust deed(s) securing the state's interest in the property.

2. DIVISION will provide COUNTY with a written list of properties within its jurisdiction which meet the above definition. For each such house, the list will include the property address, the name of the public or private housing agency which owns the property, and the housing agency contact person.
3. Provider selection: When seeking a new Provider to deliver services in a CIP home, the following activities are required:
 - a. The following must be sent to the housing agency which owns the home:
 - 1) A copy of the contractor solicitation document(s) for provision of the residential services, on or before the date these documents are released to the public; and
 - 2) A list of respondents to the contract solicitation and copies of each respondent's proposal, or a list of respondents that are considered finalists in the selection process and copies of each finalist's proposal.
 - b. The housing agency that owns the home must be given a minimum of five (5) working days to send written comments about solicitation respondents' or finalists' lease performance history, including problems such as non-payment of rent or other major lease violations. This information must be considered, but will not be binding in the selection of a Provider for services in the CIP home.
4. Changes in resident(s) in any CIP home:
 - a. A "change in residents" is any placement of a new individual or group of individuals that is expected to be ongoing or permanent.
 - b. When a change in residents of a CIP home is proposed, the housing agency that owns the home must be notified. Notification will be made using a "client transfer form" prescribed by DIVISION, and will include, at a minimum: location of change (address of home); date of the change; issues affecting the physical environment of the home and changes requested in the home to address those issues.
 - c. The notification of change in resident(s) must be sent to the housing agency at the earliest possible date, but not later than 14 days after the individual's(s') placement in the CIP home.

II. Special Reporting Requirements (exceeding Exhibit A)

None.

III. Payment Procedures (exceeding Exhibit A)

None.

Service Element(s): All Developmental Disability Service Elements
Except Nursing Facility Specialized Services (DD 45)
and High School Transition (DD 90)

Service Element I.D. Code: DD 44, DD 47, DD 48, DD 49, DD 50, DD 51,
DD 53, DD 54, DD 56, DD 57, DD 58, DD 59, DD 157

Specialized Service: COMMUNITY INTEGRATION PROJECTS (CIP)

Exhibit B Code: 50B

I. Service Description and Performance Standards (exceeding Exhibit A)

"CIP" refers to community programs developed to serve individuals discharged from state training centers as part of the DIVISION's successive Community Integration Projects (CIP). "CIP V" refers to the relocation of people from state training centers from July 1, 1997 through June 30, 2001.

Specialized Service Requirements described in this Exhibit apply to services developed as part of CIP V. The requirements do not apply to services developed prior to July 1, 1997, under CIP I, II, III, and IV.

Performance standards to be met for all Grant Award amounts designated as subject to this Exhibit B, 50B, are as follows:

- A. Level of care: All medical and/or other support services must be provided as required in each CIP client's individual placement plan as agreed upon by the state training center, if applicable, and DIVISION and/or the COUNTY Community Mental Health Program (CMHP) prior to placement in the community. Services may be modified if approved and documented in the Individual Support Plan (ISP). DIVISION must be notified immediately, in writing, if, for any reason, this requirement cannot be met.
- B. Provider Registration: Information must be provided as requested by DIVISION to enable registration of all CIP service providers in CPMS in compliance with federal requirements for administration of Title XIX funds.
- C. Training: All Providers of CIP V services must participate in CIP training provided by DIVISION, or DIVISION training contractors, unless DIVISION specifically exempts a Provider, in writing, from such training. Training may include, but is not limited to, the following areas: behavior management; supported employment (for vocational service providers); skill training; and DIVISION's Residential Outcomes System (ROS) (for residential providers).

D. CIP V Case Management:**1. Designation of CIP V Case Managers:**

- a. Specific case manager(s) will be designated to provide DD 48 services for individuals placed in County as part of CIP V (hereinafter referred to as "CIP V individuals"). DIVISION's Office of Developmental Disability Services (ODDS) Chief of Development (or his/her designee) must be notified of the names of the designated CIP V case manager(s). Such notification must be in writing, and is due no later than five (5) working days after the effective date of this Agreement or of an amendment to the Grant Award adding DD 48 funds for CIP V individuals. Case manager assignments required under this section must be maintained at least for the period beginning three (3) months prior to each CIP V individual's discharge from the training center, through the first 24 months of the individual's services located in the County, unless a designated CIP V case manager is no longer employed to provide DD 48 services, or has been reassigned, in which case a replacement case manager must be designated according to the requirements of this section.
- b. DIVISION's ODDS Chief of Development (or his/her designee) must be notified immediately, in writing, of any changes in designated case managers for CIP V individuals.
- c. CIP V case management is based on a 1:35 ratio, i.e. 1.0 full-time-equivalency (FTE) case manager for 35 service recipients. DD 48 services for CIP V individuals will not be billed at the "Intensive Rate" for the "Priority Population", both as defined and provided for in this Agreement's Exhibit A for Case Management (DD 48) services, unless those individuals meet all conditions as specified in that same Exhibit A.
- d. CIP V individuals in group(s) of up to ten (10) must be assigned to a single designated case manager. Remaining individuals following assignment of the group(s) of ten (10) must also be assigned to one (1) designated case manager.

2. **Management of Individual Program Plans (IPP):** An IPP is a plan approved by DIVISION for services to be provided for a transitional period when an individual moves from a state training center to the community. Providers of DIVISION-funded employment and residential programs will not make changes in the IPP for CIP V individuals without the designated case manager's approval.

3. Additional CIP V Case Management Duties: Assignment and/or adjustment of caseloads of case managers designated for CIP V individuals must be made in such a way as to ensure that the CIP V case managers provide the following services and activities:
 - a. Attendance at pre-discharge meetings (i.e., meetings prior to CIP V individuals' discharge from a state training center) as requested by DIVISION. Documentation of the issues discussed and decisions made at these meetings must be included in the case manager's progress notes in the individual client records.
 - b. For the first 24 months following a CIP V individual's relocation from a training center, the individual must be visited at both his/her residential and employment/day programs a minimum of once a month, and documentation must be maintained of the review of the following, using forms prescribed by DIVISION:
 - i) All relevant records and data, including the Essential Lifestyles Plans, as defined by DIVISION, to determine that the Individual Support Plan (ISP) services and supports are being provided and/or revised following the recommendations of the ISP team;
 - ii) Behavioral, medical, medication documents and ancillary service reports to determine if these services are being implemented; and
 - iii) Incident reports and abuse reports to determine that the individual's health and safety needs are being addressed as specified in applicable Oregon Administrative Rules (OARs).
 - c. Unless the individual and/or family objects, the legal representative, family member, or advocate must be contacted to:
 - i) Determine if the legal representative, family, or advocate have any concerns regarding any services or supports; and
 - ii) Ensure that the ISP team designates one of its members to notify and/or update the legal representative, family or advocate of any developments that significantly impact the individual, or of any changes in services and supports specified in the individual's ISP.
 - d. Attendance at semi-annual meetings with DIVISION staff regarding transition.

Service Element(s): Residential Facilities

Service Element I.D. Code: DD 50

Specialized Service: DD MEDICAL HOMES

Exhibit B Code: 50C

I. Service Description and Performance Standards (exceeding Exhibit A)

Certain Residential Facilities serve individuals with developmental disabilities (DD) who have significant medical care needs.

Performance standards to be met for all Grant Award amounts designated as subject to this Exhibit B, 50C, are as follows:

- A. DIVISION's nursing consultant must be allowed to participate in planning for and monitoring services in the home.
- B. For each individual in the home, a written Medical Support Plan (MSP) must be developed and monitored by the organization providing the Residential Facilities (DD 50) services, hereinafter referred to as the "Residential Provider". This plan will be incorporated into the individual's Individual Support Plan (ISP). Each Medical Support Plan will be reviewed and updated by the Residential Provider as needed. Changes from the previous MSP must be documented in writing and must be approved by the ISP team.
- C. If medical care management deficiencies are identified by DIVISION's nursing consultant or the ISP team, a Corrective Action Plan must be developed by the Residential Provider, and must be approved by the affected client's DD case manager or service coordinator.
- D. The Residential Provider will enter into and maintain written contracts or agreements with any individuals or organizations for consultant and other support services required in the ISP that will not be provided by the Residential Provider's employees.
- E. The Residential Provider will provide pre-service and in-service training to residential facility staff and subcontracted consultant/support services staff. (Pre-service training is instruction prior to the individual commencing service duties in the home.)

At a minimum, the Residential Provider will:

- 1. Prepare and implement, at least once per year, a training plan that addresses the pre-service and in-service training needs of its employees

and consultants/subcontractors providing care in the medical home. A copy of the annual training plan will be made available to the DIVISION upon DIVISION's request.

2. Provide all residential staff with pre-service training to include, at a minimum, CPR and First Aid Certification, plus an additional twelve (12) hours of pre-service training, at least six (6) of which must be training in individualized personal care management and medical management.

II. Reporting Requirements (exceeding Exhibit A)

None.

III. Payment Procedures (exceeding Exhibit A)

None.

Service Element(s): Special Projects

Service Element I.D. Code: DD 57

Specialized Service: REGIONAL TRAINING PROGRAMS

Exhibit B Code: 57A

I. Service Description and Performance Standards (exceeding Exhibit A)

Regional Training Programs assess training needs and develop and implement training plans for DIVISION-funded providers of developmental disability services in regions designated by DIVISION. A Regional Training Committee is responsible for planning and overseeing delivery of the training.

Performance standards to be met by Regional Training Programs are as follows:

- A. The Regional Training Committee must include representatives of all counties in the designated region, and a broad constituency of service providers and service consumers from the region.
- B. Regional Training Programs must be provided in accordance with a plan approved in writing by DIVISION. The Regional Training Plan must conform to the following requirements, unless otherwise approved in writing by DIVISION:
 - 1. The Regional Training Plan must be submitted by August 15, 1999, or within 45 days of the initial award of DD 57 Regional Training funds to COUNTY, whichever is later.
 - 2. Line-item budget:
 - a. A line-item budget is required as part of the Plan. The budget must list proposed revenues and expenditures for each fiscal year, as well as the biennial total, and it must contain a level of detail acceptable to DIVISION. The fiscal year detail will be used for planning purposes only. The biennial total will be used for purposes of Contract Settlement.
 - b. Within the approved line-item budget, the Regional Training Program may transfer up to 15% from Personal Services, Services and Supplies, and Capital Outlay without prior approval. Transfers that exceed 15% and all transfers to Capital Outlay must be prior-approved by DIVISION. DIVISION may, at its discretion, transfer

funds approved for Capital Outlay to Start-Up in Part C of the Grant Award.

3. A revised plan and revised budget must be submitted within 45 days of execution of any amendment to the Grant Award that changes the biennial Regional Training allocation.

II. Special Reporting Requirements (exceeding Exhibit A)

A. Reports Required:

1. Performance Reports: 6-month and annual performance reports will, at a minimum, describe progress in achieving specific goals and objectives stated in the approved Regional Training Plan, including: the number and types of training provided; number of participants and affiliations as applicable; and outcomes/evaluation of training provided.
2. Financial Reports: a) Interim reports of actual revenue and expenditures for each 6-month period (July-December; January-June) included in the Agreement; and b) Final report of actual revenues and expenditures for the biennium. Reports will, at a minimum, show actual revenues and expenditures in at least the same level of detail as in the approved line-item budget, and will include information for the report period, as well as cumulative information for the Agreement period-to-date.

B. Report Due Dates

Performance and Expenditure Reports are due as follows:

For July - December 1999:	Due February 29, 2000
For January - June 2000:	Due August 31, 2000
For July - December 2000:	Due February 28, 2001
For January - June, 2001:	Due August 31, 2001

If either the Regional Training Program or the entire Agreement is terminated prior to June 30, 2001, final performance and financial reports will be due 60 days after such termination.

C. Copies Required

1. All reports will be submitted in duplicate to DIVISION's Office of Developmental Disability Services (ODDS), with one copy provided to the ODDS Contracts Unit, and one to the ODDS Training Coordinator.

EXHIBIT F
CARRYOVER

Any financial assistance paid to County under this Agreement for LA 01 (Local Administration) Services but not expended by County during the term of this Agreement may be retained by County for expenditure for delivery of Mental Health Services or Developmental Disability Services after expiration or termination of this Agreement. Any financial assistance paid to County under this Agreement for DD 45 (Nursing Facility Specialized Services), DD 48 (Case Management), DD 50 (Residential Facilities), DD 51 (Supported Living Services), DD 54 (Employment and Alternative Services), DD 56 (Rent Subsidies), DD 57 (DD Special Projects), DD 58 (DD Non-Relative Foster Homes), DD 59 (DD Relative Foster Homes), or DD 90 (High School Transition) Services, but not expended by County during the term of this Agreement may be retained by County for expenditure for delivery of Developmental Disability Services after expiration or termination of this Agreement. Any financial assistance paid to County under this Agreement for any Alcohol and Drug Abuse Service but not expended by County during the term of this Agreement may be retained by County for expenditure for delivery of Alcohol and Drug Abuse Services after the expiration or termination of this Agreement in accordance with the rules of the Office of Alcohol and Drug Abuse Programs of the Department of Human Resources.

EXHIBIT E

**ADDITIONAL COUNTY EXPENDITURES FOR
ALCOHOL AND DRUG ABUSE SERVICES**

In accordance with the matching fund relationship required by ORS 430.359, the County shall maintain its 1999-2000 financial contribution to alcohol and other drug treatment and prevention services at an amount not less than that for fiscal year 1998-99. The Division may waive all or part of the financial contribution requirement in consideration of severe financial hardship that would be imposed to maintain the contribution in full or in part.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/21/99

CONTRACT#: 26-001

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE# 58		\$0	\$0	\$7,982,369	\$7,982,369		
59	RELATIVE ADULT FOSTER CARE	\$0	\$0	\$19,128	\$19,128		12./SLT
TOTAL SE# 59		\$0	\$0	\$19,128	\$19,128		
90	HIGH SCHOOL TRANSITION	\$0	\$0	\$123,370	\$123,370		201./CSM
TOTAL SE# 90		\$0	\$0	\$123,370	\$123,370		
157	REGIONAL CRISIS & BACKUP SVCS	\$0	\$0	\$691,627	\$691,627		0./CSM
TOTAL SE# 157		\$0	\$0	\$691,627	\$691,627		
CONTRACT TOTAL		\$0	\$0	\$93,843,698	\$93,843,698		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/21/99

CONTRACT#: 26-001

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
51	SUPPORTED LIVING SERVICES	\$0	\$0	\$7,857,842	\$7,857,842		208./SLT
TOTAL SE# 51		\$0	\$0	\$8,065,364	\$8,065,364		
53	TRANSPORTATION	\$0	\$0	\$42,562	\$42,562	50B	12./SLT
53	TRANSPORTATION	\$0	\$0	\$4,454,170	\$4,454,170		854./SLT
TOTAL SE# 53		\$0	\$0	\$4,496,732	\$4,496,732		
54	EMPLOYMENT & ALTERNATIVE SERV	\$0	\$0	\$161,412	\$161,412	50B	10./SLT
54	EMPLOYMENT & ALTERNATIVE SERV	\$0	\$0	\$16,725,627	\$16,725,627		1718./SLT
TOTAL SE# 54		\$0	\$0	\$16,887,039	\$16,887,039		
56	RENT SUBSIDIES	\$0	\$0	\$521,470	\$521,470		310./SLT
TOTAL SE# 56		\$0	\$0	\$521,470	\$521,470		
57	DD-SPECIAL PROJECTS	\$0	\$0	\$12,683	\$12,683	57A	0./
57	DD-SPECIAL PROJECTS	\$0	\$0	\$23,746	\$23,746		2./SLT
57	DD-SPECIAL PROJECTS	\$0	\$0	\$12,739	\$12,739		0./
TOTAL SE# 57		\$0	\$0	\$49,168	\$49,168		
58	DD NON-RELATIVE FOSTER HOMES	\$0	\$0	\$7,982,369	\$7,982,369		0./

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/21/99

CONTRACT#: 26-001

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
44	DD DIVERSION-CRISIS INTRVNTION	\$0	\$0	\$890,657	\$890,657		0./
TOTAL SE# 44		\$0	\$0	\$890,657	\$890,657		
45	NURSING HOME SERVICE	\$0	\$0	\$253,771	\$253,771		40./SLT
TOTAL SE# 45		\$0	\$0	\$253,771	\$253,771		
47	SEMI-INDEPENDENT LIVING	\$0	\$0	\$429,892	\$429,892		18.35/FTE
TOTAL SE# 47		\$0	\$0	\$429,892	\$429,892		
48	CASE MANAGEMENT	\$0	\$0	\$4,209	\$4,209	50B	0./CSM
48	CASE MANAGEMENT	\$0	\$0	\$9,537,080	\$9,537,080		0./CSM
TOTAL SE# 48		\$0	\$0	\$9,541,289	\$9,541,289		
49	SELF DIR INDIV & FAMILY SUPPOR	\$0	\$0	\$2,201,359	\$2,201,359		0./
TOTAL SE# 49		\$0	\$0	\$2,201,359	\$2,201,359		
50	RESIDENTIAL FACILITIES	\$0	\$0	\$1,260,523	\$1,260,523		20./SLT
50	RESIDENTIAL FACILITIES	\$0	\$0	\$40,429,940	\$40,429,940		794./SLT
TOTAL SE# 50		\$0	\$0	\$41,690,463	\$41,690,463		
51	SUPPORTED LIVING SERVICES	\$0	\$0	\$207,522	\$207,522	50B	2./SLT

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part B

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/21/99

CONTRACT#: 26-001

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
58	DD NON-RELATIVE FOSTER HOMES	\$0	\$0	\$7,982,369	\$7,982,369		0./
TOTAL SE# 58		\$0	\$0	\$7,982,369	\$7,982,369		
59	RELATIVE ADULT FOSTER CARE	\$0	\$0	\$19,128	\$19,128		12./SLT
TOTAL SE# 59		\$0	\$0	\$19,128	\$19,128		
		\$0	\$0	\$8,001,497	\$8,001,497		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/21/99

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE# 90		\$0	\$0	\$123,370	\$123,370		
157	REGIONAL CRISIS & BACKUP SVCS	\$0	\$0	\$691,627	\$691,627		0./CSM
TOTAL SE# 157		\$0	\$0	\$691,627	\$691,627		
		\$0	\$0	\$85,842,201	\$85,842,201		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/21/99

CONTRACT#: 26-001

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
51	SUPPORTED LIVING SERVICES	\$0	\$0	\$7,857,842	\$7,857,842		208./SLT
TOTAL SE# 51		\$0	\$0	\$8,065,364	\$8,065,364		
53	TRANSPORTATION	\$0	\$0	\$42,562	\$42,562	50B	12./SLT
53	TRANSPORTATION	\$0	\$0	\$4,454,170	\$4,454,170		854./SLT
TOTAL SE# 53		\$0	\$0	\$4,496,732	\$4,496,732		
54	EMPLOYMENT & ALTERNATIVE SERV	\$0	\$0	\$161,412	\$161,412	50B	10./SLT
54	EMPLOYMENT & ALTERNATIVE SERV	\$0	\$0	\$16,725,627	\$16,725,627		1718./SLT
TOTAL SE# 54		\$0	\$0	\$16,887,039	\$16,887,039		
56	RENT SUBSIDIES	\$0	\$0	\$521,470	\$521,470		310./SLT
TOTAL SE# 56		\$0	\$0	\$521,470	\$521,470		
57	DD-SPECIAL PROJECTS	\$0	\$0	\$12,683	\$12,683	57A	0./
57	DD-SPECIAL PROJECTS	\$0	\$0	\$23,746	\$23,746		2./SLT
57	DD-SPECIAL PROJECTS	\$0	\$0	\$12,739	\$12,739		0./
TOTAL SE# 57		\$0	\$0	\$49,168	\$49,168		
90	HIGH SCHOOL TRANSITION	\$0	\$0	\$123,370	\$123,370		201./CSM

