

1 **SERVICE AGREEMENT**

2 This Service Agreement ("Agreement") is dated _____ and is between
3 each Contractor listed in Exhibit A "List of Contractors" collectively hereinafter referred to as
4 ("Contractor"), and the County of Fresno, a political subdivision of the State of California
5 ("County"). Reference in this Agreement to party or "parties" shall be understood to refer to
6 County and each individual Contractor, unless otherwise specified.

7 **Recitals**

8 A. County through its Department of Behavioral Health (DBH), pursuant to various
9 provisions of the California Welfare and Institutions Code and the California Code of
10 Regulations, must provide geropsychiatric skilled nursing care, locked skilled nursing care with
11 special mental health treatment programs, mental health rehabilitation center services, ancillary
12 services and other enhanced treatment services and various facilities to house and treat adults
13 with severe and serious mental health impairments; and

14 B. The Code of Federal Regulations (CFR) defines Institutions for Mental Diseases (IMD)
15 as nursing facilities or other institutions of more than 16 beds that are primarily engaged in
16 providing diagnosis, treatment or care of persons with mental diseases, including medical
17 attention, nursing care and related services. This includes Mental Health Rehabilitation Centers,
18 Skilled Nursing Facilities, Skilled Nursing Facilities with Special Treatment Programs, and
19 Geropsychiatric Nursing Care Facilities; and

20 C. Contractor has the secured facilities, staff and expertise, and is licensed by the State of
21 California, to provide residential mental health services, and ancillary services to severely and
22 persistently mentally disabled persons in appropriate skilled nursing or mental health
23 rehabilitation center facilities.

24 The parties therefore agree as follows:

25 **Article 1**

26 **Contractors' Services**

27 1.1 **Scope of Services.** Contractor shall perform all of the services provided in Exhibit B
28 to this Agreement, titled "Fresno County Department of Behavioral Health Scope of Work".

1 1.2 **Representation.** Each Contractor represents that it is qualified, ready, willing, and
2 able to perform all of the services provided in this Agreement.

3 1.3 **Compliance with Laws.** Contractor shall, at their own cost, comply with all
4 applicable federal, state, and local laws and regulations in the performance of its obligations
5 under this Agreement, including but not limited to workers compensation, labor, and
6 confidentiality laws and regulations. Additionally, Contractor shall comply with laws, regulations,
7 and requirements in Exhibit C to this Agreement, titled "Fresno County Behavioral Health
8 Requirements".

9 **Article 2**

10 **County's Responsibilities**

11 2.1 The County shall provide oversight and collaborate with Contractor, other County
12 Departments and community agencies to help achieve program goals and outcomes. In addition
13 to Contractor monitoring of their programs, oversight includes, but not limited to, coordination
14 with Department of Health Care Services (DHCS) in regard to program administration and
15 outcomes.

16 2.2 County shall participate in evaluating the progress of the overall program, levels of
17 care components, and the efficiency of collaboration with Contractor's staff and will be available
18 to Contractor for ongoing consultation. County shall receive and analyze statistical outcome
19 data from Contractor throughout the term of contract. County shall notify Contractor when
20 additional participation is required. The performance outcome measurement process will not be
21 limited to survey instruments but will also include, as appropriate, persons served and staff
22 surveys, chart reviews, and other methods of obtaining required information.

23 **Article 3**

24 **Compensation, Invoices, and Payments**

25 3.1 The County agrees to pay, and Contractor agrees to receive compensation for the
26 performance of services under this Agreement as described in Exhibit D to this Agreement,
27 titled "Fresno County Department of Behavioral Health Financial Terms and Conditions"
28 including each individual Contractor's Exhibit D subpart as indicated on Exhibit A.

1 3.2 **Additional Fiscal Requirements.** Contractor shall comply with all additional
2 requirements in Exhibit D to this Agreement.

3 **Article 4**

4 **Term of Agreement**

5 4.1 **Term.** This Agreement is effective on July 1, 2026 and terminates on June 30, 2029
6 except as provided in section 4.2, "Extension," or Article 6, "Termination and Suspension,"
7 below.

8 4.2 **Extension.** The term of this Agreement may be extended for no more than two, one-
9 year periods only upon written approval of both parties at least thirty (30) days before the first
10 day of the next one-year extension period. The County's DBH Director or his or her designee is
11 authorized to sign the written approval on behalf of the County based on Contractor's
12 satisfactory performance. The extension of this Agreement by the County is not a waiver or
13 compromise of any default or breach of this Agreement by Contractor existing at the time of the
14 extension whether or not known to the County.

15 **Article 5**

16 **Notices**

17 5.1 **Contact Information.** The persons and their addresses having authority to give and
18 receive notices provided for or permitted under this Agreement include the following:

19 **For the County:**
20 Director, Department of Behavioral Health
21 County of Fresno
22 5260 N. Palm Ave. Ste. 321
23 Fresno, CA 93704

For Contractor:
See Exhibit A

24 5.2 **Change of Contact Information.** Each party may change the information in section
25 5.1 by giving notice as provided in section 5.3.

26 5.3 **Method of Delivery.** Each notice between the County and Contractor provided for or
27 permitted under this Agreement must be in writing, state that it is a notice provided under this
28 Agreement, and be delivered either by personal service, by first-class United States mail, by an

1 overnight commercial courier service, by telephonic facsimile transmission, or by Portable
2 Document Format (PDF) document attached to an email.

