

EXHIBIT A SCOPE OF WORK

Scope of Services Provided: Comprehensive Psychiatric Evaluation and Medication Management:

A psychiatric evaluation is indicated for the purpose of establishing the initial diagnosis for the client with a history of suspected or previously diagnosed mental illness. This assessment will be performed at least once every 12 months, regardless of the number of times a client has been readmitted.

The Evaluation must include assessment of the client's history, mental status, and disposition in relation to a specific presenting problem or referral question. The examination may include communication with family or other sources, ordering and medical interpretation of lab results, tests and other medical diagnostic studies as appropriate.

The primary purpose of the assessment is to formulate a comprehensive plan, including medication, for the individual. The evaluation includes a discussion with the individual and/or his/her legally authorized representative for the purpose of making a diagnosis and recommending treatment. Medication education that includes the risks, benefits and side effects of each recommended medication must be explained and written consent must be obtained for each medication from the individual or legally authorized representative. The assessment includes documentation of all findings in a manner consistent with the standards of MHID and the Joint Commission (TJC). The initial evaluation will be billed as E & M codes 90791 or 90792.

Pharmacological Management.

A service provided by a physician or other prescribing professional which focuses on the use of medication and the in-depth management of psychopharmacological agents to treat a client's signs and symptoms of mental illness.

- 2.0 Prescribes psychotropic medication;
- 2.2 Monitors the therapeutic effects and side effects of psychotropic medication previously prescribed;
- 2.3 Provides medication education;
- 2.4 Provides minimal psychotherapy;
- 2.5 Monitors the individual's overall medical status;
- 2.6 Monitors other events in the individual's life; and
- 2.7 Reevaluates the individual's diagnosis and treatment plan goals.

This is a Reimbursement Agreement. Once **MHID** has provided services to those in need, MHID may submit an Invoice or Request for Reimbursement to the Contract Administrator for this Agreement. The invoice or request for reimbursement should include documentation of the services provided and the expenses incurred by MHID. The invoice or request for reimbursement should also include a summary of the services provided the number of people served. MHID should also include demographic information including but not limited to: age, gender, race, and ethnicity. No information covered by HIPPA is requested. Reimbursement requests can be sent via email to the City Contract Administrator at: jenniferb9@cctexas.com.