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/21/99

RGA#: 004

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
44	DD DIVERSION-CRISIS INTRVNION	\$0	\$0	\$890,657	\$890,657		0./
TOTAL SE# 44		\$0	\$0	\$890,657	\$890,657		
45	NURSING HOME SERVICE	\$0	\$0	\$253,771	\$253,771		40./SLT
TOTAL SE# 45		\$0	\$0	\$253,771	\$253,771		
47	SEMI-INDEPENDENT LIVING	\$0	\$0	\$429,892	\$429,892		18.35/FTE
TOTAL SE# 47		\$0	\$0	\$429,892	\$429,892		
48	CASE MANAGEMENT	\$0	\$0	\$4,209	\$4,209	50B	0./CSM
48	CASE MANAGEMENT	\$0	\$0	\$9,537,080	\$9,537,080		0./CSM
TOTAL SE# 48		\$0	\$0	\$9,541,289	\$9,541,289		
49	SELF DIR INDIV & FAMILY SUPPOR	\$0	\$0	\$2,201,359	\$2,201,359		0./
TOTAL SE# 49		\$0	\$0	\$2,201,359	\$2,201,359		
50	RESIDENTIAL FACILITIES	\$0	\$0	\$1,260,523	\$1,260,523		20./SLT
50	RESIDENTIAL FACILITIES	\$0	\$0	\$40,429,940	\$40,429,940		794./SLT
TOTAL SE# 50		\$0	\$0	\$41,690,463	\$41,690,463		
51	SUPPORTED LIVING SERVICES	\$0	\$0	\$207,522	\$207,522	50B	2./SLT

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
TOTAL FOR SPECIAL PROJECT						\$18,242.64	\$0.00
58	26-550	MULTNMH CO ADULT NR	07/01/00 -06/30/01		\$0.00	\$212,852.40	
58	26-550	MULTNMH CO ADULT NR	07/01/00 -06/30/01		\$0.00	\$2,377,355.76	
TOTAL FOR MULTNMH CO ADULT NR						\$2,590,208.16	\$0.00
58	26-960	MULTNMH CO CHILD NR	07/01/00 -06/30/01			\$1,322,846.04	\$0.00
TOTAL FOR MULTNMH CO CHILD NR						\$1,322,846.04	\$0.00
58	26-CBF	CRISIS BEDS FOSTER	07/01/00 -06/30/01		\$0.00	\$30,524.04	
58	26-CBF	CRISIS BEDS FOSTER	07/01/00 -06/30/01			\$47,606.04	\$0.00
TOTAL FOR CRISIS BEDS FOSTER H						\$78,130.08	\$0.00
59	26-551	MULTNOMAH AFC REL	07/01/00 -06/30/01	6.	\$132.83	\$9,563.76	
TOTAL FOR MULTNOMAH AFC REL						\$9,563.76	\$0.00
157	RG-CBU	REGIONAL CRISIS & B	07/01/00 -06/30/01			\$20,687.52	\$0.00
157	RG-CBU	REGIONAL CRISIS & B	07/01/00 -06/30/01			\$325,126.20	\$0.00
TOTAL FOR REGIONAL CRISIS & BA						\$345,813.72	\$0.00
TOTAL FOR FISCAL YEAR 2000-2001						\$46,714,017.20	\$0.00
TOTAL FOR AGREEMENT# 26-001, PAAF/AMENDMENT#: 004						\$93,843,696.29	\$0.00

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
54	26-943	RAINBOW EMPLOYMENT	07/01/00 -06/30/01		\$1,537.32	\$18,447.84	
		TOTAL FOR RAINBOW EMPLOYMENT				\$302,753.40	\$0.00
54	26-946	OPPORTUNITIES UNLIM	07/01/00 -06/30/01	1.	\$1,083.62	\$13,003.44	
		TOTAL FOR OPPORTUNITIES UNLIMI				\$13,003.44	\$0.00
54	26-947	DANFORTH & ASSOCIAT	07/01/00 -06/30/01	4.	\$991.48	\$47,591.04	
54	26-947	DANFORTH & ASSOCIAT	07/01/00 -06/30/01		\$782.68	\$9,392.16	
54	26-947	DANFORTH & ASSOCIAT	07/01/00 -06/30/01	3.	\$1,320.95	\$47,554.20	
		TOTAL FOR DANFORTH & ASSOCIATE				\$104,537.40	\$0.00
54	26-949	ADULT LEARNING SYST	07/01/00 -06/30/01	3.	\$1,181.56	\$42,536.16	
		TOTAL FOR ADULT LEARNING SYSTE				\$42,536.16	\$0.00
54	26-953	CHALLENGE-MULT EMPL	07/01/00 -06/30/01	1.	\$615.04	\$7,380.48	
		TOTAL FOR CHALLENGE-MULT EMPL				\$7,380.48	\$0.00
54	26-TBD	TO BE DECIDED	07/01/00 -06/30/01	14.	\$838.55	\$140,876.40	
54	26-TBD	TO BE DECIDED	07/01/00 -06/30/01	2.	\$1,721.27	\$41,310.48	
		TOTAL FOR TO BE DECIDED				\$182,186.88	\$0.00
56	26-RNT	MULTNOMH RENT SUBSI	07/01/00 -06/30/01	155.	\$140.18	\$260,734.80	
		TOTAL FOR MULTNOMH RENT SUBSID				\$260,734.80	\$0.00
57	SP-XXX	SPECIAL PROJECT	07/01/00 -06/30/01		\$0.00	\$6,369.60	
57	SP-XXX	SPECIAL PROJECT	07/01/00 -06/30/01	1.	\$989.42	\$11,873.04	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR I&I NON-CIP				\$105,078.60	\$0.00
54	26-912	ALT WORK CONCEPTS	07/01/00 -06/30/01	3.	\$1,104.22	\$39,751.92	
		TOTAL FOR ALT WORK CONCEPTS				\$39,751.92	\$0.00
54	26-915	BETHPHAGE CIP	07/01/00 -06/30/01	12.	\$1,316.64	\$189,596.16	
		TOTAL FOR BETHPHAGE CIP				\$189,596.16	\$0.00
54	26-916	COMMUNITY VISION CI	07/01/00 -06/30/01	21.	\$1,191.45	\$300,245.40	
		TOTAL FOR COMMUNITY VISION CIP				\$300,245.40	\$0.00
54	26-917	WILDWOOD CIP	07/01/00 -06/30/01	6.	\$1,294.70	\$93,218.40	
		TOTAL FOR WILDWOOD CIP				\$93,218.40	\$0.00
54	26-926	PORT CITY CIP	07/01/00 -06/30/01	6.	\$1,317.78	\$94,880.16	
		TOTAL FOR PORT CITY CIP				\$94,880.16	\$0.00
54	26-927	SERP ENTERPRISES	07/01/00 -06/30/01	15.	\$1,285.17	\$231,330.60	
54	26-927	SERP ENTERPRISES	07/01/00 -06/30/01	1.	\$1,342.16	\$16,105.92	
		TOTAL FOR SERP ENTERPRISES				\$247,436.52	\$0.00
54	26-938	KERR CENTERS - EMPL	07/01/00 -06/30/01	3.	\$1,345.10	\$48,423.60	
54	26-938	KERR CENTERS - EMPL	07/01/00 -06/30/01	10.	\$1,339.79	\$160,774.80	
54	26-938	KERR CENTERS - EMPL	07/01/00 -06/30/01	1.	\$814.65	\$9,775.80	
		TOTAL FOR KERR CENTERS - EMPLO				\$218,974.20	\$0.00
54	26-943	RAINBOW EMPLOYMENT	07/01/00 -06/30/01	29.	\$816.97	\$284,305.56	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR DEVELOPMENTAL SYSTEM				\$37,249.20	\$0.00
54	26-692	ALT WK CONCPTS CIP-	07/01/00 -06/30/01	4.	\$1,547.99	\$74,303.52	
		TOTAL FOR ALT WK CONCPTS CIP-A				\$74,303.52	\$0.00
54	26-693	DEV SYS-CIP AC	07/01/00 -06/30/01	32.	\$1,283.35	\$492,806.40	
		TOTAL FOR DEV SYS-CIP AC				\$492,806.40	\$0.00
54	26-695	I&I - CIP AC	07/01/00 -06/30/01	3.	\$2,262.55	\$81,451.80	
54	26-695	I&I - CIP AC	07/01/00 -06/30/01	5.	\$469.70	\$28,182.00	
		TOTAL FOR I&I - CIP AC				\$109,633.80	\$0.00
54	26-696	OR COMM BLIND CIP-A	07/01/00 -06/30/01	2.	\$1,293.35	\$31,040.40	
		TOTAL FOR OR COMM BLIND CIP-AC				\$31,040.40	\$0.00
54	26-697	OREGON EMPLOY CIP-A	07/01/00 -06/30/01	3.	\$905.11	\$32,583.96	
		TOTAL FOR OREGON EMPLOY CIP-AC				\$32,583.96	\$0.00
54	26-699	S. CHRISTIANCE CIP-	07/01/00 -06/30/01	12.	\$1,199.85	\$172,778.40	
		TOTAL FOR S. CHRISTIANCE CIP-A				\$172,778.40	\$0.00
54	26-900	ST VINC DEPAUL CIP-	07/01/00 -06/30/01	3.	\$1,240.07	\$44,642.52	
		TOTAL FOR ST VINC DEPAUL CIP-A				\$44,642.52	\$0.00
54	26-911	I&I NON-CIP	07/01/00 -06/30/01	9.	\$972.95	\$105,078.60	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
54	26-608	S. CHRISTIANCE-AC	07/01/00 -06/30/01	29.	\$1,135.02	\$394,986.96	
		TOTAL FOR S. CHRISTIANCE-AC				\$394,986.96	\$0.00
54	26-609	OR. EMPLOYMT-SUPP EM	07/01/00 -06/30/01	13.	\$750.73	\$117,113.88	
		TOTAL FOR OR. EMPLOYMT-SUPP EMP				\$117,113.88	\$0.00
54	26-615	GOODWILL COL WILLAM	07/01/00 -06/30/01	41.	\$605.87	\$298,088.04	
		TOTAL FOR GOODWILL COL WILLAME				\$298,088.04	\$0.00
54	26-675	ST VINCENT DEPAUL R	07/01/00 -06/30/01	8.	\$607.68	\$58,337.28	
		TOTAL FOR ST VINCENT DEPAUL RE				\$58,337.28	\$0.00
54	26-681	PORT CITY DEVELOPME	07/01/00 -06/30/01	8.	\$698.77	\$67,081.92	
		TOTAL FOR PORT CITY DEVELOPMEN				\$67,081.92	\$0.00
54	26-685	I&I	07/01/00 -06/30/01	5.	\$523.18	\$31,390.80	
54	26-685	I&I	07/01/00 -06/30/01	1.	\$1,875.55	\$22,506.60	
		TOTAL FOR I&I				\$53,897.40	\$0.00
54	26-687	DEVELOPMENTAL SYSTE	07/01/00 -06/30/01	30.	\$981.17	\$353,221.20	
		TOTAL FOR DEVELOPMENTAL SYSTEM				\$353,221.20	\$0.00
54	26-688	I&I	07/01/00 -06/30/01	8.	\$785.61	\$75,418.56	
		TOTAL FOR I&I				\$75,418.56	\$0.00
54	26-689	DEVELOPMENTAL SYSTE	07/01/00 -06/30/01	3.	\$1,034.70	\$37,249.20	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR UCP-SHELTERED SVCS P				\$166,404.00	\$0.00
54	26-578	PORTLAND EMPLOYMT-S	07/01/00 -06/30/01	32.	\$676.38	\$259,729.92	
		TOTAL FOR PORTLAND EMPLOYMT-SS				\$259,729.92	\$0.00
54	26-581	OREGON COMM BLIND-S	07/01/00 -06/30/01	5.	\$770.97	\$46,258.20	
		TOTAL FOR OREGON COMM BLIND-SE				\$46,258.20	\$0.00
54	26-582	OREGON HEALTH SCI-S	07/01/00 -06/30/01	38.	\$789.72	\$360,112.32	
		TOTAL FOR OREGON HEALTH SCI-SE				\$360,112.32	\$0.00
54	26-585	OR. HEALTH SCI UNIV	07/01/00 -06/30/01	7.	\$921.94	\$77,442.96	
		TOTAL FOR OR. HEALTH SCI UNIV				\$77,442.96	\$0.00
54	26-586	SUE CHRISTIANCE-SEM	07/01/00 -06/30/01	25.	\$683.44	\$205,032.00	
		TOTAL FOR SUE CHRISTIANCE-SEMP				\$205,032.00	\$0.00
54	26-587	PORTLAND EMPLOYMT-S	07/01/00 -06/30/01	1.	\$551.92	\$6,623.04	
		TOTAL FOR PORTLAND EMPLOYMT-SS				\$6,623.04	\$0.00
54	26-588	PORTLAND EMPLOYMT-P	07/01/00 -06/30/01	5.	\$954.73	\$57,283.80	
		TOTAL FOR PORTLAND EMPLOYMT-PC				\$57,283.80	\$0.00
54	26-593	UCP-SUPPORTED EMPLO	07/01/00 -06/30/01	8.	\$607.51	\$58,320.96	
		TOTAL FOR UCP-SUPPORTED EMPLOY				\$58,320.96	\$0.00

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR OREGON INDUSTRIES FO				\$428,630.40	\$0.00
54	26-547	PORT CITY DEV CT-AC	07/01/00 -06/30/01	58.	\$698.33	\$486,037.68	
		TOTAL FOR PORT CITY DEV CT-AC				\$486,037.68	\$0.00
54	26-563	PORTLAND PRKS/REC A	07/01/00 -06/30/01	10.	\$463.49	\$55,618.80	
54	26-563	PORTLAND PRKS/REC A	07/01/00 -06/30/01	1.	\$656.65	\$7,879.80	
		TOTAL FOR PORTLAND PRKS/REC AC				\$63,498.60	\$0.00
54	26-566	GOODWILL IND.-ACT C	07/01/00 -06/30/01	16.	\$603.53	\$115,877.76	
54	26-566	GOODWILL IND.-ACT C	07/01/00 -06/30/01	1.	\$606.66	\$7,279.92	
		TOTAL FOR GOODWILL IND.-ACT CT				\$123,157.68	\$0.00
54	26-570	EASTCO-SHELTERED SV	07/01/00 -06/30/01	16.	\$625.45	\$120,086.40	
		TOTAL FOR EASTCO-SHELTERED SVC				\$120,086.40	\$0.00
54	26-571	GOODWILL-SHELTERED	07/01/00 -06/30/01	11.	\$551.92	\$72,853.44	
		TOTAL FOR GOODWILL-SHELTERED S				\$72,853.44	\$0.00
54	26-572	PORTLAND HAB CTR-SS	07/01/00 -06/30/01	26.	\$551.92	\$172,199.04	
		TOTAL FOR PORTLAND HAB CTR-SSP				\$172,199.04	\$0.00
54	26-573	ST VINCENT DEPAUL-S	07/01/00 -06/30/01	22.	\$555.21	\$146,575.44	
		TOTAL FOR ST VINCENT DEPAUL-SS				\$146,575.44	\$0.00
54	26-574	UCP-SHELTERED SVCS	07/01/00 -06/30/01	25.	\$554.68	\$166,404.00	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
TOTAL FOR SELF DETER-MULT S LI						\$92,793.00	\$0.00
53	26-620	TRANSPO. NON-TRIMET	07/01/00 -06/30/01	1.	\$295.57	\$3,546.84	
53	26-620	TRANSPO. NON-TRIMET	07/01/00 -06/30/01	222.	\$262.27	\$698,687.28	
53	26-620	TRANSPO. NON-TRIMET	07/01/00 -06/30/01	5.	\$295.57	\$17,734.20	
53	26-620	TRANSPO. NON-TRIMET	07/01/00 -06/30/01	3.	\$295.57	\$10,640.52	
53	26-620	TRANSPO. NON-TRIMET	07/01/00 -06/30/01	3.	\$286.34	\$10,308.24	
TOTAL FOR TRANSPO. NON-TRIMET						\$740,917.08	\$0.00
53	26-668	TRANSPORT. TRI-MET	07/01/00 -06/30/01	199.	\$167.39	\$399,727.32	
53	26-668	TRANSPORT. TRI-MET	07/01/00 -06/30/01			\$583,028.66	\$0.00
53	26-668	TRANSPORT. TRI-MET	07/01/00 -06/30/01			\$524,692.90	\$0.00
TOTAL FOR TRANSPORT. TRI-MET						\$1,507,448.88	\$0.00
54	26-533	EASTCO DIVERSIFIED-	07/01/00 -06/30/01	74.	\$634.80	\$563,702.40	
TOTAL FOR EASTCO DIVERSIFIED-A						\$563,702.40	\$0.00
54	26-537	ST VINCENT DEPAUL-A	07/01/00 -06/30/01	27.	\$530.39	\$171,846.36	
TOTAL FOR ST VINCENT DEPAUL-AC						\$171,846.36	\$0.00
54	26-540	UCP - AC	07/01/00 -06/30/01	26.	\$887.33	\$276,846.96	
TOTAL FOR UCP - AC						\$276,846.96	\$0.00
54	26-545	PORTLAND HAB CT-AC	07/01/00 -06/30/01	35.	\$538.37	\$226,115.40	
TOTAL FOR PORTLAND HAB CT-AC						\$226,115.40	\$0.00
54	26-546	OREGON INDUSTRIES F	07/01/00 -06/30/01	41.	\$871.20	\$428,630.40	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTINOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
51	26-930	KERR CENTERS-KDDC	07/01/00 -06/30/01	1.	\$3,500.97	\$42,011.64	
		TOTAL FOR KERR CENTERS-KDDC				\$544,980.00	\$0.00
51	26-931	EASTCO-PINE STREET	07/01/00 -06/30/01	9.	\$2,274.19	\$245,612.52	
		TOTAL FOR EASTCO-PINE STREET				\$245,612.52	\$0.00
51	26-932	RAINBOW ADULT LIVIN	07/01/00 -06/30/01	20.	\$2,806.99	\$673,677.60	
		TOTAL FOR RAINBOW ADULT LIVING				\$673,677.60	\$0.00
51	26-939	UP AND OUT, INC.	07/01/00 -06/30/01	3.	\$975.54	\$35,119.44	
		TOTAL FOR UP AND OUT, INC.				\$35,119.44	\$0.00
51	26-941	WESTSIDE SUPP LIV	07/01/00 -06/30/01	10.	\$703.45	\$84,414.00	
		TOTAL FOR WESTSIDE SUPP LIV				\$84,414.00	\$0.00
51	26-942	COMM VIS SUPP LIV	07/01/00 -06/30/01	18.	\$4,564.80	\$985,996.80	
51	26-942	COMM VIS SUPP LIV	07/01/00 -06/30/01		\$3,913.20	\$46,958.40	
		TOTAL FOR COMM VIS SUPP LIV				\$1,032,955.20	\$0.00
51	26-954	DANVILLE MULT SUPP	07/01/00 -06/30/01		\$2,528.34	\$30,340.08	
51	26-954	DANVILLE MULT SUPP	07/01/00 -06/30/01	2.	\$7,821.70	\$187,720.80	
		TOTAL FOR DANVILLE MULT SUPP L				\$218,060.88	\$0.00
51	26-955	S CHRSTNC-MULT SUPP	07/01/00 -06/30/01	3.	\$5,858.20	\$210,895.20	
		TOTAL FOR S CHRSTNC-MULT SUPP				\$210,895.20	\$0.00
51	26-956	SELF DETER-MULT S L	07/01/00 -06/30/01	1.	\$7,732.75	\$92,793.00	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