3 (A) A notice delivered by personal service is effective upon service to the recipient.

4 (B) A notice delivered by first-class United States mail is effective three (3) County
5 business days after deposit in the United States mail, postage prepaid, addressed to the
6 recipient.

7 (C) A notice delivered by an overnight commercial courier service is effective one (1)
8 County business day after deposit with the overnight commercial courier service,
9 delivery fees prepaid, with delivery instructions given for next day delivery, addressed to
10 the recipient.

11 (D) A notice delivered by telephonic facsimile transmission or by PDF document
12 attached to an email is effective when transmission to the recipient is completed (but, if
13 such transmission is completed outside of County business hours, then such delivery is
14 deemed to be effective at the next beginning of a county business day), provided that
15 the sender maintains a machine record of the completed transmission.

16 5.4 **Claims Presentation.** For all claims arising from or related to this Agreement,
17 nothing in this Agreement establishes, waives, or modifies any claims presentation
18 requirements or procedures provided by law, including the Government Claims Act (Division 3.6
19 of Title 1 of the Government Code, beginning with section 810).

20 **Article 6**

21 **Termination and Suspension**

22 6.1 **Termination for Non-Allocation of Funds.** The terms of this Agreement are
23 contingent on the approval of funds by the appropriating government agency. If sufficient funds
24 are not allocated, then the County, upon at least thirty (30) days' advance written notice to each
25 individual Contractor, may:

26 (A) Modify the services provided by Contractor under this Agreement; or

27 (B) Terminate this Agreement.

28 6.2 **Termination for Breach.**

1 (A) Upon determining that a breach (as defined in paragraph (C) below) has
2 occurred, the County may give written notice of the breach to the applicable Contractor.
3 The written notice may suspend performance under this Agreement and must provide at
4 least thirty (30) days for applicable Contractor to cure the breach.

5 (B) If the Contractor fails to cure the breach to the County's satisfaction within the
6 time stated in the written notice, the County may terminate this Agreement immediately.

7 (C) For purposes of this section, a breach occurs when, in the determination of the
8 County, a Contractor has:

- 9 (1) Obtained or used funds illegally or improperly;
- 10 (2) Failed to comply with any part of this Agreement;
- 11 (3) Submitted a substantially incorrect or incomplete report to the County; or
- 12 (4) Improperly performed any of its obligations under this Agreement.

13 **6.3 Termination without Cause.** In circumstances other than those set forth above, the
14 County or Contractor may terminate this Agreement by giving at least thirty (30) days advance
15 written notice to the applicable party.

16 **6.4 Economic Sanctions.** In accordance with Executive Order N-6-22 regarding
17 Economic Sanctions against Russia and Russian entities and individuals, the County may
18 terminate this Agreement if Contractor is a target of Economic Sanctions or is conducting
19 prohibited transactions with sanctioned individuals or entities. The County shall provide at least
20 thirty (30) days advance written notice to the applicable Contractor.

21 **6.5 No Penalty or Further Obligation.** Any termination of this Agreement by the County
22 under this Article 6 is without penalty to or further obligation of the County.

23 **6.6 County's Rights upon Termination.** Upon termination for breach under this Article
24 6, the County may demand repayment by Contractor of any monies disbursed to Contractor
25 under this Agreement that, in the County's sole judgment, were not expended in compliance
26 with this Agreement. Contractor shall promptly refund all such monies upon demand. This
27 section survives the termination of this Agreement.

1 **Article 7**

2 **Independent Contractor**

3 7.1 **Status.** In performing under this Agreement, each individual Contractor, including its
4 officers, agents, employees, and volunteers, is at all times acting and performing as an
5 independent contractor, in an independent capacity, and not as an officer, agent, servant,
6 employee, joint venturer, partner, or associate of the County.

7 7.2 **Verifying Performance.** The County has no right to control, supervise, or direct the
8 manner or method of Contractor's performance under this Agreement, but the County may
9 verify that Contractor is performing according to the terms of this Agreement.

10 7.3 **Benefits.** Because of its status as an independent contractor, each individual
11 Contractor has no right to employment rights or benefits available to County employees.
12 Contractor is solely responsible for providing to their own employees all employee benefits
13 required by law. Contractor shall save the County harmless from all matters relating to the
14 payment of Contractor's employees, including compliance with Social Security withholding and
15 all related regulations.

16 7.4 **Services to Others.** The parties acknowledge that, during the term of this
17 Agreement, Contractor may provide services to others unrelated to the County.

18 **Article 8**

19 **Indemnity and Defense**

20 8.1 **Indemnity.** Contractor shall indemnify and hold harmless and defend the County
21 (including its officers, agents, employees, and volunteers) against all claims, demands, injuries,
22 damages, costs, expenses (including attorney fees and costs), fines, penalties, and liabilities of
23 any kind to the County, Contractor, or any third party that arise from or relate to the performance
24 or failure to perform by Contractor (or any of their officers, agents, subcontractors, or
25 employees) under this Agreement. The County may conduct or participate in its own defense
26 without affecting Contractor's obligation to indemnify and hold harmless or defend the County.

27 8.2 **Survival.** This Article 8 survives the termination of this Agreement.
28

1 **Article 9**

2 **Insurance**

3 9.1 Contractor shall comply with all the insurance requirements in Exhibit E to this
4 Agreement.

5 **Article 10**

6 **Inspections, Audits, and Public Records**

7 10.1 **Inspection of Documents.** Contractor shall make available to the County, and the
8 County may examine at any time during business hours and as often as the County deems
9 necessary, all of Contractor's records and data with respect to the matters covered by this
10 Agreement, excluding attorney-client privileged communications. Contractor shall, upon request
11 by the County, permit the County to audit and inspect all of such records and data to ensure
12 Contractor's compliance with the terms of this Agreement.

13 10.2 **State Audit Requirements.** If the compensation to be paid by the County under this
14 Agreement exceeds \$10,000, Contractor is subject to the examination and audit of the
15 California State Auditor, as provided in Government Code section 8546.7, for a period of three
16 (3) years after final payment under this Agreement. This section survives the termination of this
17 Agreement.

18 10.3 **Public Records.** The County is not limited in any manner with respect to its public
19 disclosure of this Agreement or any record or data that Contractor may provide to the County.
20 The County's public disclosure of this Agreement or any record or data that Contractor may
21 provide to the County may include but is not limited to the following:

22 (A) The County may voluntarily, or upon request by any member of the public or
23 governmental agency, disclose this Agreement to the public or such governmental
24 agency.

25 (B) The County may voluntarily, or upon request by any member of the public or
26 governmental agency, disclose to the public or such governmental agency any record or
27 data that Contractor may provide to the County, unless such disclosure is prohibited by
28 court order.

1 (C) This Agreement, and any record or data that Contractor may provide to the
2 County, is subject to public disclosure under the Ralph M. Brown Act (California
3 Government Code, Title 5, Division 2, Part 1, Chapter 9, beginning with section 54950).

4 (D) This Agreement, and any record or data that Contractor may provide to the
5 County, is subject to public disclosure as a public record under the California Public
6 Records Act (California Government Code, Title 1, Division 7, Chapter 3.5, beginning
7 with section 6250) ("CPRA").

8 (E) This Agreement, and any record or data that Contractor may provide to the
9 County, is subject to public disclosure as information concerning the conduct of the
10 people's business of the State of California under California Constitution, Article 1,
11 section 3, subdivision (b).

12 (F) Any marking of confidentiality or restricted access upon or otherwise made with
13 respect to any record or data that Contractor may provide to the County shall be
14 disregarded and have no effect on the County's right or duty to disclose to the public or
15 governmental agency any such record or data.

16 **10.4 Public Records Act Requests.** If the County receives a written or oral request
17 under the CPRA to publicly disclose any record that is in Contractor's possession or control, and
18 which the County has a right, under any provision of this Agreement or applicable law, to
19 possess or control, then the County may demand, in writing, that Contractor deliver to the
20 County, for purposes of public disclosure, the requested records that may be in the possession
21 or control of Contractor. Within five (5) business days after the County's demand, Contractor
22 shall (a) deliver to the County all of the requested records that are in Contractor's possession or
23 control, together with a written statement that Contractor, after conducting a diligent search, has
24 produced all requested records that are in Contractor's possession or control, or (b) provide to
25 the County a written statement that Contractor, after conducting a diligent search, does not
26 possess or control any of the requested records. Contractor shall cooperate with the County
27 with respect to any County demand for such records. If Contractor wishes to assert that any
28 specific record or data is exempt from disclosure under the CPRA or other applicable law, it

1 must deliver the record or data to the County and assert the exemption by citation to specific
2 legal authority within the written statement that it provides to the County under this section.
3 Contractor's assertion of any exemption from disclosure is not binding on the County, but the
4 County will give at least ten (10) days' advance written notice to Contractor before disclosing
5 any record subject to Contractor's assertion of exemption from disclosure. Contractor shall
6 indemnify the County for any court-ordered award of costs or attorney's fees under the CPRA
7 that results from Contractor's delay, claim of exemption, failure to produce any such records, or
8 failure to cooperate with the County with respect to any County demand for any such records.

9 **Article 11**

10 **Data Security**

11 11.1 Contractor shall be responsible for the privacy and security safeguards, as identified
12 in Exhibit F to this agreement, titled "Data Security." To the extent required to carry out the
13 assessment and authorization process and continuous monitoring, to safeguard against threats
14 and hazards to the security, integrity, and confidentiality of any County data collected and stored
15 by Contractor, Contractor shall afford the County access as necessary at Contractor's
16 reasonable discretion, to Contractor's facilities, installations, and technical capabilities. If new or
17 unanticipated threats or hazards are discovered by either the County or Contractor, or if existing
18 safeguards have ceased to function, the discoverer shall immediately bring the situation to the
19 attention of the other party.

20 **Article 12**

21 **Disclosure of Self-Dealing Transactions**

22 12.1 **Applicability.** This Article 12 applies if Contractor is operating as a corporation, or
23 changes its status to operate as a corporation.

24 12.2 **Duty to Disclose.** If any member of Contractor's board of directors is party to a self-
25 dealing transaction, he or she shall disclose the transaction by completing and signing a "Self-
26 Dealing Transaction Disclosure Form" (Exhibit G to this Agreement) and submitting it to the
27 County before commencing the transaction or immediately after.

1 12.3 **Definition.** "Self-dealing transaction" means a transaction to which Contractor is a
2 party and in which one or more of its directors, as an individual, has a material financial interest.