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TOTAL FOR REGIONAL CRISIS & BA						\$345,813.72	\$0.00
TOTAL FOR FISCAL YEAR 1999-2000						\$47,129,679.09	\$0.00
44	26-610	RELATED SVC BROKERA	07/01/00 -06/30/01		\$0.00	\$78,758.04	
44	26-610	RELATED SVC BROKERA	07/01/00 -06/30/01			\$117,899.16	\$0.00
44	26-610	RELATED SVC BROKERA	07/01/00 -06/30/01			\$47,251.00	\$0.00
TOTAL FOR RELATED SVC BROKERAG						\$243,908.20	\$0.00
44	26-961	MULTNMH REG CRIS-FO	07/01/00 -06/30/01			\$12,000.00	\$0.00
TOTAL FOR MULTNMH REG CRIS-FOS						\$12,000.00	\$0.00
45	26-690	MULT. NURSE SPEC SV	07/01/00 -06/30/01	20.	\$528.69	\$126,885.60	
TOTAL FOR MULT. NURSE SPEC SVC						\$126,885.60	\$0.00
47	26-SIL	MULTNOMH SILP	07/01/00 -06/30/01	9.175	\$1,952.28	\$214,946.03	
TOTAL FOR MULTNOMH SILP						\$214,946.03	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/00 -05/31/01			-\$1,967.79	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/00 -06/30/01		\$0.00	\$2,259,975.72	
48	26-500	MULTNOMAH DD CASE M	07/01/00 -06/30/01		\$0.00	\$2,104.44	
48	26-500	MULTNOMAH DD CASE M	07/01/00 -06/30/01			\$1,367,742.00	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/00 -06/30/01			\$921,653.00	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/00 -06/30/01			\$210,753.00	\$0.00
TOTAL FOR MULTNOMAH DD CASE MG						\$4,760,260.37	\$0.00
49	26-940	MULTNMH CO FAM SUPP	07/01/00 -06/30/01		\$0.00	\$1,047,854.04	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
49	26-940	MULTNMH CO FAM SUPP	07/01/00 -06/30/01		\$0.00	\$112,825.44	
		TOTAL FOR MULTNMH CO FAM SUPP				\$1,160,679.48	\$0.00
50	26-531	EASTCO - PINE RTH	07/01/00 -06/30/01	21.	\$1,972.59	\$497,092.68	
50	26-531	EASTCO - PINE RTH	07/01/00 -06/30/01		10,668.70	\$128,024.40	
		TOTAL FOR EASTCO - PINE RTH				\$625,117.08	\$0.00
50	26-532	EASTCO - BUSH	07/01/00 -06/30/01	8.	\$1,498.99	\$143,903.04	
		TOTAL FOR EASTCO - BUSH				\$143,903.04	\$0.00
50	26-534	RAINBOW ADULT LIVIN	07/01/00 -06/30/01	1.	\$2,258.17	\$27,098.04	
50	26-534	RAINBOW ADULT LIVIN	07/01/00 -06/30/01	50.	\$2,917.61	\$1,750,566.00	
		TOTAL FOR RAINBOW ADULT LIVING				\$1,777,664.04	\$0.00
50	26-536	UP AND OUT	07/01/00 -06/30/01	28.	\$2,145.70	\$720,955.20	
50	26-536	UP AND OUT	07/01/00 -06/30/01	1.	\$2,404.99	\$28,859.88	
		TOTAL FOR UP AND OUT				\$749,815.08	\$0.00
50	26-541	WESTSIDE COMM FOCUS	07/01/00 -06/30/01	15.	\$2,643.96	\$475,912.80	
		TOTAL FOR WESTSIDE COMM FOCUS				\$475,912.80	\$0.00
50	26-569	EASTCO-HALSEY	07/01/00 -06/30/01	5.	\$2,019.28	\$121,156.80	
		TOTAL FOR EASTCO-HALSEY				\$121,156.80	\$0.00
50	26-575	PORTLAND METRO RES	07/01/00 -06/30/01		\$2,240.75	\$26,889.00	
50	26-575	PORTLAND METRO RES	07/01/00 -06/30/01	58.	\$3,422.11	\$2,381,788.56	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
TOTAL FOR PORTLAND METRO RES S						\$2,408,677.56	\$0.00
50	26-577	STAR CORP.-132ND PL	07/01/00 -06/30/01	5.	\$2,673.57	\$160,414.20	
TOTAL FOR STAR CORP.-132ND PLA						\$160,414.20	\$0.00
50	26-584	KERR CENTERS	07/01/00 -06/30/01	17.	\$5,424.99	\$1,106,697.96	
50	26-584	KERR CENTERS	07/01/00 -06/30/01	3.	\$4,261.33	\$153,407.88	
TOTAL FOR KERR CENTERS						\$1,260,105.84	\$0.00
50	26-908	GOOD SHEPHERD CIP R	07/01/00 -06/30/01	15.	\$4,290.72	\$772,329.60	
50	26-908	GOOD SHEPHERD CIP R	07/01/00 -06/30/01	3.	\$5,594.15	\$201,389.40	
TOTAL FOR GOOD SHEPHERD CIP RE						\$973,719.00	\$0.00
50	26-919	WILDWOOD CIP	07/01/00 -06/30/01	22.	\$4,996.21	\$1,318,999.44	
50	26-919	WILDWOOD CIP	07/01/00 -06/30/01	1.	11,274.46	\$135,293.52	
50	26-919	WILDWOOD CIP	07/01/00 -06/30/01		\$5,516.56	\$66,198.72	
TOTAL FOR WILDWOOD CIP						\$1,520,491.68	\$0.00
50	26-920	BETHPHAGE CIP	07/01/00 -06/30/01		\$2,024.47	\$24,293.64	
50	26-920	BETHPHAGE CIP	07/01/00 -06/30/01	28.	\$5,584.46	\$1,876,378.56	
TOTAL FOR BETHPHAGE CIP						\$1,900,672.20	\$0.00
50	26-921	ADULT LRNG SYSTEM C	07/01/00 -06/30/01	1.	\$8,481.23	\$101,774.76	
50	26-921	ADULT LRNG SYSTEM C	07/01/00 -06/30/01	22.	\$4,724.96	\$1,247,389.44	
50	26-921	ADULT LRNG SYSTEM C	07/01/00 -06/30/01		12,232.11	\$146,785.32	
TOTAL FOR ADULT LRNG SYSTEM CI						\$1,495,949.52	\$0.00
50	26-928	COAST REHABILITATIO	07/01/00 -06/30/01	36.	\$4,882.05	\$2,109,045.60	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
50	26-928	COAST REHABILITATIO	07/01/00 -06/30/01	1.	\$5,376.63	\$64,519.56	
50	26-928	COAST REHABILITATIO	07/01/00 -06/30/01	3.	\$5,931.16	\$213,521.76	
		TOTAL FOR COAST REHABILITATION				\$2,387,086.92	\$0.00
50	26-933	ALTERNATIVE SER.-RE	07/01/00 -06/30/01	1.	10,534.54	\$126,414.48	
50	26-933	ALTERNATIVE SER.-RE	07/01/00 -06/30/01	4.	\$6,083.84	\$292,024.32	
50	26-933	ALTERNATIVE SER.-RE	07/01/00 -06/30/01	11.	\$7,206.46	\$951,252.72	
		TOTAL FOR ALTERNATIVE SER.-RES				\$1,369,691.52	\$0.00
50	26-948	CENTER FOR CONTINUO	07/01/00 -06/30/01	9.	10,091.00	\$1,089,828.00	
		TOTAL FOR CENTER FOR CONTINUOU				\$1,089,828.00	\$0.00
50	26-950	COMM SVCS MULT RES	07/01/00 -06/30/01	2.	10,047.71	\$241,145.04	
50	26-950	COMM SVCS MULT RES	07/01/00 -06/30/01	1.	\$1,494.90	\$17,938.80	
		TOTAL FOR COMM SVCS MULT RES				\$259,083.84	\$0.00
50	26-951	DANVILLE MULT RESID	07/01/00 -06/30/01	10.	\$5,252.18	\$630,261.60	
		TOTAL FOR DANVILLE MULT RESIDE				\$630,261.60	\$0.00
50	26-TBD	TO BE DECIDED	07/01/00 -06/30/01	25.	\$4,985.60	\$1,495,680.00	
		TOTAL FOR TO BE DECIDED				\$1,495,680.00	\$0.00
51	26-929	UCP HOME PROGRAM	07/01/00 -06/30/01	28.	\$2,352.42	\$790,413.12	
51	26-929	UCP HOME PROGRAM	07/01/00 -06/30/01	1.	\$8,646.76	\$103,761.12	
		TOTAL FOR UCP HOME PROGRAM				\$894,174.24	\$0.00
51	26-930	KERR CENTERS-KDDC	07/01/00 -06/30/01	9.	\$4,447.15	\$480,292.20	
51	26-930	KERR CENTERS-KDDC	07/01/00 -06/30/01		\$1,889.68	\$22,676.16	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
TOTAL FOR REGIONAL TRAINING						\$12,683.00	\$0.00
57	SP-XXX	SPECIAL PROJECT	07/01/99 -06/30/00	1.	\$989.42	\$11,873.04	
57	SP-XXX	SPECIAL PROJECT	07/01/99 -06/30/00		\$0.00	\$6,369.60	
TOTAL FOR SPECIAL PROJECT						\$18,242.64	\$0.00
58	26-550	MULTNMH CO ADULT NR	07/01/99 -06/30/00		\$0.00	\$2,377,355.76	
58	26-550	MULTNMH CO ADULT NR	07/01/99 -06/30/00		\$0.00	\$212,852.40	
TOTAL FOR MULTNMH CO ADULT NR						\$2,590,208.16	\$0.00
58	26-960	MULTNMH CO CHILD NR	07/01/99 -06/30/00			\$1,322,846.04	\$0.00
TOTAL FOR MULTNMH CO CHILD NR						\$1,322,846.04	\$0.00
58	26-CBF	CRISIS BEDS FOSTER	07/01/99 -06/30/00			\$47,606.04	\$0.00
58	26-CBF	CRISIS BEDS FOSTER	07/01/99 -06/30/00		\$0.00	\$30,524.04	
TOTAL FOR CRISIS BEDS FOSTER H						\$78,130.08	\$0.00
59	26-551	MULTNOMAH AFC REL	07/01/99 -06/30/00	6.	\$132.83	\$9,563.76	
TOTAL FOR MULTNOMAH AFC REL						\$9,563.76	\$0.00
90	26-944	MULTNOMAH CO.-H.S.	07/01/99 -03/31/00	17.	\$613.78	\$93,908.34	\$0.00
90	26-944	MULTNOMAH CO.-H.S.	04/01/00 -06/30/00	16.	\$613.78	\$29,461.44	\$0.00
TOTAL FOR MULTNOMAH CO.-H.S. T						\$123,369.78	\$0.00
157	RG-CBU	REGIONAL CRISIS & B	07/01/99 -06/30/00			\$325,126.20	\$0.00
157	RG-CBU	REGIONAL CRISIS & B	07/01/99 -06/30/00			\$20,687.52	\$0.00

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
54	26-943	RAINBOW EMPLOYMENT	07/01/99 -06/30/00	29.	\$816.97	\$284,305.56	
		TOTAL FOR RAINBOW EMPLOYMENT				\$302,753.40	\$0.00
54	26-946	OPPORTUNITIES UNLIM	07/01/99 -06/30/00	1.	\$1,083.62	\$13,003.44	
		TOTAL FOR OPPORTUNITIES UNLIMI				\$13,003.44	\$0.00
54	26-947	DANFORTH & ASSOCIAT	07/01/99 -06/30/00	4.	\$991.48	\$47,591.04	
54	26-947	DANFORTH & ASSOCIAT	07/01/99 -06/30/00	3.	\$1,320.95	\$47,554.20	
54	26-947	DANFORTH & ASSOCIAT	07/01/99 -06/30/00		\$782.68	\$9,392.16	
		TOTAL FOR DANFORTH & ASSOCIATE				\$104,537.40	\$0.00
54	26-949	ADULT LEARNING SYST	07/01/99 -06/30/00	3.	\$1,181.56	\$42,536.16	
		TOTAL FOR ADULT LEARNING SYSTE				\$42,536.16	\$0.00
54	26-953	CHALLENGE-MULT EMPL	07/01/99 -06/30/00	1.	\$615.04	\$7,380.48	
		TOTAL FOR CHALLENGE-MULT EMPL				\$7,380.48	\$0.00
54	26-TBD	TO BE DECIDED	07/01/99 -06/30/00	14.	\$838.55	\$140,876.40	
54	26-TBD	TO BE DECIDED	07/01/99 -06/30/00	2.	\$1,721.27	\$41,310.48	
		TOTAL FOR TO BE DECIDED				\$182,186.88	\$0.00
56	26-RNT	MULTNOMH RENT SUBSI	07/01/99 -06/30/00	155.	\$140.18	\$260,734.80	
		TOTAL FOR MULTNOMH RENT SUBSID				\$260,734.80	\$0.00
57	RT-XXX	REGIONAL TRAINING	07/01/99 -12/31/99			\$4,756.00	\$0.00
57	RT-XXX	REGIONAL TRAINING	07/01/99 -12/31/99			\$4,756.00	\$0.00
57	RT-XXX	REGIONAL TRAINING	07/01/99 -12/31/99			\$3,171.00	\$0.00

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR I&I NON-CIP				\$105,078.60	\$0.00
54	26-912	ALT WORK CONCEPTS	07/01/99 -06/30/00	3.	\$1,104.22	\$39,751.92	
		TOTAL FOR ALT WORK CONCEPTS				\$39,751.92	\$0.00
54	26-915	BETHPHAGE CIP	07/01/99 -06/30/00	12.	\$1,316.64	\$189,596.16	
		TOTAL FOR BETHPHAGE CIP				\$189,596.16	\$0.00
54	26-916	COMMUNITY VISION CI	07/01/99 -06/30/00	21.	\$1,191.45	\$300,245.40	
		TOTAL FOR COMMUNITY VISION CIP				\$300,245.40	\$0.00
54	26-917	WILDWOOD CIP	07/01/99 -06/30/00	6.	\$1,294.70	\$93,218.40	
		TOTAL FOR WILDWOOD CIP				\$93,218.40	\$0.00
54	26-926	PORT CITY CIP	07/01/99 -06/30/00	6.	\$1,317.78	\$94,880.16	
		TOTAL FOR PORT CITY CIP				\$94,880.16	\$0.00
54	26-927	SERP ENTERPRISES	07/01/99 -06/30/00	15.	\$1,285.17	\$231,330.60	
54	26-927	SERP ENTERPRISES	07/01/99 -06/30/00	1.	\$1,342.16	\$16,105.92	
		TOTAL FOR SERP ENTERPRISES				\$247,436.52	\$0.00
54	26-938	KERR CENTERS - EMPL	07/01/99 -06/30/00	10.	\$1,339.79	\$160,774.80	
54	26-938	KERR CENTERS - EMPL	07/01/99 -06/30/00	3.	\$1,345.10	\$48,423.60	
54	26-938	KERR CENTERS - EMPL	07/01/99 -06/30/00	1.	\$814.65	\$9,775.80	
		TOTAL FOR KERR CENTERS - EMPLO				\$218,974.20	\$0.00
54	26-943	RAINBOW EMPLOYMENT	07/01/99 -06/30/00		\$1,537.32	\$18,447.84	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR DEVELOPMENTAL SYSTEM				\$37,249.20	\$0.00
54	26-692	ALT WK CONCPTS CIP-	07/01/99 -06/30/00	4.	\$1,547.99	\$74,303.52	
		TOTAL FOR ALT WK CONCPTS CIP-A				\$74,303.52	\$0.00
54	26-693	DEV SYS-CIP AC	07/01/99 -06/30/00	32.	\$1,283.35	\$492,806.40	
		TOTAL FOR DEV SYS-CIP AC				\$492,806.40	\$0.00
54	26-695	I&I - CIP AC	07/01/99 -06/30/00	3.	\$2,262.55	\$81,451.80	
54	26-695	I&I - CIP AC	07/01/99 -06/30/00	5.	\$469.70	\$28,182.00	
		TOTAL FOR I&I - CIP AC				\$109,633.80	\$0.00
54	26-696	OR COMM BLIND CIP-A	07/01/99 -06/30/00	2.	\$1,293.35	\$31,040.40	
		TOTAL FOR OR COMM BLIND CIP-AC				\$31,040.40	\$0.00
54	26-697	OREGON EMPLOY CIP-A	07/01/99 -06/30/00	3.	\$905.11	\$32,583.96	
		TOTAL FOR OREGON EMPLOY CIP-AC				\$32,583.96	\$0.00
54	26-699	S. CHRISTIANCE CIP-	07/01/99 -06/30/00	12.	\$1,199.85	\$172,778.40	
		TOTAL FOR S. CHRISTIANCE CIP-A				\$172,778.40	\$0.00
54	26-900	ST VINC DEPAUL CIP-	07/01/99 -06/30/00	3.	\$1,240.07	\$44,642.52	
		TOTAL FOR ST VINC DEPAUL CIP-A				\$44,642.52	\$0.00
54	26-911	I&I NON-CIP	07/01/99 -06/30/00	9.	\$972.95	\$105,078.60	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
54	26-608	S. CHRISTIANCE-AC	07/01/99 -06/30/00	29.	\$1,135.02	\$394,986.96	
		TOTAL FOR S. CHRISTIANCE-AC				\$394,986.96	\$0.00
54	26-609	OR. EMPLYMT-SUPP EM	07/01/99 -06/30/00	13.	\$750.73	\$117,113.88	
		TOTAL FOR OR. EMPLYMT-SUPP EMP				\$117,113.88	\$0.00
54	26-615	GOODWILL COL WILLAM	07/01/99 -06/30/00	41.	\$605.87	\$298,088.04	
		TOTAL FOR GOODWILL COL WILLAME				\$298,088.04	\$0.00
54	26-675	ST VINCENT DEPAUL R	07/01/99 -06/30/00	8.	\$607.68	\$58,337.28	
		TOTAL FOR ST VINCENT DEPAUL RE				\$58,337.28	\$0.00
54	26-681	PORT CITY DEVELOPME	07/01/99 -06/30/00	8.	\$698.77	\$67,081.92	
		TOTAL FOR PORT CITY DEVELOPMEN				\$67,081.92	\$0.00
54	26-685	I&I	07/01/99 -06/30/00	5.	\$523.18	\$31,390.80	
54	26-685	I&I	07/01/99 -06/30/00	1.	\$1,875.55	\$22,506.60	
		TOTAL FOR I&I				\$53,897.40	\$0.00
54	26-687	DEVELOPMENTAL SYSTE	07/01/99 -06/30/00	30.	\$981.17	\$353,221.20	
		TOTAL FOR DEVELOPMENTAL SYSTEM				\$353,221.20	\$0.00
54	26-688	I&I	07/01/99 -06/30/00	8.	\$785.61	\$75,418.56	
		TOTAL FOR I&I				\$75,418.56	\$0.00
54	26-689	DEVELOPMENTAL SYSTE	07/01/99 -06/30/00	3.	\$1,034.70	\$37,249.20	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR UCP-SHELTERED SVCS P				\$166,404.00	\$0.00
54	26-578	PORTLAND EMPLOYMT-S	07/01/99 -06/30/00	32.	\$676.38	\$259,729.92	
		TOTAL FOR PORTLAND EMPLOYMT-SS				\$259,729.92	\$0.00
54	26-581	OREGON COMM BLIND-S	07/01/99 -06/30/00	5.	\$770.97	\$46,258.20	
		TOTAL FOR OREGON COMM BLIND-SE				\$46,258.20	\$0.00
54	26-582	OREGON HEALTH SCI-S	07/01/99 -06/30/00	38.	\$789.72	\$360,112.32	
		TOTAL FOR OREGON HEALTH SCI-SE				\$360,112.32	\$0.00
54	26-585	OR. HEALTH SCI UNIV	07/01/99 -06/30/00	7.	\$921.94	\$77,442.96	
		TOTAL FOR OR. HEALTH SCI UNIV				\$77,442.96	\$0.00
54	26-586	SUE CHRISTIANCE-SEM	07/01/99 -06/30/00	25.	\$683.44	\$205,032.00	
		TOTAL FOR SUE CHRISTIANCE-SEMP				\$205,032.00	\$0.00
54	26-587	PORTLAND EMPLOYMT-S	07/01/99 -06/30/00	1.	\$551.92	\$6,623.04	
		TOTAL FOR PORTLAND EMPLOYMT-SS				\$6,623.04	\$0.00
54	26-588	PORTLAND EMPLOYMT-P	07/01/99 -06/30/00	5.	\$954.73	\$57,283.80	
		TOTAL FOR PORTLAND EMPLOYMT-PC				\$57,283.80	\$0.00
54	26-593	UCP-SUPPORTED EMPLO	07/01/99 -06/30/00	8.	\$607.51	\$58,320.96	
		TOTAL FOR UCP-SUPPORTED EMPLOY				\$58,320.96	\$0.00