3 **Article 13**

4 **Disclosure of Ownership and/or Control Interest Information**

5 13.1 **Applicability.** This provision is only applicable if Contractor is disclosing entities,
6 fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.),
7 Title 42 §§ 455.101, 455.104 and 455.106(a)(1),(2).

8 13.2 **Duty to Disclose.** Contractor must disclose the following information as requested in
9 the Provider Disclosure Statement, Disclosure of Ownership and Control Interest Statement,
10 Exhibit H:

11 (A) Disclosure of Five Percent (5%) or More Ownership Interest:

12 (1) In the case of corporate entities with an ownership or control interest in the
13 disclosing entity, the primary business address as well as every business location
14 and P.O. Box address must be disclosed. In the case of an individual, the date of
15 birth and Social Security number must be disclosed.

16 (2) In the case of a corporation with ownership or control interest in the
17 disclosing entity or in any subcontractor in which the disclosing entity has a five
18 percent (5%) or more interest, the corporation tax identification number must be
19 disclosed.

20 (3) For individuals or corporations with ownership or control interest in any
21 subcontractor in which the disclosing entity has a five percent (5%) or more interest,
22 the disclosure of familial relationship is required.

23 (4) For individuals with five percent (5%) or more direct or indirect ownership
24 interest of a disclosing entity, the individual shall provide evidence of completion of a
25 criminal background check, including fingerprinting, if required by law, prior to
26 execution of Contract. (42 C.F.R. § 455.434)

27 (B) Disclosures Related to Business Transactions:
28

1 (1) The ownership of any subcontractor with whom Contractor has had business
2 transactions totaling more than \$25,000 during the twelve (12) month period ending
3 on the date of the request.

4 (2) Any significant business transactions between Contractor and any wholly
5 owned supplier, or between Contractor and any subcontractor, during the five (5)
6 year period ending on the date of the request. (42 C.F.R. § 455.105(b).)

7 (C) Disclosures Related to Persons Convicted of Crimes:

8 (1) The identity of any person who has an ownership or control interest in the
9 provider or is an agent or managing employee of the provider who has been
10 convicted of a criminal offense related to that person's involvement in any program
11 under the Medicare, Medicaid, or the Title XXI services program since the inception
12 of those programs. (42 C.F.R. § 455.106.)

13 (2) County shall terminate the enrollment of Contractor if any person with five
14 percent (5%) or greater direct or indirect ownership interest in the disclosing entity
15 has been convicted of a criminal offense related to the person's involvement with
16 Medicare, Medicaid, or Title XXI program in the last ten (10) years.

17 13.3 Contractor must provide disclosure upon execution of Contract, extension for
18 renewal, and within thirty-five (35) days after any change in Contractor's ownership or upon
19 request of County. County may refuse to enter into an agreement or terminate an existing
20 agreement with a Contractor if that Contractor fails to disclose ownership and control interest
21 information, information related to business transactions and information on persons convicted
22 of crimes, or if Contractor does not fully and accurately make the disclosure as required.

23 13.4 Contractor must provide the County with written disclosure of any prohibited
24 affiliations under 42 C.F.R. § 438.610. Contractor must not employ or subcontract with providers
25 or have other relationships with providers Excluded from participation in Federal Health Care
26 Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42 C.F.R.
27 §438.610.

1 information or explanation that Contractor elects to submit with the disclosed information will be
2 considered. If it is later determined that Contractor fails to disclose required information, any
3 contract awarded to such Contractor may be immediately voided and terminated for material
4 failure to comply with the terms and conditions of the award.

5 Contractor must sign a “Certification Regarding Debarment, Suspension, and Other
6 Responsible Matters – Primary Covered Transactions” in the form set forth in Exhibit I.
7 Additionally, Contractor must immediately advise the County in writing if, during the term of the
8 Agreement: (1) Contractor becomes suspended, debarred, excluded or ineligible for
9 participation in Federal or State funded programs or from receiving federal funds as listed in the
10 excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions
11 become applicable to Contractor. Contractor shall indemnify, defend, and hold County harmless
12 for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility, or other
13 matter listed in the signed Certification Regarding Debarment, Suspension, and Other
14 Responsibility Matters.

15 **Article 15**

16 **General Terms**

17 15.1 **Modification.** Except as provided in Article 6, “Termination and Suspension,” this
18 Agreement may not be modified, and no waiver is effective, except by written agreement signed
19 by the parties. Contractor acknowledges that County employees have no authority to modify this
20 Agreement except as expressly provided in this Agreement.

21 (A) Notwithstanding the above, non-material changes to services, staffing, and
22 responsibilities of Contractor, as needed, to accommodate changes in the laws relating
23 to service requirements, may be made with the signed written approval of County’s DBH
24 Director, or designee, and Contractor through an amendment approved by County’s
25 County Counsel and the County’s Auditor-Controller/Treasurer-Tax Collector’s Office.
26 Said modifications shall not result in any change to the maximum compensation amount
27 payable to Contractor, as stated herein.
28

1 (B) **Rate Modification.** In addition, changes to service rates reflected in each
2 individual Contractor's Exhibit D subpart that do not exceed five percent (5%) of the
3 approved rate annually, or that are needed to accommodate state-mandated rate
4 increases, may be made with the written approval of the DBH Director, or designee.
5 These rate changes may not add or alter any other terms or conditions of the
6 Agreement. Said modifications shall not result in any change to the annual maximum
7 compensation amount payable to Contractor, as stated herein.