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR OREGON INDUSTRIES FO				\$428,630.40	\$0.00
54	26-547	PORT CITY DEV CT-AC	07/01/99 -06/30/00	58.	\$698.33	\$486,037.68	
		TOTAL FOR PORT CITY DEV CT-AC				\$486,037.68	\$0.00
54	26-563	PORTLAND PRKS/REC A	07/01/99 -06/30/00	10.	\$463.49	\$55,618.80	
54	26-563	PORTLAND PRKS/REC A	07/01/99 -06/30/00	1.	\$656.65	\$7,879.80	
		TOTAL FOR PORTLAND PRKS/REC AC				\$63,498.60	\$0.00
54	26-566	GOODWILL IND.-ACT C	07/01/99 -06/30/00	16.	\$603.53	\$115,877.76	
54	26-566	GOODWILL IND.-ACT C	07/01/99 -06/30/00	1.	\$606.66	\$7,279.92	
		TOTAL FOR GOODWILL IND.-ACT CT				\$123,157.68	\$0.00
54	26-570	EASTCO-SHELTERED SV	07/01/99 -06/30/00	16.	\$625.45	\$120,086.40	
		TOTAL FOR EASTCO-SHELTERED SVC				\$120,086.40	\$0.00
54	26-571	GOODWILL-SHELTERED	07/01/99 -06/30/00	11.	\$551.92	\$72,853.44	
		TOTAL FOR GOODWILL-SHELTERED S				\$72,853.44	\$0.00
54	26-572	PORTLAND HAB CTR-SS	07/01/99 -06/30/00	26.	\$551.92	\$172,199.04	
		TOTAL FOR PORTLAND HAB CTR-SSP				\$172,199.04	\$0.00
54	26-573	ST VINCENT DEPAUL-S	07/01/99 -06/30/00	22.	\$555.21	\$146,575.44	
		TOTAL FOR ST VINCENT DEPAUL-SS				\$146,575.44	\$0.00
54	26-574	UCP-SHELTERED SVCS	07/01/99 -06/30/00	25.	\$554.68	\$166,404.00	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR SELF DETER-MULT S LI				\$92,793.00	\$0.00
53	26-620	TRANSP. NON-TRIMET	07/01/99 -06/30/00	5.	\$295.57	\$17,734.20	
53	26-620	TRANSP. NON-TRIMET	07/01/99 -06/30/00	3.	\$286.34	\$10,308.24	
53	26-620	TRANSP. NON-TRIMET	07/01/99 -06/30/00	1.	\$295.57	\$3,546.84	
53	26-620	TRANSP. NON-TRIMET	07/01/99 -06/30/00	222.	\$262.27	\$698,687.28	
53	26-620	TRANSP. NON-TRIMET	07/01/99 -06/30/00	3.	\$295.57	\$10,640.52	
		TOTAL FOR TRANSP. NON-TRIMET				\$740,917.08	\$0.00
53	26-668	TRANSPORT. TRI-MET	07/01/99 -06/30/00	199.	\$167.39	\$399,727.32	
53	26-668	TRANSPORT. TRI-MET	07/01/99 -06/30/00			\$521,130.85	\$0.00
53	26-668	TRANSPORT. TRI-MET	07/01/99 -06/30/00			\$586,590.71	\$0.00
		TOTAL FOR TRANSPORT. TRI-MET				\$1,507,448.88	\$0.00
54	26-533	EASTCO DIVERSIFIED-	07/01/99 -06/30/00	74.	\$634.80	\$563,702.40	
		TOTAL FOR EASTCO DIVERSIFIED-A				\$563,702.40	\$0.00
54	26-537	ST VINCENT DEPAUL-A	07/01/99 -06/30/00	27.	\$530.39	\$171,846.36	
		TOTAL FOR ST VINCENT DEPAUL-AC				\$171,846.36	\$0.00
54	26-540	UCP - AC	07/01/99 -06/30/00	26.	\$887.33	\$276,846.96	
		TOTAL FOR UCP - AC				\$276,846.96	\$0.00
54	26-545	PORTLAND HAB CT-AC	07/01/99 -06/30/00	35.	\$538.37	\$226,115.40	
		TOTAL FOR PORTLAND HAB CT-AC				\$226,115.40	\$0.00
54	26-546	OREGON INDUSTRIES F	07/01/99 -06/30/00	41.	\$871.20	\$428,630.40	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
51	26-930	KERR CENTERS-KDDC	07/01/99 -06/30/00	9.	\$4,447.15	\$480,292.20	
		TOTAL FOR KERR CENTERS-KDDC				\$544,980.00	\$0.00
51	26-931	EASTCO-PINE STREET	07/01/99 -06/30/00	9.	\$2,274.19	\$245,612.52	
		TOTAL FOR EASTCO-PINE STREET				\$245,612.52	\$0.00
51	26-932	RAINBOW ADULT LIVIN	07/01/99 -06/30/00	20.	\$2,806.99	\$673,677.60	
		TOTAL FOR RAINBOW ADULT LIVING				\$673,677.60	\$0.00
51	26-939	UP AND OUT, INC.	07/01/99 -06/30/00	3.	\$975.54	\$35,119.44	
		TOTAL FOR UP AND OUT, INC.				\$35,119.44	\$0.00
51	26-941	WESTSIDE SUPP LIV	07/01/99 -06/30/00	10.	\$703.45	\$84,414.00	
		TOTAL FOR WESTSIDE SUPP LIV				\$84,414.00	\$0.00
51	26-942	COMM VIS SUPP LIV	07/01/99 -06/30/00	18.	\$4,564.80	\$985,996.80	
51	26-942	COMM VIS SUPP LIV	07/01/99 -06/30/00		\$3,913.20	\$46,958.40	
		TOTAL FOR COMM VIS SUPP LIV				\$1,032,955.20	\$0.00
51	26-954	DANVILLE MULT SUPP	07/01/99 -06/30/00		\$2,528.34	\$30,340.08	
51	26-954	DANVILLE MULT SUPP	07/01/99 -06/30/00	2.	\$7,821.70	\$187,720.80	
		TOTAL FOR DANVILLE MULT SUPP L				\$218,060.88	\$0.00
51	26-955	S CHRSTNC-MULT SUPP	07/01/99 -06/30/00	3.	\$5,858.20	\$210,895.20	
		TOTAL FOR S CHRSTNC-MULT SUPP				\$210,895.20	\$0.00
51	26-956	SELF DETER-MULT S L	07/01/99 -06/30/00	1.	\$7,732.75	\$92,793.00	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
50	26-928	COAST REHABILITATIO	07/01/99 -06/30/00	36.	\$4,882.05	\$2,109,045.60	
50	26-928	COAST REHABILITATIO	07/01/99 -06/30/00	3.	\$5,931.16	\$213,521.76	
		TOTAL FOR COAST REHABILITATION				\$2,387,086.92	\$0.00
50	26-933	ALTERNATIVE SER.-RE	07/01/99 -06/30/00	11.	\$7,206.46	\$951,252.72	
50	26-933	ALTERNATIVE SER.-RE	07/01/99 -06/30/00	4.	\$6,083.84	\$292,024.32	
50	26-933	ALTERNATIVE SER.-RE	07/01/99 -06/30/00	1.	10,534.54	\$126,414.48	
		TOTAL FOR ALTERNATIVE SER.-RES				\$1,369,691.52	\$0.00
50	26-948	CENTER FOR CONTINUO	07/01/99 -06/30/00	9.	10,091.00	\$1,089,828.00	
		TOTAL FOR CENTER FOR CONTINUOU				\$1,089,828.00	\$0.00
50	26-950	COMM SVCS MULT RES	07/01/99 -06/30/00	2.	10,047.71	\$241,145.04	
50	26-950	COMM SVCS MULT RES	07/01/99 -06/30/00	1.	\$1,494.90	\$17,938.80	
		TOTAL FOR COMM SVCS MULT RES				\$259,083.84	\$0.00
50	26-951	DANVILLE MULT RESID	07/01/99 -06/30/00	10.	\$5,252.18	\$630,261.60	
		TOTAL FOR DANVILLE MULT RESIDE				\$630,261.60	\$0.00
50	26-TBD	TO BE DECIDED	07/01/99 -06/30/00	25.	\$4,985.60	\$1,495,680.00	
		TOTAL FOR TO BE DECIDED				\$1,495,680.00	\$0.00
51	26-929	UCP HOME PROGRAM	07/01/99 -06/30/00	1.	\$8,646.76	\$103,761.12	
51	26-929	UCP HOME PROGRAM	07/01/99 -06/30/00	28.	\$2,352.42	\$790,413.12	
		TOTAL FOR UCP HOME PROGRAM				\$894,174.24	\$0.00
51	26-930	KERR CENTERS-KDDC	07/01/99 -06/30/00	1.	\$3,500.97	\$42,011.64	
51	26-930	KERR CENTERS-KDDC	07/01/99 -06/30/00		\$1,889.68	\$22,676.16	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
		TOTAL FOR PORTLAND METRO RES S				\$2,408,677.56	\$0.00
50	26-577	STAR CORP.-132ND PL	07/01/99 -06/30/00	5.	\$2,673.57	\$160,414.20	
		TOTAL FOR STAR CORP.-132ND PLA				\$160,414.20	\$0.00
50	26-584	KERR CENTERS	07/01/99 -06/30/00	17.	\$5,424.99	\$1,106,697.96	
50	26-584	KERR CENTERS	07/01/99 -06/30/00	3.	\$4,261.33	\$153,407.88	
		TOTAL FOR KERR CENTERS				\$1,260,105.84	\$0.00
50	26-908	GOOD SHEPHERD CIP R	07/01/99 -06/30/00	15.	\$4,290.72	\$772,329.60	
50	26-908	GOOD SHEPHERD CIP R	07/01/99 -06/30/00	3.	\$5,594.15	\$201,389.40	
		TOTAL FOR GOOD SHEPHERD CIP RE				\$973,719.00	\$0.00
50	26-919	WILDWOOD CIP	07/01/99 -06/30/00	22.	\$4,996.21	\$1,318,999.44	
50	26-919	WILDWOOD CIP	07/01/99 -06/30/00		\$5,516.56	\$66,198.72	
50	26-919	WILDWOOD CIP	07/01/99 -06/30/00	1.	11,274.46	\$135,293.52	
		TOTAL FOR WILDWOOD CIP				\$1,520,491.68	\$0.00
50	26-920	BETHPHAGE CIP	07/01/99 -06/30/00		\$2,024.47	\$24,293.64	
50	26-920	BETHPHAGE CIP	07/01/99 -06/30/00	28.	\$5,584.46	\$1,876,378.56	
		TOTAL FOR BETHPHAGE CIP				\$1,900,672.20	\$0.00
50	26-921	ADULT LRNG SYSTEM C	07/01/99 -06/30/00	1.	\$8,481.23	\$101,774.76	
50	26-921	ADULT LRNG SYSTEM C	07/01/99 -06/30/00	22.	\$4,724.96	\$1,247,389.44	
50	26-921	ADULT LRNG SYSTEM C	07/01/99 -06/30/00		12,232.11	\$146,785.32	
		TOTAL FOR ADULT LRNG SYSTEM CI				\$1,495,949.52	\$0.00
50	26-928	COAST REHABILITATIO	07/01/99 -06/30/00	1.	\$5,376.63	\$64,519.56	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
49	26-940	MULTNMH CO FAM SUPP	07/01/99 -06/30/00			-\$120,000.00	\$0.00
		TOTAL FOR MULTNMH CO FAM SUPP				\$1,040,679.48	\$0.00
50	26-531	EASTCO - PINE RTH	07/01/99 -06/30/00	21.	\$1,972.59	\$497,092.68	
50	26-531	EASTCO - PINE RTH	07/01/99 -06/30/00		10,668.70	\$128,024.40	
		TOTAL FOR EASTCO - PINE RTH				\$625,117.08	\$0.00
50	26-532	EASTCO - BUSH	07/01/99 -06/30/00	8.	\$1,498.99	\$143,903.04	
		TOTAL FOR EASTCO - BUSH				\$143,903.04	\$0.00
50	26-534	RAINBOW ADULT LIVIN	07/01/99 -06/30/00	50.	\$2,917.61	\$1,750,566.00	
50	26-534	RAINBOW ADULT LIVIN	07/01/99 -06/30/00	1.	\$2,258.17	\$27,098.04	
		TOTAL FOR RAINBOW ADULT LIVING				\$1,777,664.04	\$0.00
50	26-536	UP AND OUT	07/01/99 -06/30/00	1.	\$2,404.99	\$28,859.88	
50	26-536	UP AND OUT	07/01/99 -06/30/00	28.	\$2,145.70	\$720,955.20	
		TOTAL FOR UP AND OUT				\$749,815.08	\$0.00
50	26-541	WESTSIDE COMM FOCUS	07/01/99 -06/30/00	15.	\$2,643.96	\$475,912.80	
		TOTAL FOR WESTSIDE COMM FOCUS				\$475,912.80	\$0.00
50	26-569	EASTCO-HALSEY	07/01/99 -06/30/00	5.	\$2,019.28	\$121,156.80	
		TOTAL FOR EASTCO-HALSEY				\$121,156.80	\$0.00
50	26-575	PORTLAND METRO RES	07/01/99 -06/30/00		\$2,240.75	\$26,889.00	
50	26-575	PORTLAND METRO RES	07/01/99 -06/30/00	58.	\$3,422.11	\$2,381,788.56	

PROJECTED RATE/SLOT CHANGES
*****INFORMATION ONLY*****

CONTRACTOR: MULTNOMAH COUNTY
AGREEMENT#: 26-001 PAAF/AMENDMENT#: 004

SE#	PROVIDER NUMBER	PROVIDER	EFFECTIVE DATES	SLOT CHANGE	RATE CHANGE	OPERATING AMOUNT	STARTUP AMOUNT
44	26-610	RELATED SVC BROKERA	07/01/99 -06/30/00		\$0.00	\$78,758.04	
44	26-610	RELATED SVC BROKERA	07/01/99 -06/30/00			\$117,899.16	\$0.00
44	26-610	RELATED SVC BROKERA	07/01/99 -06/30/00			\$47,251.00	\$0.00
44	26-610	RELATED SVC BROKERA	07/01/99 -06/30/00			\$45,462.00	\$0.00
TOTAL FOR RELATED SVC BROKERAG						\$289,370.20	\$0.00
44	26-961	MULTNMH REG CRIS-FO	07/01/99 -06/30/00			\$217,826.00	\$0.00
44	26-961	MULTNMH REG CRIS-FO	07/01/99 -06/30/00			\$12,000.00	\$0.00
TOTAL FOR MULTNMH REG CRIS-FOS						\$229,826.00	\$0.00
44	26-962	MULTNMH REG CRIS-ST	07/01/99 -06/30/00			\$115,553.00	\$0.00
TOTAL FOR MULTNMH REG CRIS-STD						\$115,553.00	\$0.00
45	26-690	MULT. NURSE SPEC SV	07/01/99 -06/30/00	20.	\$528.69	\$126,885.60	
TOTAL FOR MULT. NURSE SPEC SVC						\$126,885.60	\$0.00
47	26-SIL	MULTNOMH SILP	07/01/99 -06/30/00	9.175	\$1,952.28	\$214,946.03	
TOTAL FOR MULTNOMH SILP						\$214,946.03	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00		\$0.00	\$2,259,975.72	
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00		\$0.00	\$2,104.44	
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00			-\$2,146.68	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00			\$921,653.00	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00			\$210,753.00	\$0.00
48	26-500	MULTNOMAH DD CASE M	07/01/99 -06/30/00			\$1,388,689.00	\$0.00
TOTAL FOR MULTNOMAH DD CASE MG						\$4,781,028.48	\$0.00
49	26-940	MULTNMH CO FAM SUPP	07/01/99 -06/30/00		\$0.00	\$1,047,854.04	
49	26-940	MULTNMH CO FAM SUPP	07/01/99 -06/30/00		\$0.00	\$112,825.44	

MULTNOMAH, page 11

provision will be used to offset local funds required in subsequent fiscal periods, following procedures described in paragraph D., Overpayment of Local Funds, below.

C. Reduction of Award

DIVISION may reduce the amount payable to COUNTY for Transportation, up to a maximum of the DD 53 amount subject to these special conditions, if average monthly levels of generated FFP are not maintained at least at the levels required in paragraph B.2.a., above. In making any such reduction, the following policies and procedures will apply:

1. The reduction may be made through a Revised Grant Award approved by both COUNTY and DIVISION, or unilaterally by DIVISION through adjustments to payments. DIVISION will not recover local or federal funds, nor reduce local fund requirements, for the time period prior to the effective date of the Revised Grant Award making the reduction, or the date when DIVISION notifies COUNTY that DIVISION will reduce future payments.
2. Any overpayment of local funds resulting under the provisions of C.1., above, will be used to offset local funds required in subsequent fiscal periods, following procedures described in paragraph D., Overpayment of Local Funds, below.

D. Overpayment of Local Funds: Overpayment of local funds, as may occur under circumstances described in sections B. and C., above, will not result in repayment by the DIVISION. Any overpayment of local funds for the first year of the Agreement may be applied to the local funds required for the second year, provided that the second year's local funds have not already been paid to DIVISION. Any other overpayment of local funds will be applied to local funds required under the next biennial Agreement between DIVISION and COUNTY that includes the provision of Transportation services paid for in part with local funds.

E. Special Conditions in this section do not alter the requirements stated under Payment Procedures for DD 53 in Exhibit A of the Agreement.

MULTNOMAH, page 10

- c. Local funds for each fiscal year must be received by DIVISION as lump sum payments prior to any DIVISION payment of the respective annual amounts subject to these special conditions. Payment of each fiscal year's amount subject to these conditions will begin in the monthly allotment that first occurs, for that year, after DIVISION receipt of required annual local funds in full.
 - d. COUNTY agrees that any delays in the payment of local funds to DIVISION shall not release COUNTY from requiring its subcontractor to provide the services specified in paragraph A above.
- 2. FFP sufficient to generate Title XIX projected in calculating the DD 53 increase:
 - a. Services must be delivered to DD eligible individuals at a level sufficient to generate FFP at an average minimum amount of \$66,522 per month, for the period 7/1/99 through 6/30/00, and \$66,118 per month, for the period 7/1/00 through 6/30/01.
 - 1) The monthly amount, above, represents the combined FFP for all of the DD Transportation slots enhanced as specified in paragraph A above.
 - 2) FFP is generated by COUNTY reporting DD 53 services through CPMS, as required in Exhibit A of this Agreement.
 - 3) Levels of FFP for the enhanced DD 53 slots will be determined from data from DIVISION's CPMS "Provider Financial Statements", to be provided to COUNTY and its subcontractor for these services.
 - b. If FFP generated for the DD 53 slots enhanced in this Grant Award exceeds the monthly average specified in paragraph B.2.a., above, and DIVISION can determine that the excess is likely to continue, DIVISION will reduce the amount of local funds required. This reduction will be reflected in a Revised Grant Award. Any overpayment of local funds resulting from this

MULTNOMAH, page 9

D0024-16 Special Payment Requirement for Regional Diversion Services (DD 44): Payment of DD 44 funds designated with this special condition is contingent on other Counties in the region (Clackamas, Clatsop, Columbia, and Washington Counties) accepting Revised Grant Awards removing 75% of the DD 44 funds included in their respective original 1999-2001 Grant Awards. If any of the above-referenced Counties refuse to accept all or part of the necessary reductions, DIVISION may adjust payments to Multnomah County by the amounts retained by the other County or Counties.

D0024-17 Local Funds and Title XIX Collections for Transportation: Developmental Disability Transportation (DD 53) funds indicated with this Special Condition are subject to the following:

- A. DD 53 funds subject to these conditions represent a rate adjustment that reflects the actual costs of services for 199 slots. Payment of these funds to COUNTY will consist of the required combination of: (1) Title XIX (Medicaid) Federal Financial Participation (FFP); and (2) local funds, to be used as match for Title XIX and to cover the cost increase for unmatched services.
- B. Payment is contingent on:
 - 1. DIVISION receipt of local funds:
 - a. The following amounts of local funds are required to support the increases specified in paragraph A, above: \$521,131 in 1999-2000, and \$524,693 in 2000-2001. This condition will be considered to have been met only if local funds are from non-federal source(s) eligible for use as match for Title XIX.
 - b. COUNTY and DIVISION agree that any cost-of-living adjustment(s) approved within the DIVISION's State General Fund budget for the services described in paragraph A, above, will be used to reduce the amount of local funds required, rather than being used to increase the payment rate and total payment amount for the services. Any overpayment of local funds resulting from this provision will be used to offset local funds required in subsequent fiscal periods, following procedures described in paragraph D., Overpayment of Local Funds, below.