8 15.2 **Separate Agreement.** It is mutually understood by the parties that this Agreement
9 does not, in any way, create a joint venture among Contractors. By execution of this Agreement,
10 Contractors understand that a separate Agreement is formed between each individual
11 Contractor and County.

12 15.3 **Addition/Deletion of Providers.** The County reserves the right at any time during
13 the term of this Agreement to add Contractors to and remove Contractors from the list contained
14 on Exhibit A. It is understood that any such additions and removals will not affect compensation
15 paid to the other Contractors, and therefore such additions and removals may be made by
16 County without notice or approval of other Contractors under this Agreement. The County's
17 DBH Director, or designee, may remove a Contractor from the Agreement where there is mutual
18 written consent between the DBH Director and Contractor.

19 15.4 **Non-Assignment.** Neither party may assign its rights or delegate its obligations
20 under this Agreement without the prior written consent of the other party.

21 15.5 **Governing Law.** The laws of the State of California govern all matters arising from
22 or related to this Agreement.

23 15.6 **Jurisdiction and Venue.** This Agreement is signed and performed in Fresno
24 County, California. Contractor consent to California jurisdiction for actions arising from or related
25 to this Agreement, and, subject to the Government Claims Act, all such actions must be brought
26 and maintained in Fresno County.

27 15.7 **Construction.** The final form of this Agreement is the result of the parties' combined
28 efforts. If anything in this Agreement is found by a court of competent jurisdiction to be

1 ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement
2 against either party.

3 15.8 **Days.** Unless otherwise specified, “days” means calendar days.

4 15.9 **Headings.** The headings and section titles in this Agreement are for convenience
5 only and are not part of this Agreement.

6 15.10 **Severability.** If anything in this Agreement is found by a court of competent
7 jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in
8 effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of
9 this Agreement with lawful and enforceable terms intended to accomplish the parties’ original
10 intent.

11 15.11 **Nondiscrimination.** During the performance of this Agreement, Contractor shall not
12 unlawfully discriminate against any employee or applicant for employment, or recipient of
13 services, because of race, religious creed, color, national origin, ancestry, physical disability,
14 mental disability, medical condition, genetic information, marital status, sex, gender, gender
15 identity, gender expression, age, sexual orientation, military status or veteran status pursuant to
16 all applicable State of California and federal statutes and regulation.

17 Contractor shall take affirmative action to ensure that services to intended beneficiaries are
18 provided without use of any policy or practice that has the effect of discriminating on the basis of
19 race, color, religion, ancestry, marital status, national origin, ethnic group identification, sex,
20 sexual orientation, gender, gender identity, age, medical condition, genetic information, health
21 status or need for health care services, or mental or physical disability.

22 15.12 **No Waiver.** Payment, waiver, or discharge by the County of any liability or obligation
23 of Contractor under this Agreement on any one or more occasions is not a waiver of
24 performance of any continuing or other obligation of Contractor and does not prohibit
25 enforcement by the County of any obligation on any other occasion.

26 15.13 **Entire Agreement.** This Agreement, including its exhibits, is the entire agreement
27 between Contractor and the County with respect to the subject matter of this Agreement, and it
28 supersedes all previous negotiations, proposals, commitments, writings, advertisements,

1 publications, and understandings of any nature unless those things are expressly included in
2 this Agreement. If there is any inconsistency between the terms of this Agreement without its
3 exhibits and the terms of the exhibits, then the inconsistency will be resolved by giving
4 precedence first to the terms of this Agreement without its exhibits, and then to the terms of the
5 exhibits.

6 15.14 **No Third-Party Beneficiaries.** This Agreement does not and is not intended to
7 create any rights or obligations for any person or entity except for the parties.

8 15.15 **Authorized Signature.** Contractor represent and warrant to the County that:

9 (A) Each individual Contractor is duly authorized and empowered to sign and
10 perform its obligations under this Agreement.

11 (B) The individuals signing this Agreement on behalf of each individual Contractor
12 are duly authorized to do so and their signatures on this Agreement legally bind
13 Contractor to the terms of this Agreement.

14 15.16 **Electronic Signatures.** The parties agree that this Agreement may be executed by
15 electronic signature as provided in this section.

16 (A) An “electronic signature” means any symbol or process intended by an individual
17 signing this Agreement to represent their signature, including but not limited to (1) a
18 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
19 electronically scanned and transmitted (for example by PDF document) version of an
20 original handwritten signature.

21 (B) Each electronic signature affixed or attached to this Agreement (1) is deemed
22 equivalent to a valid original handwritten signature of the person signing this Agreement
23 for all purposes, including but not limited to evidentiary proof in any administrative or
24 judicial proceeding, and (2) has the same force and effect as the valid original
25 handwritten signature of that person.

26 (C) The provisions of this section satisfy the requirements of Civil Code section
27 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
28 Part 2, Title 2.5, beginning with section 1633.1).

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(D) Each party using a digital signature represents that it has undertaken and satisfied the requirements of Government Code section 16.5, subdivision (a), paragraphs (1) through (5), and agrees that each other party may rely upon that representation.

(E) This Agreement is not conditioned upon the parties conducting the transactions under it by electronic means and either party may sign this Agreement with an original handwritten signature.

15.17 **Counterparts.** This Agreement may be signed in counterparts, each of which is an original, and all of which together constitute this Agreement.

[SIGNATURE PAGE FOLLOWS]

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 CONTRACTOR

COUNTY OF FRESNO

3
4 SEE FOLLOWING SIGNATURE PAGES

5 Garry Bredefeld, Chairman of the Board of
6 Supervisors of the County of Fresno

7 **Attest:**
8 Bernice E. Seidel
9 Clerk of the Board of Supervisors
10 County of Fresno, State of California

11 By: _____
12 Deputy

13 For accounting use only:

14 Org No.: 56302175
15 Account No.: 7295
16 Fund No.: 0001
17 Subclass No.: 10000
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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **CF Merced Behavioral, LLC., d.b.a. Merced Behavioral Center**

3
4 By Jeri Allyood

5 Print Name: Jeri Allyood

6
7 Title: Administrator
Chairman of the Board, President, or Vice President

8
9 Date: 5/21/26

10

11

12 By Paulina Salazar

13

14 Print Name: Paulina Salazar

15 Title: CFO Cambridge Healthcare Services LLC

16 Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: 5/21/2026

19

20 MAILING ADDRESS:

21 1255 B. St.

22 Merced CA. 95341

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1 The parties are signing this Agreement on the date stated in the introductory clause.


2 Contractor: **Crestwood Behavioral Health Inc.**

3 By 

4 Print Name: Elena Mashkevich

5 Title: Executive Director of Contracts
6 Chairman of the Board, President, or Vice President

7 Date: 05.20.2026

8
9
10
11 By 

12 Print Name: Maria Stefanou

13 Title: Chief Financial Officer
14 Secretary (of Corporation), Assistant Secretary,
15 Chief Financial Officer, or Assistant Treasurer

16 Date: 05.20.2026

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18
19 MAILING ADDRESS:

20 520 Capitol Mall, Suite 800

21 Sacramento, CA 95814

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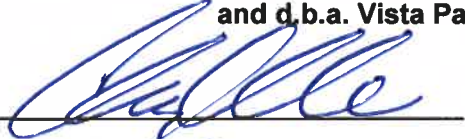
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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **Vista Pacifica Enterprises, Inc., d.b.a. Vista Pacifica Center**
3 **and d.b.a. Vista Pacifica Convalescent**

4 By 

5 Print Name: Cheryl Jumanville

6 Title: President
7 Chairman of the Board, President, or Vice President

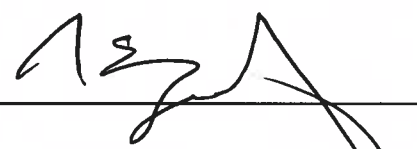
8 Date: 5/22/2026

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By 

14

15 Print Name: Allan Engelau

16

17 Title: Secretary
Secretary (of Corporation), Assistant Secretary,
Chief Financial Officer, or Assistant Treasurer

18

19 Date: 5/22/2026

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MAILING ADDRESS:

22

3662 Pacific Ave.

23

Jurupa Valley, CA 92509

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **Helios Healthcare, LLC., d.b.a. Idylwood Care Center**

3 By 

4 Print Name: Elena Mashkevich

5 Title: Executive Director of Contracts
6 Chairman of the Board, President, or Vice President

7 Date: 05.20.2026

8
9
10
11 By 

12 Print Name: Maria Stefanou

13 Title: Chief Financial Officer
14 Secretary (of Corporation), Assistant Secretary,
15 Chief Financial Officer, or Assistant Treasurer

16 Date: 05.20.2026

17
18
19 MAILING ADDRESS:

20 1002 W. Fremont Ave.

21 Sunnyvale, CA 94087

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **Mental Health Management, Inc. d.b.a. Canyon Manor**


3
4 By 

5 Print Name: Paul Heil

6
7 Title: Executive Director
Chairman of the Board, President, or Vice President

8
9 Date: 5/21/2026

10

11
12 By 

13
14 Print Name: Rosa Reynosa

15
16 Title: CFO / Business Manager
Secretary (of Corporation), Assistant Secretary,
Chief Financial Officer, or Assistant Treasurer

17
18 Date: 5/27/2026

19

20 MAILING ADDRESS:

21 655 Canyon Road

22 Novato, CA 94947

23 ///

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **GHC of Anberry, LLC d.b.a Anberry Nursing and Rehabilitation Center**

3 By 

4 Print Name: Thomas Olds, Jr

5 Title: CEO/President
6 Chairman of the Board, President, or Vice President

7 Date: 05/22/2026

8
9
10
11 By 

12 Print Name: Lois Mastrocola

13 Title: CFO
14 Secretary (of Corporation), Assistant Secretary,
15 Chief Financial Officer, or Assistant Treasurer

16 Date: 05/22/2026

17
18
19 MAILING ADDRESS:

20 1685 Shaffer Road

21 Atwater, CA 95301

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1 The parties are signing this Agreement on the date stated in the introductory clause.

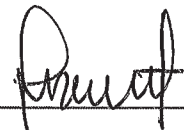
2 Contractor: **Community Care on Palm Riverside, LLC**

3
4 By 

5 Print Name: MARK GALECK

6
7 Title: Vice President of Operations
Chairman of the Board, President, or Vice President

8
9 Date: 5-20-26

10
11
12 By 

13
14 Print Name: Lusine Demirchyan

15 Title: Regional HR Director
16 Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: 5-20-26

19
20 MAILING ADDRESS:

21 4768 Palm Ave.