D. Reduction of Award

DIVISION may reduce the amount payable to COUNTY for Case Management, up to a maximum of the DD 48 amount subject to these special conditions, if COUNTY fails to maintain at least the average monthly levels of generated FFP as specified in paragraph C.1, above. In making any such reduction, the following policies and procedures will apply:

1. The reduction may be made through a Revised Grant Award approved by both COUNTY and DIVISION, or unilaterally by DIVISION through adjustments to payments. DIVISION will not recover local or federal funds, nor reduce local fund requirements, for the time period prior to the effective date of the Revised Grant Award making the reduction, or the date when DIVISION notifies COUNTY that DIVISION will reduce future payments.
2. COUNTY and DIVISION acknowledge and agree that all or a portion of any deficit in required FFP amounts might be attributable to COUNTY's inability to provide the level of increased services associated with the funds subject to these special conditions. If this circumstance occurs, DIVISION will recalculate both the COUNTY match and FFP based on the actual amount of service increase COUNTY was able to provide for 1999-2001, as documented in CPMS. DIVISION will then reduce payment to COUNTY to reflect the recalculated FFP portion of Case Management funded with Local Matching Funds and Title XIX.
3. Any overpayment of COUNTY match, as a result of actions described in items D.1 or 2. above, or for any other reason, will not be refunded to COUNTY by DIVISION. Instead, DIVISION will reduce local match required by COUNTY under the next biennial Agreement between the DIVISION and COUNTY which includes the provision of locally matched Case Management services. The reduction in local match will equal the amount of overpayment under the current Agreement.

- E. Except as modified above, the Special Conditions in this section do not alter the requirements stated under Payment Procedures for DD 49 in Exhibit A of the Agreement.

MULTNOMAH, page 7

Regional Coordinator assigned to COUNTY. Change in the use of these funds is limited to provision of Developmental Disability Services as defined in this Grant Agreement, and is subject to readjustment of the Title XIX amount, depending upon eligibility of the proposed services for Medicaid funding. Any change in use of the funds must be confirmed through a Revised Grant Award.

D0024-15 Local Matching Funds and Title XIX Collections for Case Management (DD 48): Developmental Disability Case Management (DD 48) funds indicated with this Special Condition are subject to the following:

- A. The amount of DD 48 funds subject to these conditions represents payments to COUNTY which will consist of the required combination of Title XIX (Medicaid) Federal Financial Participation (FFP) and COUNTY matching funds.
- B. COUNTY match:
 - 1. COUNTY will provide **\$921,653** of local funds in 1999-2000, and **\$921,653** in 2000-2001, to match Medicaid funds. Match must be COUNTY General Fund dollars.
 - 2. Local matching funds for each fiscal year must be received by DIVISION as lump sum payments prior to any DIVISION payment of the respective annual amounts subject to these special conditions. Payment of each fiscal year's amount subject to these conditions will begin in the monthly allotment that first occurs, for that year, after DIVISION receipt of required annual local funds in full.
- C. FFP Service Levels:
 - 1. Services must be delivered to DD eligible individuals at a level sufficient to generate FFP at an average minimum amount of **\$160,277** per month, for the period 7/1/99 through 6/30/00, and **\$159,303** per month, for the period 7/1/00 through 6/30/01.
 - 2. The minimum monthly FFP cited in C.1., above, represents FFP for all COUNTY Title XIX-eligible DD case management services reported through CPMS, including services provided with funds subject to these special conditions.

MULTNOMAH, page 6

- D0024-9** "Level 1" Employment Services: Each person to be served at this level must be involved in employment activities, alternatives to employment, or a combination of employment and alternatives, all as defined in Exhibit A for DD 54 of this Agreement, for a minimum of five (5) hours per day, five (5) days per week.
- D0024-10** "Level 2" Employment Services: Each person to be served at this level must be working in individual community-based employment, as defined in Exhibit A for DD 54 of this Agreement, for a minimum of five (5) to eight (8) hours per day, five (5) days per week.
- D0024-11** "Level 3" Employment Services: Each person to be served at this level must receive employment activities, alternatives to employment, or a combination of employment and alternatives, all as defined in Exhibit A for DD 54 of this Agreement, as appropriate the individual, as documented in the Individual Support Plan (ISP). DD 54 services at this level are anticipated to involve less than five (5) hours per day, five (5) days per week, and may be provided either in or out of the individual's home, depending on the person's needs and preferences.
- D0024-12** Special Projects (DD 57) Performance Requirement(s): Funds designated with this "Spec Cond#" in the Grant Award are for extraordinary costs of administering payment of Diversion (DD 44) funds.
- D0024-13** Special Projects (DD 57) Performance Requirement(s): Specialized residential services must be provided to a designated individual (Brian K., CPMS coded RIERIA-650630).
- D0024-14** Special Reporting Requirement for a Portion of Foster Home (DD 58) Limitation: Funds subject to this Special Condition consist of an amount transferred at COUNTY's request from another service element, plus an increase consisting of DIVISION Title XIX (Medicaid) matching funds. The transfer and addition of Title XIX was approved by DIVISION with the understanding that the resulting DD 58 amount will be used for crisis services, consistent with the "Regional Plan for Crisis and Back-Up Services", as described in Exhibit A for DD 157 of the Grant Agreement. If COUNTY decides to use these funds for other purposes, COUNTY will immediately notify DIVISION's Office of Developmental Disability Services

MULTNOMAH, page 5

- III. Other Special Conditions: Special Conditions listed below apply to funds indicated by the corresponding number in the column headed "Spec Cond#" in this Grant Award:

<u>Spec Cond#</u>	<u>Requirements</u>
D0024-7	<u>High School Transition Services (DD 90), Special Performance Requirement</u> : For each fiscal year in which DD 90 funds are included in the Grant Award, at least twenty (20) individuals must be placed in jobs which do not require long-term, ongoing DIVISION support, unless otherwise approved in writing by DIVISION. Individuals placed in qualifying jobs in one year may not be counted in another year under this Agreement. Placements for each fiscal year must be completed no later than the end of that fiscal year (June 30).
D0024-8	<u>Special Performance Requirements for Community Integration Project IV, #16, Employment and Alternative Services (DD 54) Funds</u> : DD 54 funds identified with this special condition are based on a service plan approved by DIVISION, to serve 3-4 individuals included in DIVISION's Community Integration Project (CIP IV, Project #16). In conformance with that plan, and unless otherwise approved in writing by DIVISION: A. The number of individuals to be served may be increased by DIVISION, by one (1) person, with no increase in funding. Any such increase in required service units will be included in a Revised Grant Agreement. B. The following services will be provided: 1. A minimum of 6 hours per day, 5 days per week, of Employment (DD 54) services for each individual in the project. Work will consist of mobile recycling services, with customer route; 2. Transportation of the individuals between their home(s) and their work site(s). Transportation time may be included in the 6 hours per day required above; and 3. Staff supervision of the DD 54 services at a minimum of 2 staff per 3-4 work crew members.

<u>Spec Cond#</u>	<u>Requirements</u>
D0024-1	CIP IV/LTD Project #22 (includes #22.1 and #22.2): <ul style="list-style-type: none">➤ <u>2</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>2</u> FTEs on each swing shift; and➤ <u>2</u> FTE on each night shift.
D0024-2	SCF/LTD 4-person home operated by Alternative Services Inc. or successive subcontractor(s): <ul style="list-style-type: none">➤ <u>2</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>3</u> FTEs on each swing shift; and➤ <u>2</u> FTE on each night shift.
D0024-3	CIP IV, #16: <ul style="list-style-type: none">➤ <u>2</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>2</u> FTEs on each swing shift; and➤ <u>1</u> FTE on each night shift.
D0024-4	3-person home operated by Community Services, Inc., or successive subcontractors: <ul style="list-style-type: none">➤ <u>2</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>2</u> FTEs on each swing shift;➤ <u>1</u> FTE on each night shift; and➤ <u>1</u> FTE on-site program manager.
D0024-5	CIP V, Project #PD6: <ul style="list-style-type: none">➤ <u>3</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>3</u> FTEs on each swing shift; and➤ <u>3</u> FTE on each night shift <p>The FTE above must include one licensed nursing FTE per shift.</p>
D0024-6	CIP IV, Project #21: <ul style="list-style-type: none">➤ <u>2</u> Full-time equivalencies (FTEs) on each day shift;➤ <u>2</u> FTEs on each swing shift; and➤ <u>1</u> FTE on each night shift.

10. CIP III, Project #88:

- 2 Full-time equivalencies (FTEs) on each day shift;
- 3 FTEs on each swing shift; and
- 2 FTEs on each night shift.

11. CIP III, Project #89:

- 2 Full-time equivalencies (FTEs) on each day shift;
- 2 FTEs on each swing shift; and
- 2 FTEs on each night shift.

12. CIP III, Project #92:

- 2 Full-time equivalencies (FTEs) on each day shift;
- 3 FTEs on each swing shift; and
- 1 FTE on each night shift.

13. All other CIP II/III services will have the staff support at the level consistent with each client's Individual Service Plan (ISP).

14. At a minimum, the direct care staffing levels shown below will be maintained in each of two 5-person homes, operated by Coast Rehabilitation Services or successive subcontractor(s). These homes were originally established to serve individuals relocated from a residential training center in another County. The staffing ratio may be reduced during hours when the individuals are away from the home receiving employment or alternative day services.

- 2 Full-time equivalencies (FTEs) on each day shift;
- 2 FTEs on each swing shift; and
- 1 FTE on each night shift.

B. Staffing requirements for certain homes/projects started on or after July 1, 1995: For the following homes/projects, for which funding is identified through the specified number in the "Spec Cond#" column of this Grant Award, minimum required staffing levels are listed below. "LTD" refers to services for individuals for whom funding was approved from DIVISION's "Long-Term Diversion" budget, to prevent institutionalization. "SCF" refers to services for individuals who transferred from the State Office for Services to Children and Families (SCF) to the Mental Health and Developmental Disability Services Division system.

MULTNOMAH, page 2

3. CIP II, Project #23, #31, and #42 will each have the following staffing ratios:
 - 2 Full-time equivalencies (FTEs) on each day shift;
 - 2 FTEs on each swing shift; and
 - 2 FTEs on each night shift.
4. CIP II, Project #26 and #55 will each have the following staffing ratios:
 - 2 Full-time equivalencies (FTEs) on each day shift;
 - 3 FTEs on each swing shift; and
 - 1 FTE on each night shift.
5. CIP II, Project #77 and #78 will each have the following staffing ratio:
 - The staff to client ratio will be 1:3 for all shifts.
6. CIP II, 5-bed home transferred during 1993-95 to COUNTY from a DIVISION direct contract with Alternative Services, Inc:
 - 3 Full-time equivalencies (FTEs) on each day shift; and
 - 3 FTEs on each swing shift; and
 - 1 FTE on each night shift; and
 - 1 additional "floating" FTE for extra coverage as needed on the various shifts.
7. CIP III, Project #44:
 - 2 Full-time equivalencies (FTEs) on each day shift;
 - 2 FTEs on each swing shift; and
 - 1 FTE on each night shift.
8. CIP III, Project #63:
 - 2 Full-time equivalencies (FTEs) on each day shift;
 - 3 FTEs on each swing shift; and
 - 2 FTEs on each night shift.
9. CIP III, Project #80:
 - 2 Full-time equivalencies (FTEs) on each day shift;
 - 2 FTEs on each swing shift; and
 - 2 FTEs on each night shift.

MULTNOMAH

- I. Case Management (DD 48) Rates: Case Management (DD 48) payment rates are shown below.

	Rate Without Cost-of-Living Adjustment (COLA) ¹
Regular Rate	\$ 175.37
Intensive Rate	\$ 613.78

- ¹ Cost-of-Living Adjustments (COLAs), if approved as part of DIVISION's 1999-2001 budget, will be applied in a Revised Grant Award.

- II. Residential staffing requirements: Residential allocations for the homes/projects cited below are based on rates needed to support specified staffing ratios. The homes/projects include, but are not limited to, those serving individuals discharged from a state training center or nursing facility as part of the DIVISION's Community Integration Projects (CIP). Minimum direct care staffing levels must be maintained in residential programs as shown below.

- A. Staffing requirements for certain homes/projects started before July 1, 1995: Requirements in this section reflect continuation of services for which funding was awarded before July 1, 1995. Prior to that date, the DIVISION's contracting system did not bring forward, into a new contracting period, the link between special condition numbers and the amounts subject to these requirements. Amounts may be verified through research of DIVISION contract records. Minimum required staffing levels for the following homes/projects, started before July 1, 1995, are:

1. CIP II, Project #11:

- 3 Full-time equivalencies (FTEs) on each day shift; including 1 FTE Licensed Practical Nurse (LPN);
- 3 FTEs on each swing shift, including 1 FTE LPN; and
- 2 FTEs on each night shift, including 1 FTE LPN.

2. CIP II, Project #13:

1 staff:1 client staffing ratio each day and swing shift, except the ratio may be reduced to: 1 staff:2 clients, during hours when the individual is receiving vocational services, and 1 staff:2 clients staffing ratio each night shift.

f. Special Reporting Requirement for a Portion of Foster Home (DD 58) Limitation;

g. Local Matching Funds and Title XIX Collections for Case Management (DD 48) and Transportation (DD 53);


h. Special Payment Requirement for Regional Diversion Services (DD 44); and

i. High School Transition Services (DD 90) Special Performance Requirements.

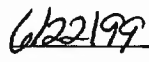
UNIT TYPE GLOSSARY

Unit Type Description	Unit Type Description	Unit Type Description
001 Generic Slot	005 Minority	010 Youth
015 SRI	020 Intensive Youth	025 Women
030 Intensive Women	035 Geriatric	040 Adult Male
045 Pregnant Women	050 Afro-American Women	ADP Average Daily Pop.
CSM Client Service Month	FTE Full Time Equivalent	SLT Slots

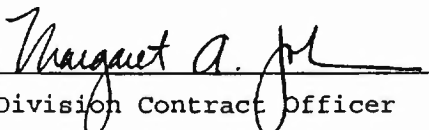
The undersigned certify and agree that this Grant Award contains statements of work which are incorporated as part of the community mental health and developmental disabilities biennial plan submitted under ORS 430.630 (7). Biennial payment amounts authorized in this document are contingent on performance of the work as specified in the Performance Requirements in Exhibits A and B of the Financial Assistance Grant Agreement, and or Special Conditions as cited in this form.



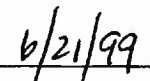
County Grant Administrator
other County Designee



Date



Division Contract Officer



Date

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GA#: 004

REASON FOR GA:

This Grant Award is for Developmental Disability (DD) services within the Governor's 1999-2001 Recommended Budget. Amounts continue service levels approved on an ongoing basis as of approximately May 1, 1999. Additional ongoing changes approved after that date will be reflected in a Revised Grant Award.

Initial Grant Awards are for the 24-month biennial budget period, except as follows:

- a. Diversion Services (DD 44) awards are estimated amounts for one year only (1999-2000). Funding will be adjusted based on a revised, statewide allocation plan to be negotiated between DIVISION and Counties.
- b. Case Management (DD 48) awards have been adjusted to create a reserve fund to be granted by DIVISION at a later time.
- c. Special Projects (DD 57) funds granted for Regional Training Programs represent only a portion of the total amount available for the 1999-2001 biennium. This initial amount provides funding for Regional Training activities, while Counties and DIVISION complete negotiations on a revised plan for distributing the training dollars across newly configured regions.
- d. High School Transition Services (DD 90) are funded for the period of time approved by DIVISION (from 12 to 24 months).
- e. Regional Crisis and Back-Up Services (DD 157) awards are based on estimated amounts, and are subject to change, to reflect a "Regional Crisis and Back-Up Services Plan" as required in Exhibit A of the Grant Agreement.

SPECIAL CONDITIONS:

1. Payment of funds in this Grant Award is subject to Legislative approval of DIVISION's 1999-2001 Budget at the level proposed in the Governor's Recommended Budget or higher.
2. Developmental Disability (DD) Grant Awards are further subject to Special Conditions included as Attachment #DD-1, and summarized as follows:
 - a. Case Management (DD 48) Rates;
 - b. Residential Staffing Requirements;
 - c. Specific Day Habilitation Funds Included in a Residential Rate;
 - d. Employment Service Requirements;
 - e. Special Projects (DD 57) Performance Requirements;

TOTAL AUTHORIZED FOR THIS GA:

\$93,843,701

As agreed in the Financial Assistance Grant Agreement, if COUNTY fails to respond to this GA by 08/20/99 , it will be deemed a rejection by DIVISION.

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GRANT AWARD#: 004

DEVELOPMENTAL DISABILITY SERVICES

SECTION: 2
EXCEEDS REQUIREMENTS OF SECTION 1

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#	
A	7/1999- 6/2000	N/A	\$48,424	\$0	3. SLT	50B	D0024	9
A	7/1999- 6/2000	N/A	\$22,507	\$0	1. SLT	50B	D0024	10
A	7/1999- 6/2000	N/A	\$9,776	\$0	1. SLT	50B	D0024	11
A	7/1999- 6/2000	N/A	\$81,452	\$0	3. SLT	N/A	D0024	8
A	7/2000- 6/2001	N/A	\$48,424	\$0	3. SLT	50B	D0024	9
A	7/2000- 6/2001	N/A	\$22,507	\$0	1. SLT	50B	D0024	10
A	7/2000- 6/2001	N/A	\$9,776	\$0	1. SLT	50B	D0024	11
A	7/2000- 6/2001	N/A	\$81,452	\$0	3. SLT	N/A	D0024	8
SUBTOTAL SE# 54			\$324,318	\$0				

SE# 57 DD-SPECIAL PROJECTS

A	7/1999- 6/2000	RIERIA-650630	\$11,873	\$0	1. SLT	N/A	D0024	13
A	7/1999- 6/2000	N/A	\$6,370	\$0	0. N/A	N/A	D0024	12
A	7/2000- 6/2001	RIERIA-650630	\$11,873	\$0	1. SLT	N/A	D0024	13
A	7/2000- 6/2001	N/A	\$6,370	\$0	0. N/A	N/A	D0024	12
SUBTOTAL SE# 57			\$36,486	\$0				

SE# 58 DD NON-RELATIVE FOSTER HOMES

B	7/1999- 6/2000	N/A	\$30,524	\$0	0. N/A	N/A	D0024	14
B	7/2000- 6/2001	N/A	\$30,524	\$0	0. N/A	N/A	D0024	14
SUBTOTAL SE# 58			\$61,048	\$0				

SE# 90 HIGH SCHOOL TRANSITION

A	7/1999- 3/2000	N/A	\$93,908	\$0	153. CSM	N/A	D0024	7
A	4/2000- 6/2000	N/A	\$29,461	\$0	48. CSM	N/A	D0024	7
SUBTOTAL SE# 90			\$123,369	\$0				

TOTAL SECTION 2 \$9,781,203 \$0

TOTAL AUTHORIZED FOR DEVELOPMENTAL DISABILITY SERVICES \$93,843,701

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GRANT AWARD#: 004

DEVELOPMENTAL DISABILITY SERVICES

SECTION: 2
EXCEEDS REQUIREMENTS OF SECTION 1

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 44 DD DIVERSION-CRISIS INTRVNTION							
A	7/1999- 6/2000	N/A	\$333,379	\$0	0. N/A	N/A	D0024 16
SUBTOTAL SE# 44			\$333,379	\$0			
SE# 48 CASE MANAGEMENT							
A	7/1999- 6/2000	N/A	\$2,310,342	\$0	0. CSM	N/A	D0024 15
A	7/2000- 6/2001	N/A	\$2,289,395	\$0	0. CSM	N/A	D0024 15
SUBTOTAL SE# 48			\$4,599,737	\$0			
SE# 50 RESIDENTIAL FACILITIES							
A	7/1999- 6/2000	N/A	\$315,297	\$0	4. SLT	N/A	D0024 1
A	7/1999- 6/2000	N/A	\$292,024	\$0	4. SLT	N/A	D0024 2
A	7/1999- 6/2000	N/A	\$135,294	\$0	1. SLT	N/A	D0024 3
A	7/1999- 6/2000	N/A	\$259,084	\$0	3. SLT	N/A	D0024 4
A	7/2000- 6/2001	N/A	\$315,297	\$0	4. SLT	N/A	D0024 1
A	7/2000- 6/2001	N/A	\$292,024	\$0	4. SLT	N/A	D0024 2
A	7/2000- 6/2001	N/A	\$135,294	\$0	1. SLT	N/A	D0024 3
A	7/2000- 6/2001	N/A	\$259,084	\$0	3. SLT	N/A	D0024 4
SUBTOTAL SE# 50			\$2,003,398	\$0			
SE# 51 SUPPORTED LIVING SERVICES							
A	7/1999- 6/2000	N/A	\$42,012	\$0	1. SLT	N/A	D0024 6
A	7/2000- 6/2001	N/A	\$42,012	\$0	1. SLT	N/A	D0024 6
SUBTOTAL SE# 51			\$84,024	\$0			
SE# 53 TRANSPORTATION							
A	7/1999- 6/2000	N/A	\$1,107,722	\$0	0. SLT	N/A	D0024 17
A	7/2000- 6/2001	N/A	\$1,107,722	\$0	0. SLT	N/A	D0024 17
SUBTOTAL SE# 53			\$2,215,444	\$0			
SE# 54 EMPLOYMENT & ALTERNATIVE SERV							