22 Riverside, CA 92501

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **Telecare Corporation**

3 By *Dawan Utecht*
4 Dawan Utecht (May 22, 2026 15:04:53 PDT)

5 Print Name: **Dawan Utecht**

6 Title: **SVP Chief Development Officer**
7 Chairman of the Board, President, or Vice President

8 Date: **05/22/26**
9

10
11
12 By *Trisha Niemuth*
13 Trisha Niemuth (May 22, 2026 15:58:53 MDT)

14 Print Name: **Trisha Niemuth**

15 Title: **SVP & CAFO**
16 Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: **05/22/26**
19

20 MAILING ADDRESS:

21 8835 Vans St.

22 Paramount, CA 90723

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1 The parties are signing this Agreement on the date stated in the introductory
2 clause. Contractor:

3 **Sylmar Health and Rehabilitation Center**

4 DocuSigned by:
5 By Martin Weiss
6 2E31266D4830413

7 Print Name: Martin Weiss

8 Title: Chairman of the Board, President, or Vice President

9 Date: 5/27/2026

10
11
12 Signed by:
13 By Menachem Weiss
14 22B4681E38EE400

15 Print Name: Menachem Weiss

16 Title: Secretary
17 Secretary (of Corporation), Assistant Secretary,
18 Chief Financial Officer, or Assistant Treasurer

19 Date: 5/27/2026

20 MAILING ADDRESS:

21 12220 Foothill Boulevard
22 Sylmar, CA 91342

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **GHC of Fresno, LLC d.b.a. Horizon Health & Subacute Center**

3 By 

4
5 Print Name: Thomas Olds, Jr

6
7 Title: CEO/President
Chairman of the Board, President, or Vice President

8
9 Date: 05/22/226

10
11
12 By 

13
14 Print Name: Lois Mastrocola

15
16 Title: CFO
Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: 05/22/2026

19
20 MAILING ADDRESS:

21 3034 E. Herndon Avenue

22 Fresno, CA 93720

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1 The parties are signing this Agreement on the date stated in the introductory clause.

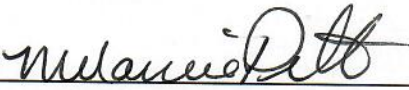
2 Contractor: **Oaklandidence Opco, LLC d.b.a. Medical Hill Healthcare Center**

3
4 By 

5 Print Name: Rusty Groiner

6
7 Title: Administrator
8 Chairman of the Board, President, or Vice President

9 Date: 5/21/26

10
11
12 By 

13
14 Print Name: Melanie Pittman

15 Title: Business Office Manager
16 Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: 5/21/26

19
20 MAILING ADDRESS:

21 475 29th St.

22 Oakland, CA 94609

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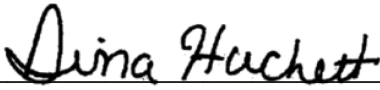
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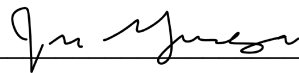
2 Contractor: **California Psychiatric Transitions**

3 By 

4 Print Name: Dina Hackett

5 Title: CEO & President
6 Chairman of the Board, President, or Vice President

7 Date: 05/26/2026

8
9
10
11
12 By 

13 Print Name: Julia Youga

14 Title: CFO
15 Secretary (of Corporation), Assistant Secretary,
16 Chief Financial Officer, or Assistant Treasurer

17 Date: 05/26/2026

18
19
20 MAILING ADDRESS:

21 9226 North Hinton

22 Delhi, CA 95315

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1 The parties are signing this Agreement on the date stated in the introductory clause.


2 Contractor: **RG Legacy II, LLC d.b.a Pasadena Nursing Center**

3 By 

4 Print Name: Mark Galeck

5 Title: Vice President of Operations
6 Chairman of the Board, President, or Vice President

7 Date: 5-20-26

8
9
10
11 By 

12 Print Name: Lusine Demirchyan

13 Title: Regional HR Director
14 Secretary (of Corporation), Assistant Secretary,
15 Chief Financial Officer, or Assistant Treasurer

16 Date: 5-20-26

17
18
19 MAILING ADDRESS:
20 1570 N. Fair Oaks Ave.
21 Pasadena, CA 91103

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1 The parties are signing this Agreement on the date stated in the introductory clause.

2 Contractor: **KF Community Care, LLC., d.b.a. Community Care Center**

3
4 By 

5 Print Name: Elyse Lites

6
7 Title: VP Managed Care
8 Chairman of the Board, President, or Vice President

9 Date: 5/26/2026

10
11
12 By 

13
14 Print Name: Shannon Bland

15 Title: Administrater
16 Secretary (of Corporation), Assistant Secretary,
17 Chief Financial Officer, or Assistant Treasurer

18 Date: 5/26/26

19
20 MAILING ADDRESS:

21 2335 S. Mountain Ave.