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GRANT AWARD#: 004

DEVELOPMENTAL DISABILITY SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 57 DD-SPECIAL PROJECTS							
A	7/1999-12/1999	N/A	\$12,683	\$0	0. N/A	57A	
SUBTOTAL SE# 57			\$12,683	\$0			
SE# 58 DD NON-RELATIVE FOSTER HOMES							
B	7/1999- 6/2000	N/A	\$3,960,660	\$0	0. N/A	N/A	
B	7/2000- 6/2001	N/A	\$3,960,660	\$0	0. N/A	N/A	
SUBTOTAL SE# 58			\$7,921,320	\$0			
SE# 59 RELATIVE ADULT FOSTER CARE							
B	7/1999- 6/2000	N/A	\$9,564	\$0	6. SLT	N/A	
B	7/2000- 6/2001	N/A	\$9,564	\$0	6. SLT	N/A	
SUBTOTAL SE# 59			\$19,128	\$0			
SE# 157 REGIONAL CRISIS & BACKUP SVCS							
A	7/1999- 6/2000	N/A	\$345,814	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$345,814	\$0	0. CSM	N/A	
SUBTOTAL SE# 157			\$691,628	\$0			
TOTAL SECTION 1			\$84,062,498	\$0			

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GRANT AWARD#: 004

DEVELOPMENTAL DISABILITY SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 50 RESIDENTIAL FACILITIES							
A	7/1999- 6/2000	N/A	\$630,262	\$0	10. SLT		
A	7/1999- 6/2000	N/A	\$19,213,270	\$0	385. SLT	N/A	
A	7/2000- 6/2001	N/A	\$630,262	\$0	10. SLT		
A	7/2000- 6/2001	N/A	\$19,213,270	\$0	385. SLT	N/A	
SUBTOTAL SE# 50			\$39,687,064	\$0			
SE# 51 SUPPORTED LIVING SERVICES							
A	7/1999- 6/2000	N/A	\$103,761	\$0	1. SLT	50B	
A	7/1999- 6/2000	N/A	\$3,886,909	\$0	103. SLT	N/A	
A	7/2000- 6/2001	N/A	\$103,761	\$0	1. SLT	50B	
A	7/2000- 6/2001	N/A	\$3,886,909	\$0	103. SLT	N/A	
SUBTOTAL SE# 51			\$7,981,340	\$0			
SE# 53 TRANSPORTATION							
A	7/1999- 6/2000	N/A	\$21,281	\$0	6. SLT	50B	
A	7/1999- 6/2000	N/A	\$1,119,363	\$0	427. SLT	N/A	
A	7/2000- 6/2001	N/A	\$21,281	\$0	6. SLT	50B	
A	7/2000- 6/2001	N/A	\$1,119,363	\$0	427. SLT	N/A	
SUBTOTAL SE# 53			\$2,281,288	\$0			
SE# 54 EMPLOYMENT & ALTERNATIVE SERV							
A	7/1999- 6/2000	N/A	\$8,281,362	\$0	856. SLT	N/A	
A	7/2000- 6/2001	N/A	\$8,281,362	\$0	856. SLT	N/A	
SUBTOTAL SE# 54			\$16,562,724	\$0			
SE# 56 RENT SUBSIDIES							
A	7/1999- 6/2000	N/A	\$260,735	\$0	155. SLT	N/A	
A	7/2000- 6/2001	N/A	\$260,735	\$0	155. SLT	N/A	
SUBTOTAL SE# 56			\$521,470	\$0			

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)
1999-2001

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/21/99

AGREEMENT#: 26-001
GRANT AWARD#: 004

DEVELOPMENTAL DISABILITY SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 44 DD DIVERSION-CRISIS INTRVNTION							
A	7/1999- 6/2000	N/A	\$301,370	\$0	0. N/A	N/A	
A	7/2000- 6/2001	N/A	\$255,908	\$0	0. N/A	N/A	
SUBTOTAL SE# 44			\$557,278	\$0			
SE# 45 NURSING HOME SERVICE							
A	7/1999- 6/2000	N/A	\$126,886	\$0	20. SLT	N/A	
A	7/2000- 6/2001	N/A	\$126,886	\$0	20. SLT	N/A	
SUBTOTAL SE# 45			\$253,772	\$0			
SE# 47 SEMI-INDEPENDENT LIVING							
A	7/1999- 6/2000	N/A	\$214,946	\$0	9.175 FTE	N/A	
A	7/2000- 6/2001	N/A	\$214,946	\$0	9.175 FTE	N/A	
SUBTOTAL SE# 47			\$429,892	\$0			
SE# 48 CASE MANAGEMENT							
A	7/1999- 6/2000	N/A	\$2,104	\$0	0. CSM	50B	
A	7/1999- 6/2000	N/A	\$2,468,582	\$0	0. CSM	N/A	
A	7/2000- 5/2001	N/A	-\$1,968	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$2,104	\$0	0. CSM	50B	
A	7/2000- 6/2001	N/A	\$2,470,729	\$0	0. CSM	N/A	
SUBTOTAL SE# 48			\$4,941,551	\$0			
SE# 49 SELF DIR INDIV & FAMILY SUPPOR							
A	7/1999- 6/2000	N/A	\$1,040,680	\$0	0. N/A	N/A	
A	7/2000- 6/2001	N/A	\$1,160,680	\$0	0. N/A	N/A	
SUBTOTAL SE# 49			\$2,201,360	\$0			

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/07/99

CONTRACT#: 26-001

RGA#: 002

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE# 88		\$0	\$0	\$4,084	\$4,084		
89	MARIJUANA EVALUAT'N SPECIALIST	\$0	\$0	\$1,874	\$1,874		0./CSM
TOTAL SE# 89		\$0	\$0	\$1,874	\$1,874		
99	METHADONE-DETOX	\$0	\$0	\$5,010	\$5,010		2./001
TOTAL SE# 99		\$0	\$0	\$5,010	\$5,010		
CONTRACT TOTAL		\$0	\$0	\$10,931,084	\$10,931,084		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/07/99

RGA#: 002

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
66	CONTINUUM OF CARE	\$0	\$0	\$8,727,898	\$8,727,898		3976./055
TOTAL SE# 66		\$0	\$0	\$8,727,898	\$8,727,898		
68	DUII CONVICTED LEVEL II	\$0	\$0	\$13,474	\$13,474		0./CSM
TOTAL SE# 68		\$0	\$0	\$13,474	\$13,474		
70	PREVENTION & E.I.	\$0	\$0	\$469,458	\$469,458		0./CSM
TOTAL SE# 70		\$0	\$0	\$469,458	\$469,458		
71	CIRTS	\$0	\$0	\$729,280	\$729,280		32./001
71	CIRTS	\$0	\$0	\$177,172	\$177,172		8./025
TOTAL SE# 71		\$0	\$0	\$906,452	\$906,452		
78	DUII CONVICTED LEVEL II	\$0	\$0	\$800,792	\$800,792		0./CSM
TOTAL SE# 78		\$0	\$0	\$800,792	\$800,792		
87	MARIJUANA EDUCATION LEVEL I	\$0	\$0	\$2,042	\$2,042		0./CSM
TOTAL SE# 87		\$0	\$0	\$2,042	\$2,042		
88	MARIJUANA TREATMENT LEVEL II	\$0	\$0	\$4,084	\$4,084		0./CSM

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part B

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/07/99

RGA#: 002

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
68	DUII CONVICTED LEVEL II	\$0	\$0	\$13,474	\$13,474		0./CSM
TOTAL SE# 68		\$0	\$0	\$13,474	\$13,474		
78	DUII CONVICTED LEVEL II	\$0	\$0	\$800,792	\$800,792		0./CSM
TOTAL SE# 78		\$0	\$0	\$800,792	\$800,792		
87	MARIJUANA EDUCATION LEVEL I	\$0	\$0	\$2,042	\$2,042		0./CSM
TOTAL SE# 87		\$0	\$0	\$2,042	\$2,042		
88	MARIJUANA TREATMENT LEVEL II	\$0	\$0	\$4,084	\$4,084		0./CSM
TOTAL SE# 88		\$0	\$0	\$4,084	\$4,084		
89	MARIJUANA EVALUAT'N SPECIALIST	\$0	\$0	\$1,874	\$1,874		0./CSM
TOTAL SE# 89		\$0	\$0	\$1,874	\$1,874		
		\$0	\$0	\$822,266	\$822,266		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/07/99

CONTRACT#: 26-001

RGA#: 002

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
66	CONTINUUM OF CARE	\$0	\$0	\$8,727,898	\$8,727,898		3976./055
TOTAL SE# 66		\$0	\$0	\$8,727,898	\$8,727,898		
70	PREVENTION & E.I.	\$0	\$0	\$469,458	\$469,458		0./CSM
TOTAL SE# 70		\$0	\$0	\$469,458	\$469,458		
71	CIRTS	\$0	\$0	\$729,280	\$729,280		32./001
71	CIRTS	\$0	\$0	\$177,172	\$177,172		8./025
TOTAL SE# 71		\$0	\$0	\$906,452	\$906,452		
99	METHADONE-DETOX	\$0	\$0	\$5,010	\$5,010		2./001
TOTAL SE# 99		\$0	\$0	\$5,010	\$5,010		
		\$0	\$0	\$10,108,818	\$10,108,818		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/07/99

AGREEMENT#: 26-001
GA#: 002

REASON FOR GA:

Provides for initial payment approval of Alcohol and Drug Services under the Governor's Recommended Budget.

SPECIAL CONDITIONS:

Payment of funds in this Grant Award is subject to Legislative approval of DIVISION's 1999-2001 Budget at the level proposed in the Governor's Recommended Budget or higher.

UNIT TYPE GLOSSARY

Unit Type Description	Unit Type Description	Unit Type Description
001 Generic Slot	005 Minority	010 Youth
015 SRI	020 Intensive Youth	025 Women
030 Intensive Women	035 Geriatric	040 Adult Male
045 Pregnant Women	050 Afro-American Women	ADP Average Daily Pop.
CSM Client Service Month	FTE Full Time Equivalent	SLT Slots

The undersigned certify and agree that this Grant Award contains statements of work which are incorporated as part of the community mental health and developmental disabilities biennial plan submitted under ORS 430.630 (7). Biennial payment amounts authorized in this document are contingent on performance of the work as specified in the Performance Requirements in Exhibits A and B of the Financial Assistance Grant Agreement, and or Special Conditions as cited in this form.

Lorenzo Poe
County Grant Administrator
other County Designee

6/22/99
Date

Maynard Hammer
Division Contract Officer

6/18/99
Date

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/07/99

AGREEMENT#: 26-001
GRANT AWARD#: 002

ALCOHOL AND DRUG SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 87 MARIJUANA EDUCATION LEVEL I							
B	7/1999- 6/2000	N/A	\$1,021	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$1,021	\$0	0. CSM	N/A	
SUBTOTAL SE# 87			\$2,042	\$0			
SE# 88 MARIJUANA TREATMENT LEVEL II							
B	7/1999- 6/2000	N/A	\$2,042	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$2,042	\$0	0. CSM	N/A	
SUBTOTAL SE# 88			\$4,084	\$0			
SE# 89 MARIJUANA EVALUAT'N SPECIALIST							
B	7/1999- 6/2000	N/A	\$937	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$937	\$0	0. CSM	N/A	
SUBTOTAL SE# 89			\$1,874	\$0			
SE# 99 METHADONE-DETOX							
A	7/1999- 6/2000	N/A	\$2,505	\$0	1. 001	N/A	
A	7/2000- 6/2001	N/A	\$2,505	\$0	1. 001	N/A	
SUBTOTAL SE# 99			\$5,010	\$0			
TOTAL SECTION 1			\$10,931,084	\$0			
TOTAL AUTHORIZED FOR ALCOHOL AND DRUG SERVICES					\$10,931,084		

TOTAL AUTHORIZED FOR THIS GA: \$10,931,084

As agreed in the Financial Assistance Grant Agreement, if COUNTY fails to respond to this GA by 08/06/99 , it will be deemed a rejection by DIVISION.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Grant Award (GA)

1999-2001

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/07/99

AGREEMENT#: 26-001
GRANT AWARD#: 002

ALCOHOL AND DRUG SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit	EXHIB B	Spec
					Units Type	Codes	Cond#
SE# 66 CONTINUUM OF CARE							
A	7/1999- 6/2000	N/A	\$4,363,949	\$0	1988. 055	N/A	
A	7/2000- 6/2001	N/A	\$4,363,949	\$0	1988. 055	N/A	
SUBTOTAL SE# 66			\$8,727,898	\$0			
SE# 68 DUII CONVICTED LEVEL II							
B	7/1999- 6/2000	N/A	\$6,737	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$6,737	\$0	0. CSM	N/A	
SUBTOTAL SE# 68			\$13,474	\$0			
SE# 70 PREVENTION & E.I.							
A	7/1999- 6/2000	N/A	\$234,729	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$234,729	\$0	0. CSM	N/A	
SUBTOTAL SE# 70			\$469,458	\$0			
SE# 71 CIRTS							
A	7/1999- 6/2000	N/A	\$364,640	\$0	16. 001	N/A	
A	7/1999- 6/2000	N/A	\$88,586	\$0	4. 025	N/A	
A	7/2000- 6/2001	N/A	\$364,640	\$0	16. 001	N/A	
A	7/2000- 6/2001	N/A	\$88,586	\$0	4. 025	N/A	
SUBTOTAL SE# 71			\$906,452	\$0			
SE# 78 DUII CONVICTED LEVEL II							
B	7/1999- 6/2000	N/A	\$400,396	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$400,396	\$0	0. CSM	N/A	
SUBTOTAL SE# 78			\$800,792	\$0			

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/07/99

CONTRACT#: 26-001

RGA#: 001

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
1	LOCAL ADMINISTRATION	\$0	\$0	\$47,560	\$47,560	01A	0./CSM
1	LOCAL ADMINISTRATION	\$0	\$0	\$2,972,950	\$2,972,950		0./CSM
TOTAL SE#	1	\$0	\$0	\$3,020,510	\$3,020,510		
CONTRACT TOTAL		\$0	\$0	\$3,020,510	\$3,020,510		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/07/99

CONTRACT#: 26-001

RGA#: 001

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
1	LOCAL ADMINISTRATION	\$0	\$0	\$47,560	\$47,560	01A	0./CSM
1	LOCAL ADMINISTRATION	\$0	\$0	\$2,972,950	\$2,972,950		0./CSM
TOTAL SE# 1		\$0	\$0	\$3,020,510	\$3,020,510		
		\$0	\$0	\$3,020,510	\$3,020,510		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/07/99

AGREEMENT#: 26-001
GA#: 001

REASON FOR GA:

Provides for initial payment approval of Local Administration under the Governor's Recommended Budget.

SPECIAL CONDITIONS:

Payment of funds in this Grant Award is subject to Legislative approval of DIVISION's 1999-2001 Budget at the level proposed in the Governor's Recommended Budget or higher.

UNIT TYPE GLOSSARY

Unit Type Description	Unit Type Description	Unit Type Description
001 Generic Slot	005 Minority	010 Youth
015 SRI	020 Intensive Youth	025 Women
030 Intensive Women	035 Geriatric	040 Adult Male
045 Pregnant Women	050 Afro-American Women	ADP Average Daily Pop.
CSM Client Service Month	FTE Full Time Equivalent	SLT Slots

The undersigned certify and agree that this Grant Award contains statements of work which are incorporated as part of the community mental health and developmental disabilities biennial plan submitted under ORS 430.630 (7). Biennial payment amounts authorized in this document are contingent on performance of the work as specified in the Performance Requirements in Exhibits A and B of the Financial Assistance Grant Agreement, and or Special Conditions as cited in this form.


County Grant Administrator
other County Designee

6/22/99
Date


Division Contract Officer

6/18/99
Date

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)
1999-2001

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/07/99

AGREEMENT#: 26-001
GRANT AWARD#: 001

LOCAL ADMINISTRATION

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 1 LOCAL ADMINISTRATION							
A	7/1999- 6/2000	N/A	\$23,780	\$0	0. CSM	01A	
A	7/1999- 6/2000	N/A	\$1,486,475	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$23,780	\$0	0. CSM	01A	
A	7/2000- 6/2001	N/A	\$1,486,475	\$0	0. CSM	N/A	
SUBTOTAL SE# 1			\$3,020,510	\$0			
TOTAL SECTION 1			\$3,020,510	\$0			

TOTAL AUTHORIZED FOR LOCAL ADMINISTRATION \$3,020,510

TOTAL AUTHORIZED FOR THIS GA: \$3,020,510

As agreed in the Financial Assistance Grant Agreement, if COUNTY fails to respond to this GA by 08/06/99 , it will be deemed a rejection by DIVISION.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/10/1999

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE# 39		\$0	\$0	\$462,500	\$462,500		
129	RES/MED SERVICES	\$0	\$0	\$1,951,805	\$1,951,805		44./SLT
TOTAL SE# 129		\$0	\$0	\$1,951,805	\$1,951,805		
CONTRACT TOTAL		\$0	\$0	\$31,771,374	\$31,771,374		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/10/1999

CONTRACT#: 26-001

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE#	30	\$0	\$0	\$1,586,685	\$1,586,685		
31	ENHANCED CARE SERVICES	\$0	\$0	\$807,410	\$807,410	20C	0./CSM
31	ENHANCED CARE SERVICES	\$0	\$0	\$197,311	\$197,311		30./SLT
TOTAL SE#	31	\$0	\$0	\$1,004,721	\$1,004,721		
34	ADULT FOSTER CARE MHS	\$0	\$0	\$927,008	\$927,008		0./CSM
TOTAL SE#	34	\$0	\$0	\$927,008	\$927,008		
35	OLDER/DISABLED ADULT MH SVCS	\$0	\$0	\$235,508	\$235,508	35A	0./CSM
35	OLDER/DISABLED ADULT MH SVCS	\$0	\$0	\$59,202	\$59,202	35B	0./CSM
TOTAL SE#	35	\$0	\$0	\$294,710	\$294,710		
37	MHS SPECIAL PROJECTS	\$0	\$0	\$3,368,779	\$3,368,779	20C	0./CSM
37	MHS SPECIAL PROJECTS	\$0	\$0	\$475,790	\$475,790		0./CSM
TOTAL SE#	37	\$0	\$0	\$3,844,569	\$3,844,569		
38	SUPPORTED EMPLOYMENT SERVCS	\$0	\$0	\$418,841	\$418,841		1000./CSM
TOTAL SE#	38	\$0	\$0	\$418,841	\$418,841		
39	CSS-HOMELESS	\$0	\$0	\$462,500	\$462,500		0./CSM

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Summary

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULINOMAH COUNTY

CONTRACT#: 26-001

DATE: 06/10/1999

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$388,863	\$388,863	20C	0./CSM
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$2,520,995	\$2,520,995		0./CSM
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$154,512	\$154,512		12./SLT
TOTAL SE# 20		\$0	\$0	\$3,064,370	\$3,064,370		
22	COMMUNITY TRMT SVS FOR CHLDR	\$0	\$0	\$536,427	\$536,427	22A	20./SLT
22	COMMUNITY TRMT SVS FOR CHLDR	\$0	\$0	\$2,073,528	\$2,073,528		0./CSM
TOTAL SE# 22		\$0	\$0	\$2,609,955	\$2,609,955		
24	ACUTE CARE MHS	\$0	\$0	\$4,880,824	\$4,880,824		13.86666/ADP
TOTAL SE# 24		\$0	\$0	\$4,880,824	\$4,880,824		
25	CRISIS MHS	\$0	\$0	\$6,639,760	\$6,639,760		0./CSM
TOTAL SE# 25		\$0	\$0	\$6,639,760	\$6,639,760		
28	RESIDENTIAL CARE FACILITY	\$0	\$0	\$1,028,087	\$1,028,087	20C	70./SLT
28	RESIDENTIAL CARE FACILITY	\$0	\$0	\$3,057,539	\$3,057,539		320./SLT
TOTAL SE# 28		\$0	\$0	\$4,085,626	\$4,085,626		
30	PSRB	\$0	\$0	\$223,178	\$223,178	20C	16./SLT
30	PSRB	\$0	\$0	\$1,363,507	\$1,363,507		140./SLT

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part B

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/10/1999

CONTRACT#: 26-001

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$388,863	\$388,863	20C	0./CSM
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$154,512	\$154,512		12./SLT
TOTAL SE# 20		\$0	\$0	\$543,375	\$543,375		
22	COMMUNITY TRTMT SVS FOR CHLDR	\$0	\$0	\$536,427	\$536,427	22A	20./SLT
22	COMMUNITY TRTMT SVS FOR CHLDR	\$0	\$0	\$1,266,175	\$1,266,175		0./CSM
TOTAL SE# 22		\$0	\$0	\$1,802,602	\$1,802,602		
31	ENHANCED CARE SERVICES	\$0	\$0	\$807,410	\$807,410	20C	0./CSM
TOTAL SE# 31		\$0	\$0	\$807,410	\$807,410		
34	ADULT FOSTER CARE MHS	\$0	\$0	\$927,008	\$927,008		0./CSM
TOTAL SE# 34		\$0	\$0	\$927,008	\$927,008		
37	MHS SPECIAL PROJECTS	\$0	\$0	\$2,785,749	\$2,785,749	20C	0./CSM
TOTAL SE# 37		\$0	\$0	\$2,785,749	\$2,785,749		
		\$0	\$0	\$6,866,144	\$6,866,144		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/10/1999

CONTRACT#: 26-001

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
TOTAL SE# 31		\$0	\$0	\$197,311	\$197,311		
35	OLDER/DISABLED ADULT MH SVCS	\$0	\$0	\$235,508	\$235,508	35A	0./CSM
35	OLDER/DISABLED ADULT MH SVCS	\$0	\$0	\$59,202	\$59,202	35B	0./CSM
TOTAL SE# 35		\$0	\$0	\$294,710	\$294,710		
37	MHS SPECIAL PROJECTS	\$0	\$0	\$583,030	\$583,030	20C	0./CSM
37	MHS SPECIAL PROJECTS	\$0	\$0	\$475,790	\$475,790		0./CSM
TOTAL SE# 37		\$0	\$0	\$1,058,820	\$1,058,820		
38	SUPPORTED EMPLOYMENT SERVCs	\$0	\$0	\$418,841	\$418,841		1000./CSM
TOTAL SE# 38		\$0	\$0	\$418,841	\$418,841		
39	CSS-HOMELESS	\$0	\$0	\$462,500	\$462,500		0./CSM
TOTAL SE# 39		\$0	\$0	\$462,500	\$462,500		
129	RES/MED SERVICES	\$0	\$0	\$1,951,805	\$1,951,805		44./SLT
TOTAL SE# 129		\$0	\$0	\$1,951,805	\$1,951,805		
		\$0	\$0	\$24,905,230	\$24,905,230		

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION

Revised Grant Award (RGA)

RGA Totals

Part A

1999-2001

***** INFORMATION ONLY *****

CONTRACTOR: MULTNOMAH COUNTY

DATE: 06/10/1999

CONTRACT#: 26-001

RGA#: 003

SE#	DESCRIPTION	CURRENT APPROVED	CURRENT PENDING	PROPOSED CHANGE	REVISED TOTAL	EXHIBIT B	SERVICE UNITS/TYPE
20	NON-RESIDENTIAL ADULT MH SERV	\$0	\$0	\$2,520,995	\$2,520,995		0./CSM
TOTAL SE# 20		\$0	\$0	\$2,520,995	\$2,520,995		
22	COMMUNITY TRTMT SVS FOR CHLDR	\$0	\$0	\$807,353	\$807,353		0./CSM
TOTAL SE# 22		\$0	\$0	\$807,353	\$807,353		
24	ACUTE CARE MHS	\$0	\$0	\$4,880,824	\$4,880,824		13.86666/ADP
TOTAL SE# 24		\$0	\$0	\$4,880,824	\$4,880,824		
25	CRISIS MHS	\$0	\$0	\$6,639,760	\$6,639,760		0./CSM
TOTAL SE# 25		\$0	\$0	\$6,639,760	\$6,639,760		
28	RESIDENTIAL CARE FACILITY	\$0	\$0	\$1,028,087	\$1,028,087	20C	70./SLT
28	RESIDENTIAL CARE FACILITY	\$0	\$0	\$3,057,539	\$3,057,539		320./SLT
TOTAL SE# 28		\$0	\$0	\$4,085,626	\$4,085,626		
30	PSRB	\$0	\$0	\$223,178	\$223,178	20C	16./SLT
30	PSRB	\$0	\$0	\$1,363,507	\$1,363,507		140./SLT
TOTAL SE# 30		\$0	\$0	\$1,586,685	\$1,586,685		
31	ENHANCED CARE SERVICES	\$0	\$0	\$197,311	\$197,311		30./SLT

NOTE: The amounts in the "REVISED TOTAL" column include amounts reported in the "CURRENT PENDING" column that have not yet been accepted/approved. Therefore, these amounts may change.

Protective Services

Community programs and community facilities are required to investigate and report allegations of abuse that involve adult consumers of mental health services and to provide protective services to prevent further abuse. These protective service, investigation, and reporting requirements are defined by ORS 430.734 through 430.765 "Abuse Reporting for Mentally Ill or Developmentally Disabled", and OAR 309-40-200 through 309-40-290 "Abuse Reporting and Protective Services in Community Programs and Community Facilities".

A. Handling of Abuse Allegations - Initial Actions

Upon receiving a report of alleged abuse, a community program or community facility must notify DIVISION immediately by telephone, complete and forward an "Initial Complaint Form" to DIVISION, and initiate protective services, as necessary and appropriate (OAR 309-40-230, ORS 430.737, 430.743, and 430.745).

B. Protective Services and Abuse Investigations

Community programs are required to provide protective services to adults in order to prevent further abuse as required by OAR 309-40-250 and ORS 430.745. Investigations of alleged abuse must be conducted as defined by OAR 309-40-240 and ORS 430.747 and 430.743.

C. Special Reporting Requirements

1. Reports detailing the allegation(s) of abuse and protective services provided must be completed and submitted to DIVISION as specified in OAR 309-40-260 and ORS 430.745 and 430.757. Additional information to a report may be required of a community program or community facility by DIVISION in order to fully understand and to take corrective action(s) based on the allegation(s) of abuse.
2. Community programs and community facilities will submit such special reports as may be reasonably requested by DIVISION related to the provision of protective services and allegations and reports of abuse involving adult consumers of mental health services.

REGION II PATIENT REFERRAL TO EXTENDED CARE FORM

Patient Name: _____ Date of Birth: _____

Patient Address: _____ Admission Date: _____

Community Hospital: _____ Discharge Date: _____

Treating Physician Name/Phone: _____ Social Security #: _____

Community Placement On D/C: _____ County/Agency: _____

Case Manager/ Phone: _____

Income Source/Amount: _____

AXIS I: _____

AXIS II: _____

AXIS III: _____

History of Present Illness (Include areas of concern - assaultiveness, criminal activity):

Current Medications (Date):

Recommendations for Treatment (Medications, psychosocial, expected length of stay). Please list. Be specific. Prioritize.

Fax'd to Placement: _____

Date Fax'd: _____

Fax'd to Responsible County:
Date

_____ Clackamas (655-8429)

_____ Multnomah (248-3926)
_____ Washington (693-4522)

Physician's Signature

Appendix C

PROTOCOL FOR METRO SAFETY NET ADMISSION TO OSH
FOR CLACKAMAS, MULTNOMAH AND WASHINGTON COUNTIES

Premise: Before the Metro Counties seek admission to OSH for Emergency Holds, the Counties will do everything in their power to avoid this contingency. They will use every crisis service available, investigate every appropriate respite and sub-acute bed, and will probe for every purchasable acute hospital bed within the Region. When all else fails and the consumer needs a hospital level of service and this is assessed by a County mental health professional as "medically necessary", the following protocol will be followed by the Metro Counties and State Hospital staff:

1. County staff will ensure that consumer is medically screened at a local emergency room.
2. County staff will ensure that consumer meets the emergency hold criteria stated in ORS 426, Oregon's commitment law.
3. County staff will call OSHP (731-8620) and relay all clinical information to the on-duty Nursing Coordinator.
4. OSHP Nursing Coordinator will be responsible to contact the Administrative OD and the Clinical OD to share information on potential admission.
5. OSHP will arrange a timely (within one hour) admission conference, either by telephone or in person (at discretion of OSH staff) with OSH M.D. responsible for admission.
6. OSH M.D. will evaluate potential Emergency Hold admission using ORS 426 admission criteria for emergency holds (keeping in mind the 1984 Appeals Court decision "State of Oregon vs. Jerry Smith").
7. Immediately upon acceptance of Emergency Hold admission, County staff will arrange transportation to the State Hospital campus in Portland or Salem.
8. If the consumer meets ORS 426 admission criteria for emergency hold, the consumer will be admitted. State staff will call for debriefing with County staff within 48 hours if there are issues related to uncertain or inappropriate diagnosis or issues related to the availability of purchasable beds in the Region.

Appendix B

DATE: July 15, 1994

1. Within three working days of all admissions to adult general psychiatric beds at Oregon State Hospital, and for Western Oregon patients admitted to Eastern Oregon Psychiatric Center, the state hospital and county will enter into an agreement defining treatment objectives and the expected length of stay for each person admitted.
2. Upon acceptance of this PAAF, county/regional Average Daily Population requirements in the Intergovernmental Agreement will be discontinued. County agrees to arrange community placement within one week for any person who for which it is responsible is determined by the hospital to no longer require state hospital level of care and is ready for discharge. County of responsibility will be determined using the policy attached.
3. County will accomplish community placement, inclusive of any necessary support services for the person within existing resources or through reciprocal arrangements with other counties. If, however, in order to initiate and maintain the community placement, county is required to spend funds from any source, including state funds, for enhanced service for the person, county will be liable for such costs up to a maximum of \$10,000 in any fiscal year. If such costs exceed \$10,000, county may request additional funds from the Division to serve the person. If Division funds are not available, county is not obligated under the Agreement to provide such enhanced services.
4. If a county does not effect placement within the time described above, the county will pay to the Division the per diem rate for adult general state hospital services established by the Division and charged to other third party payers. This rate will be charged for as long as the person remains a resident of a state hospital. Manner of payment will be as instructed by the Division.
5. In cases where there is disagreement between the county and the state hospital regarding whether a person is ready for discharge, an independent review of the case will occur within two weeks of the hospital's determination of a person's readiness for discharge. The independent review will be conducted by three persons, one selected by the state hospital, one by the CMHP and one selected jointly. The finding of this review is not binding on the hospital for purposes of discharge but may recommend waiving all, part, or none of the county responsibility under paragraphs 3 and 4 above. Appeals of decisions reached in this review may be made by the county to the Division Administrator.

Average Daily Population at State Hospitals

- A. Within three (3) working days of all admissions to adult general psychiatric beds, County will enter into an agreement defining treatment objectives and the expected length of stay for each person admitted.
- B. County will arrange community placement within one week for any person for whom it is responsible who is determined by the hospital to no longer require state hospital level of care and is ready for discharge.
- C. County will accomplish community placement, inclusive of any necessary support services for the person within existing resources or through reciprocal arrangements with other counties. If, however, in order to initiate and maintain the community placement, County is required to spend funds from any source, including state funds, for enhanced service for the person, County will be liable for such costs up to a maximum of \$10,000 in any fiscal year. If such costs exceed \$10,000, County may request additional funds from Division to serve the person. If Division funds are not available, County isn't obligated under the Agreement to provide such enhanced services.
- D. If County does not effect placement within the time described above, County will pay to Division the per diem rate for adult general state hospital services established by Division and charged to other third party payers. This rate will be charged for as long as the person remains a resident of a state hospital. Manner of payment will be as instructed by Division.
- E. County will participate in any independent reviews of disputed discharge plans within two weeks of the hospital's determination of a person's readiness for discharge. The finding of this review is not binding on the hospital for purposes of discharge but they recommend waiving all, part, or none of County's responsibility under paragraphs C. and D., above. Appeals of decisions reached in this review may be made by County to Division's Administrator.

Transportation and Transfer of Persons in Custody or on Diversion Grievance Procedure
(OAR 309-33-430, Sec. 5)

Purpose: To provide a mechanism for a consumer or guardian to grieve a transfer to a State Hospital, Community Hospital, or Non-Hospital Acute Care Facility.

Policy: The consumer or guardian will have the right to grieve transfer to another facility.

Procedure:

1. The consumer or guardian can express a grievance to transfer verbally or in writing.
2. When a grievance is expressed, planned transfer will be suspended immediately.
3. The facility in custody of the patient at the time will review the grievance at the treatment team level within 24 hours.
 - a. The team members must meet with the consumer/guardian to listen to the concerns and attempt to negotiate a settlement.
 - b. The team will respond with a decision in writing within 12 hours.
4. If the consumer/guardian refuses the written response, the grievance will be referred to the Extended Care Management Team.
5.
 - a. The ECMU will meet with the consumer/guardian and the treatment team within 24 hours and make a recommendation to the Administrator of the Office of Mental Health Services for a final decision.
 - b. The Administrator will respond in writing within 24 hours. This decision will be final.

		Will send trial visit change of venue to court of different county of residence, if applicable.	
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DISPUTE RESOLUTION AND PROBLEM SOLVING:

- I. Disputes arising from this Agreement between the State Hospital and CMHP will be resolved when possible at the lowest appropriate clinical and management levels.
 - A. Any conflict or problem is to be discussed directly with the CMHP/OSH staff involved as soon as possible in an effort to resolve the problem.
 - B. OSH will invite CMHP staff to participate in a Patient Care Monitoring meeting involving mutual patients/clients for in-depth discussion.
 - C. If the problem continues, the CMHP/OSH supervisory staff shall be involved to attempt to resolve the issue.
 - D. ECMU staff will maintain a log of issues/concerns as a reference resource to facilitate tracking, resolution, and progress.
 - E. The CMHP Adult Services Manager or OSH Program Director may request that an unresolved problem be referred to the hospital Superintendent and the CMHP Director for discussion and action.
 - F. The CMHP Director or hospital Superintendent may request an unresolved problem be taken to the MHDDSD Assistant Administrator, Office of Mental Health Services.
- II. Disputes regarding discharge readiness are managed according to PAAF, July 15, 1994. (Appendix B).

DISCHARGE:

<u>Time Frame</u>	<u>CMHP</u>	<u>Hospital</u>	<u>ECMU</u>
1 week prior to discharge.		<p>Hospital will convene Treatment Team meeting. (Meeting will be scheduled 30 days prior to discharge). Will cancel if patient is discharged ahead of schedule.</p> <ol style="list-style-type: none"> 1. Community liaisons and providers will participate. 2. Progress will be reviewed in relation to the original negotiated Agreement. 3. Formal notice of discharge readiness is given. (PAAF Appendix B). 	<p>ECMU gets notified of discharge readiness decision.</p> <ol style="list-style-type: none"> 1. If impass. 2. If delayed.
	If not determined earlier, County will determine discharge legal status such as pass-discharge, pass-trial-visit, or discharge.		
		Will manage all transportation.	
		Will coordinate treatment strategies and recommendations such as Behavior Management, Rehabilitation, follow-up medical care in consultation with CMHP and Provider.	
	Will send trial visit papers to court and hospital.		
		Will coordinate with both CMHP's if consumer is changing county residence.	

6.		Plans for anti-anxiety medications will be discussed with community psychiatrist or NP.	
7.	Active involvement of family members or other advocates as necessary and approved by consumer.		
8.		OSH will establish a tracking system for benefits for each patient.	Discharge criteria must be substantially the same across all regions.
9.		<p>Benefits must be in place as part of discharge readiness.</p> <p>Significant medication adjustments should not be made in the final two weeks of hospitalization without consultation and agreement of treating CMHP physician.</p> <p>Will obtain family input regarding discharge early in hospitalization and resolve related issues prior to discharge.</p>	Review and approve discharge transition plan and placement related to Passages, 365, psych voc, and other ECMU resources.
10.	Based on discussions, county will determine pass-to-discharge trial visit, regular trial visit, or regular discharge.		

PRE-DISCHARGE:

<u>Time Frame</u>	<u>CMHP</u>	<u>Hospital</u>	<u>ECMU</u>
1. 30 days prior to projected discharge (approx.) or for clinical or legal reasons.	Hospital and CMHP will specify discharge date: <ol style="list-style-type: none"> 1. Involve consumer choice. 2. Decision based on available options related to housing and other resources. 3. Third party providers. 4. The hospital will set up a meeting with county staff to formally determine "readiness for discharge", including setting a projected time frame and responsibilities of hospital and community. 		
2.		Hospital will notify ECMU when housing options do not exist in the county of responsibility.	Make available list of placement options.
3.	Arrange community services and case management. Assist in arranging medical continuity of care if requested by hospital.	Will complete State Referral for Financial & Placement Assistance Form. Medical aftercare. Other resources as needed. Hospital social worker will have responsibility for completing residential referral packets. Will send treatment strategies to provider and coordinate pre-placement visits.	
4.	County contact person will notify hospital of community psychiatrist.	Hospital psychiatrist will finalize discharge medications or plan with community psychiatrist or NP for ongoing med management. Identify issues 30 days prior to discharge including special treatment plans to be carried out.	
5.		Will coordinate preplacement visits with residential provider. Hospital will take leadership to determine process.	

ADULT TREATMENT SERVICES:

ACTIVE TREATMENT:

<u>Time Frame</u>	<u>CMHP</u>	<u>Hospital</u>	<u>ECMU</u>
	Community contact will communicate with treatment team at least weekly (in person, phone, or Ed Net). CMHP will participate in treatment team meetings as often as possible for first 60 days, then monthly.	Will document input from CMHP. Staff receiving information will be responsible to enter into Medical Record.	
	Contact for patients with a stay of more than one year will be every 60 days.	Significant treatment plan changes will be faxed to CMHP liaison as they occur.	
		Will designate a community contact person, although all members of Treatment Team should be considered a resource.	
	Treatment plans are reviewed and updated at 72 hrs., 10 days, 30 days, then every 30 days for the first year, then every 60 days. Plans will be reviewed at the request of the consumer, advocates.		
	Treatment plans reviewed and updated based on documented changes in any of the discharge criteria previously described.		
	Will attend treatment team conferences in person or by telephone at least every 30 days for intermediate stay patients and 60 days for long-term patients.	Hospital will try to coordinate staffings of patients hospital-wide at county request.	Will attend treatment team conferences as needed.

Within 10 Days	<p>Treatment Plan. The 10 day plan is the official treatment plan, and participation of consumer, CMHP, and hospital is very important.</p> <ol style="list-style-type: none"> 1. Identify measurable outcomes that will determine when discharge will most likely be appropriate. Outcomes will address the following areas and include consumer input: <ol style="list-style-type: none"> a. Symptom change, i.e., elimination of command hallucinations, absence of suicidal plans. b. Behavior change, i.e., identified criteria for discharge. c. Physical medicine evaluation and treatment, i.e., diabetes stabilized. 		
Day 10, cont'd	<ol style="list-style-type: none"> 2. Determination of necessary community support systems., i.e., funding, appropriate discharge setting/housing, community services, case management, etc. 		
	<ol style="list-style-type: none"> 3. Length of stay will be negotiated by the Hospital, consumer and CMHP. 		
	<ol style="list-style-type: none"> 4. Will participate in treatment planning as much as possible. Contact person will forward copy of treatment plan to providers. 	<p>Hospital will send schedules of treatment planning conferences in advance or arrange for a conference call. The treatment plan will be faxed to the contact person.</p>	Attend the planning conferences as needed.
	<ol style="list-style-type: none"> 5. The 30 day treatment planning review will be scheduled at this time. 		
	<ol style="list-style-type: none"> 6. 	<p>OSH will update the schedule weekly.</p>	

ADULT TREATMENT SERVICES:ADMISSION AND TREATMENT PLANNING:

<u>Time Frame</u>	<u>CMHP</u>	<u>Hospital</u>	<u>ECMU</u>
24 hrs		Admitting assessment plan. Admitting diagnosis. Physical exam.	
Days 1-3	<p>Develop initial treatment plan to address at least the following. An initial treatment plan is required by hospital policy and the PAAF (Appendix B). Hospital will notify contact person of meeting. CMHP must be available in person or by phone for this process.</p> <ol style="list-style-type: none"> 1. What led to the person being hospitalized at this time? 2. What might have prevented this hospitalization? 3. What needs to happen to help the consumer return and remain in the community? 4. What is the consumer's representation of the above? 5. Other initial requirements according to hospital policy. 6. Documentation of projected discharge setting, treatment objectives and expected length of stay. <p>This will involve frequent discussions between state hospital and CMHP staff. ECMU will work with the acute care hospital to provide as much of this information as possible.</p>		Provide specialized consultation as needed to develop treatment interventions to accomplish discharge goal.
	County will arrange presence at the meeting or a conference call with 24 hours' notice. May involve providers. Call 248-5464 X6809 OSH-P. 248-5464 X4458 OSH-S.	Hospital will notify contact person of three-day treatment plan meeting. Hospital will fax a copy of the plan to the CMHP. Schedule coordinator #: 731-8628.	

ADULT TREATMENT SERVICES:

PREADMISSION AND ADMISSION RESPONSIBILITIES:

<u>Time Frame</u>	<u>CMHP</u>	<u>Hospital</u>	<u>ECMU</u>
Prior to admission.	<p>Provide liaison to respond to requirement of initial agreement in person, Ed Net, or by phone.</p> <p>To the greatest extent possible, assure that detailed information regarding each patient is made available prior to or at time of admission. The information may be obtained from acute hospital care, as well as, information from CMHP. Whenever possible, ECMU will obtain information from the acute care hospital.</p>	<p>Provide liaison to respond to initial call for referral from acute unit.</p> <p>For admissions, call the RN Coordinator: 731-8639 Pager: 790-0545</p>	<p>Provide information, if any, to both CMHP and Hospital.</p> <p>Screen all referrals for alternatives to state hospital according to protocol Appendix A.</p>
	<p>Will involve consumer in a plan to project a discharge date and possible site to the extent possible. This plan becomes the basis for decisions regarding treatment objectives and discharge readiness standards for each consumer.</p>		<p>Will assist with negotiation of agreements and serve as mediators to resolve disagreements. Will provide information of possible placement opportunities.</p>
		<p>Assure that information is provided to Treatment Team--not just admitting physician. Unit Director will coordinate information.</p>	

OREGON STATE HOSPITAL AND COMMUNITY MENTAL HEALTH
LINKAGE AGREEMENT
1999-2001

This Agreement between the State of Oregon, Mental Health and Developmental Disabilities Services Division, OREGON STATE HOSPITAL,¹ hereinafter called OSH, and Multnomah County, hereinafter called the CMHP, is authorized under [ORS 430.630(6)], and [OAR 309-14-035(2)(c)] and [OAR 309-31-215(1) and (8)]. This Agreement shall be effective upon signature of all parties through June 30, 2001. Amendments to this Agreement shall be valid only when they have been submitted in writing and approved in writing by OSH and the CMHP. All or part of this Agreement may be terminated by mutual agreement of the parties, confirmed in writing, not less than sixty (60) days prior to the date of termination. Disputes arising from this Agreement between OSH and the CMHP will be resolved, when possible, at the lowest appropriate management levels, followed by consultation. The ability to implement this agreement is dependent upon adequate fiscal resources. The county and OSH will notify the other party and MHDDSD in writing of inability to comply.

PURPOSE:

The purpose of this Agreement between OSH and the CMHP is to provide guidelines and procedures to assure an effective continuum of mental health care and treatment for the citizens of the State of Oregon through cooperation and communication prior to admission to Oregon State Hospital and during admission, treatment, and discharge. It establishes a standing, working agreement between OSH and the CMHP.

Hospitals and CMHP's will continue to transition to a managed care model. Linkage agreements will reflect this policy direction.

Basic Requirements:

1. Admission to OSH facilities will be planned and non-emergent following a period of treatment at an acute care program.
2. Actual patient transfers will occur between 8:00 AM - 4:00 PM, Monday through Friday. Exceptions will be by prior agreement with the Superintendent or Chief Medical Officer. See Appendix C in Multnomah, Washington and Clackamas Counties.
3. Negotiation of Treatment Objectives and Length of Stay: Within three working days of admission, OSH, CMHP, and the consumer will enter into an initial agreement defining treatment objectives and the expected length of stay. The formal treatment plan with clear objectives will be completed within ten days from admission.
4. If at any time OSH or CMHP cannot meet a portion of the Agreement, the county mental health manager will call the ATS program director or vice versa.

1) Oregon State Hospital includes all campuses.

UNIT TYPE GLOSSARY

Unit Type Description	Unit Type Description	Unit Type Description
001 Generic Slot	005 Minority	010 Youth
015 SRI	020 Intensive Youth	025 Women
030 Intensive Women	035 Geriatric	040 Adult Male
045 Pregnant Women	050 Afro-American Women	ADP Average Daily Pop.
CSM Client Service Month	FTE Full Time Equivalent	SLT Slots

The undersigned certify and agree that this Grant Award contains statements of work which are incorporated as part of the community mental health and developmental disabilities biennial plan submitted under ORS 430.630 (7). Biennial payment amounts authorized in this document are contingent on performance of the work as specified in the Performance Requirements in Exhibits A and B of the Financial Assistance Grant Agreement, and or Special Conditions as cited in this form.

Lolenz P. P. P.
County Grant Administrator
other County Designee

6/22/99
Date

Maryann Hammer
Division Contract Officer

6/18/99
Date

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/10/1999

AGREEMENT#: 26-001
GA#: 003

REASON FOR GA:

This Grant Award is for Mental Health (MH) Services within the Governor's 1999-2001 Recommended Budget. Amounts continue service levels approved on an ongoing basis as of December 31, 1999. Additional ongoing changes approved after that date will be reflected in a Revised Grant Award.

Trust Deed requirements are continued from 1997-99 Intergovernmental Agreement.

The Oregon State Hospital and Community Mental Health Linkage Agreement is added to the Grant Award.

Protective services Special Conditions are added to the Grant Award.

Special Conditions for the transfer of funds from the COUNTY to the DIVISION for provision of Psychiatric Day Treatment (MHS 21 formerly known as DARTS).

SPECIAL CONDITIONS:

1. Payment of funds in this Grant Award is subject to Legislative approval of DIVISION's 1999-2001 Budget at the level proposed in the Governor's Recommended Budget or higher.
2. Attachment M0000A "Oregon State Hospital and Community Mental Health Linkage Agreement 1999-2001" is added to the Grant Award as Special Conditions.
3. Attachment M0000B Protective Services is added to this Grant Award as a Special Condition.
4. In lieu of a Trust Deed and Trust Deed Note required in the 1993-95 Intergovernmental Agreement (PAAF #154), COUNTY agrees that if County's subcontractor, Mental Health Partners, Inc., does not use property so purchased or renovated for services set forth in Division 1993-95 Intergovernmental Agreement (PAAF #154) with County during the period July 1, 1999 through June 30, 2000 for any reason other than the lack of state funding, County will reimburse Division the start-up amount expended pro-rated for the portion of the five year period (July 1, 1995 through June 30, 2000) the property in question is no longer used for services required by the Agreement.
5. COUNTY shall transfer \$256,970 for the 1999-2000 fiscal year and \$256,970 for the 2000-2001 fiscal year of COUNTY General Funds to DIVISION for use by DIVISION for provision of Psychiatric Day Treatment Services for thirty preschool children who have severe emotional disturbances and are residents of Multnomah County. Ten of these slots will be located in the North/Northeast quadrant of Multnomah County. Transfer of funds shall be made within thirty days of the date of County's acceptance of the Grant Award for fiscal year

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/10/1999

AGREEMENT#: 26-001
GRANT AWARD#: 003

MENTAL HEALTH SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
TOTAL SECTION 1			\$31,771,372	\$0			

TOTAL AUTHORIZED FOR MENTAL HEALTH SERVICES

\$31,771,372

TOTAL AUTHORIZED FOR THIS GA: \$31,771,372

As agreed in the Financial Assistance Grant Agreement, if COUNTY fails to respond to this GA by 08/09/1999, it will be deemed a rejection by DIVISION.

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/10/1999

AGREEMENT#: 26-001
GRANT AWARD#: 003

MENTAL HEALTH SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
A	7/1999- 6/2000	OWEULI-541016	\$5,114	\$0	0. CSM	35B	
A	7/1999- 6/2000	INKATR-400207	\$7,103	\$0	0. CSM	35B	
A	7/1999- 6/2000	HARIDO-590706	\$3,374	\$0	0. CSM	35B	
A	7/2000- 6/2001	N/A	\$117,754	\$0	0. CSM	35A	
A	7/2000- 6/2001	ARTLIZ-510719	\$3,315	\$0	0. CSM	35B	
A	7/2000- 6/2001	AVIARR	\$10,695	\$0	0. CSM	35B	
A	7/2000- 6/2001	OWEULI-541016	\$5,114	\$0	0. CSM	35B	
A	7/2000- 6/2001	INKATR-400207	\$7,103	\$0	0. CSM	35B	
A	7/2000- 6/2001	HARIDO-590706	\$3,374	\$0	0. CSM	35B	
SUBTOTAL SE# 35			\$294,710	\$0			
SE# 37 MHS SPECIAL PROJECTS							
A	7/1999- 6/2000	N/A	\$291,515	\$0	0. CSM	20C	
A	7/1999- 6/2000	N/A	\$237,895	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$291,515	\$0	0. CSM	20C	
A	7/2000- 6/2001	N/A	\$237,895	\$0	0. CSM	N/A	
B	7/1999- 6/2000	N/A	\$1,392,874	\$0	0. CSM	20C	
B	7/2000- 6/2001	N/A	\$1,392,874	\$0	0. CSM	20C	
SUBTOTAL SE# 37			\$3,844,568	\$0			
SE# 38 SUPPORTED EMPLOYMENT SERVCS							
A	7/1999- 6/2000	N/A	\$209,420	\$0	500. CSM	N/A	
A	7/2000- 6/2001	N/A	\$209,420	\$0	500. CSM	N/A	
SUBTOTAL SE# 38			\$418,840	\$0			
SE# 39 CSS-HOMELESS							
A	7/1999- 6/2000	N/A	\$231,250	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$231,250	\$0	0. CSM	N/A	
SUBTOTAL SE# 39			\$462,500	\$0			
SE# 129 RES/MED SERVICES							
A	7/1999- 6/2000	N/A	\$975,902	\$0	22. SLT	N/A	
A	7/2000- 6/2001	N/A	\$975,902	\$0	22. SLT	N/A	
SUBTOTAL SE# 129			\$1,951,804	\$0			

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/10/1999

AGREEMENT#: 26-001
GRANT AWARD#: 003

MENTAL HEALTH SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
A	7/1999- 6/2000	N/A	\$1,528,770	\$0	160. SLT	N/A	
A	7/2000- 6/2001	N/A	\$514,043	\$0	35. SLT	20C	
A	7/2000- 6/2001	N/A	\$1,528,770	\$0	160. SLT	N/A	
SUBTOTAL SE# 28			\$4,085,626	\$0			

SE# 30 PSRB

A	7/1999- 6/2000	N/A	\$111,589	\$0	8. SLT	20C	
A	7/1999- 6/2000	ARKMIT-481111	\$4,766	\$0	1. SLT	N/A	
A	7/1999- 6/2000	DDIONE-500128	\$6,258	\$0	1. SLT	N/A	
A	7/1999- 6/2000	OB-IMZ-500721	\$4,427	\$0	0. SLT	N/A	
A	7/1999- 6/2000	RIAILI-480326	\$4,766	\$0	1. SLT	N/A	
A	7/1999- 6/2000	N/A	\$661,535	\$0	67. SLT	N/A	
A	7/2000- 6/2001	N/A	\$111,589	\$0	8. SLT	20C	
A	7/2000- 6/2001	ARKMIT-481111	\$4,766	\$0	1. SLT	N/A	
A	7/2000- 6/2001	DDIONE-500128	\$6,258	\$0	1. SLT	N/A	
A	7/2000- 6/2001	OB-IMZ-500721	\$4,427	\$0	0. SLT	N/A	
A	7/2000- 6/2001	RIAILI-480326	\$4,766	\$0	1. SLT	N/A	
A	7/2000- 6/2001	N/A	\$661,535	\$0	67. SLT	N/A	
SUBTOTAL SE# 30			\$1,586,682	\$0			

SE# 31 ENHANCED CARE SERVICES

A	7/1999- 6/2000	N/A	\$98,656	\$0	15. SLT	N/A	
A	7/2000- 6/2001	N/A	\$98,656	\$0	15. SLT	N/A	
B	7/1999- 6/2000	N/A	\$403,705	\$0	0. CSM	20C	
B	7/2000- 6/2001	N/A	\$403,705	\$0	0. CSM	20C	
SUBTOTAL SE# 31			\$1,004,722	\$0			

SE# 34 ADULT FOSTER CARE MHS

B	7/1999- 6/2000	N/A	\$463,504	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$463,504	\$0	0. CSM	N/A	
SUBTOTAL SE# 34			\$927,008	\$0			

SE# 35 OLDER/DISABLED ADULT MH SVCS

A	7/1999- 6/2000	N/A	\$117,754	\$0	0. CSM	35A	
A	7/1999- 6/2000	ARTLIZ-510719	\$3,315	\$0	0. CSM	35B	
A	7/1999- 6/2000	AVIARR	\$10,695	\$0	0. CSM	35B	

MENTAL HEALTH AND DEVELOPMENTAL DISABILITY SERVICES DIVISION
Grant Award (GA)
1999-2001

CONTRACTOR: MULTNOMAH COUNTY
DATE: 06/10/1999

AGREEMENT#: 26-001
GRANT AWARD#: 003

MENTAL HEALTH SERVICES

SECTION: 1

SERVICE REQUIREMENTS MEET EXHIBIT A AND, IF INDICATED, EXHIBIT B

Part	Start/End Dates	CPMS Name	Approved Service Funds	Approved Start-up	Serv. Unit Units Type	EXHIB B Codes	Spec Cond#
SE# 20 NON-RESIDENTIAL ADULT MH SERV							
A	7/1999- 6/2000	N/A	\$1,260,497	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$1,260,497	\$0	0. CSM	N/A	
B	7/1999- 6/2000	N/A	\$194,432	\$0	0. CSM	20C	
B	7/1999- 6/2000	N/A	\$77,256	\$0	6. SLT	N/A	
B	7/2000- 6/2001	N/A	\$194,432	\$0	0. CSM	20C	
B	7/2000- 6/2001	N/A	\$77,256	\$0	6. SLT	N/A	
SUBTOTAL SE# 20			\$3,064,370	\$0			
SE# 22 COMMUNITY TRTMT SVS FOR CHLDR							
A	7/1999- 6/2000	N/A	\$403,677	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$403,677	\$0	0. CSM	N/A	
B	7/1999- 6/2000	N/A	\$633,088	\$0	0. CSM	N/A	
B	7/1999- 6/2000	N/A	\$268,214	\$0	10. SLT	22A	
B	7/2000- 6/2001	N/A	\$633,088	\$0	0. CSM	N/A	
B	7/2000- 6/2001	N/A	\$268,214	\$0	10. SLT	22A	
SUBTOTAL SE# 22			\$2,609,958	\$0			
SE# 24 ACUTE CARE MHS							
A	7/1999- 6/2000	N/A	\$2,440,412	\$0	6.93333	ADP	N/A
A	7/2000- 6/2001	N/A	\$2,440,412	\$0	6.93333	ADP	N/A
SUBTOTAL SE# 24			\$4,880,824	\$0			
SE# 25 CRISIS MHS							
A	7/1999- 6/2000	N/A	\$3,319,880	\$0	0. CSM	N/A	
A	7/2000- 6/2001	N/A	\$3,319,880	\$0	0. CSM	N/A	
SUBTOTAL SE# 25			\$6,639,760	\$0			
SE# 28 RESIDENTIAL CARE FACILITY							
A	7/1999- 6/2000	N/A	\$514,043	\$0	35. SLT	20C	

EXHIBIT D

DESCRIPTION OF FINANCIAL ASSISTANCE

8. Provider shall name the State of Oregon, Division, County, and their divisions, officers, and employees as additional insureds on any insurance policies required herein with respect to Provider's activities being performed under the contract. Such insurance shall be evidenced by a certificate of insurance, issued by an insurance company licensed to do business in the State of Oregon and shall contain a 30-day notice of cancellation endorsement. Provider shall forward a copy of the certificate(s) of insurance to County prior to commencement of the services under this contract. In addition, in the event of unilateral cancellation or restriction by Provider's insurance company of any insurance coverage required herein, Provider shall immediately notify County orally of the cancellation or restriction and shall confirm the oral notification in writing within three days of notification by the insurance company to Provider.

EXHIBIT C

REQUIRED PROVIDER CONTRACT PROVISIONS

1. Provider shall comply with all applicable provisions of that certain 1999-2001 County Financial Assistance Grant Agreement dated as of 7/1/99 between the State of Oregon acting by and through the Mental Health and Developmental Disability Services Division of its Department of Human Resources and Multnomah County.
2. Provider shall comply with all applicable federal, state and local laws including but not limited to all applicable federal and state statutes, rules and regulations.
3. Unless Provider is a State of Oregon governmental agency, Provider agrees that it is an independent contractor and not an agent of the State of Oregon, Division or County.
4. Provider shall defend, save and hold harmless the State of Oregon, Division, County, and their officers, employees, and agents from and against all claims, suits, actions, losses, damages, liabilities, costs and expenses of any nature whatsoever resulting from, arising out of or relating to the operations of the Provider, including but not limited to the activities of Provider or its officers, employees, subcontractors or agents under this contract.
5. Provider shall obtain, at Provider's expense, and maintain in effect with respect to all occurrences taking place during the term of the contract, automobile liability insurance with a combined single limit per occurrence of not less than \$500,000.
6. Provider shall obtain, at Provider's expense, and maintain in effect with respect to all occurrences taking place during the term of the contract, comprehensive or commercial general liability insurance covering bodily injury and property damage. This insurance shall include personal injury coverage and contractual liability coverage for the indemnity provided under this contract. The combined single limit per occurrence shall not be less than \$500,000 or the equivalent. Each annual aggregate limit shall not be less than \$500,000 when applicable.
7. Provider, its subcontractors, if any, and all employers providing work, labor or materials under the contract are subject employers under the Oregon Workers' Compensation Law and shall comply with ORS 656.017, which requires them to provide workers' compensation coverage for all their subject workers. This shall include employers' liability insurance with coverage limits of not less than \$100,000 each accident. Providers who perform the work without the assistance of labor or any employee need not obtain such coverage.

2. A copy of the Final Financial Report must also be submitted to DIVISION's Community Accounting Section.

III. Payment Procedures (exceeding Exhibit A)

- A. Basis of payment: Payment is based on reimbursement for actual allowable expenditures resulting from delivery of the services as specified above and made in accordance with a line-item budget approved by DIVISION, except that payment is limited to the cumulative biennial total authorized for the Regional Training Program as specified in the Grant Award.
- B. Disbursement of funds: Funds are disbursed through monthly allotments, which may be adjusted, subject to approval by DIVISION, to: a) meet cash flow requirements; or b) to recover unexpended funds based on information provided in interim expenditure reports. DIVISION may withhold payments pending approval of the Regional Training Plan and line-item budget, as required above.
- C. Contract Settlement: Contract Settlement will reconcile any discrepancies between payments and actual allowable expenditures as reported in the final financial report for the biennium.