22 Duarte, CA 91010

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LIST OF CONTRACTORS

	Contracted Provider	Contact Information	Rates Exhibit
01	CF Merced Behavioral, LLC., d.b.a. Merced Behavioral Center	Jeri Allgood 1255 B. St. Merced CA. 95341 Jeri.Allgood@mercedbehavioral.com	Exhibit D – Attachment A-1
02	Crestwood Behavioral Health Inc.	Oksana Glukhikh 520 Capitol Mall, Suite 800 Sacramento CA. 95814 oksana.glukhikh@cbhi.net, contractsBH@cbhi.net	Exhibit D – Attachment A-2
03	Vista Pacifica Enterprises, Inc., d.b.a. Vista Pacifica Center and d.b.a. Vista Pacifica Convalescent	Cheryl Jumonville 3662 Pacific Ave. Jurupa Valley CA. 92509 cjumonville@vistapacificaent.com	Exhibit D – Attachment A-3a Exhibit D – Attachment A-3b
04	Helios Healthcare, LLC., d.b.a. Idylwood Care Center	Oksana Glukhikh 1002 W. Fremont Ave. Sunnyvale CA. 94087 oksana.glukhikh@cbhi.net, contractsBH@cbhi.net	Exhibit D – Attachment A-4
05	Mental Health Management, Inc. d.b.a. Canyon Manor	Rosa Reynoza 655 Canyon Road Novato CA. 94947 Rosa.Reynoza@canyonmanor.com	Exhibit D – Attachment A-5
06	GHC of Anberry, LLC d.b.a Anberry Nursing and Rehabilitation Center	Wendy Haining 1685 Shaffer Road Atwater CA. 95301 Wendyhaining@lifegen.net	Exhibit D – Attachment A-6
07	Community Care on Palm Riverside, LLC	Elizabeth Ortiz 4768 Palm Ave. Riverside CA. 92501 BOM@ccopalm.com	Exhibit D – Attachment A-7
08	Telecare Corporation	Mitchell Chow 8835 Vans St. Paramount CA. 90723 mchow@telecarecorp.com	Exhibit D – Attachment A-8
09	Golden State Health Centers, Inc, d.b.a Sylmar Health and Rehabilitation Center	Mike Freeman 12220 Foothill Boulevard Sylmar CA. 91342 mfreeman@sylmarhrc.com	Exhibit D – Attachment A-9
10	GHC of Fresno, LLC d.b.a. Horizon Health & Subacute Center	Cynthia Cross 3034 E. Herndon Ave. Fresno CA 93720 CynthiaCross@lifegen.net	Exhibit D – Attachment A-10
11	Oaklandidence Opco, LLC d.b.a. Medical Hill Healthcare Center	Rusty Greiner 475 29 th St. Oakland CA. 94609 rusty.greiner@mcclurepa.com	Exhibit D – Attachment A-11

12	California Psychiatric Transitions	Aaron Stocking 9226 North Hinton Delhi CA. 95315 astocking@cptmhrc.com	Exhibit D – Attachment A-12
13	RG Legacy II, LLC d.b.a Pasadena Nursing Center	Jasmin Lopez 1570 N. Fair Oaks Ave. Pasadena CA. 91103 BOM@pnscsnf.com	Exhibit D – Attachment A-13
14	KF Community Care, LLC., d.b.a. Community Care Center	Shannon Bland 2335 S. Mountain Ave. Duarte CA. 91010 SBland@community-care- center.com	Exhibit D – Attachment A-14

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH SCOPE OF WORK

I. GEROPSYCHIATRIC NURSING CARE FACILITY SERVICES

Fresno County Department of Behavioral Health (DBH) is responsible for the provision of appropriate Skilled Nursing Facility (SNF) and Geropsychiatric Nursing Care Facility (GNCF) services to Fresno County residents who are age 65 years or older, have serious and persistent psychiatric impairment and problems with their physical health.

SNFs operate under Title 22, California Code of Regulations, sections 51335, 71443-72475 and the California Department of Health Care Services' (DHCS) Policies and Directives. Title 22 of the California Code of Regulations describes and defines programs that serve clients who have chronic psychiatric impairment and whose adaptive functioning is moderately impaired.

A. Goals and Objectives

The major objectives for these services are: to control and modify the client's destructive behavior; and, to prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.

1. Provide a safe and healthful living environment.
2. Control and modify the person's destructive behavior patterns.
3. Prevent or reduce acute psychiatric hospitalizations or long-term hospitalization.
4. Provide care as close to the client's home community (Fresno County) as possible; and
5. Provide high quality care and supervision at the lowest appropriate cost.

B. TARGET POPULATION

Primarily older adults (generally 55+/60+) with SMI and/or neurocognitive disorders with behavioral disturbances requiring a geropsychiatric SNF-level setting.

C. DESCRIPTION OF SERVICES

The Department of Behavioral Health contracts for a number of SNF beds for both Basic and Enhanced levels of care. The rates for the Basic Services per bed per day are dictated by the State. Enhanced Services are described in Subsection 6.B below. The following are the types of SNF beds needed, depending on a client's mental/physical health condition:

1. **Basic Services:** includes reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming, as appropriate.
2. **Secured SNF:** includes the services listed under "Basic Services" in a secured environment, but not in a locked facility.
3. **Locked SNF with or without enhanced services** includes the services listed under "Basic Services" in a locked building.

4. **Sub-Acute SNF:** includes services that are non-acute 24-hour voluntary or involuntary care that is required for the provision of mental health services to clients with serious mental conditions who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24-hour per day basis in order to achieve stabilization and/or an optimal level of functioning. Such clients are those who, if in the community, would require the services of a licensed health facility providing 24-hour sub-acute mental health care. Such facilities include, but are not limited to, skilled nursing facilities with special treatment programs. Sub-acute has the same meaning as non-acute as defined in this section
5. **Special Treatment Program:** therapeutic services provided to clients with serious mental conditions having special needs in one (1) or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They also include pre-vocational preparation and pre-release planning. Contractor will provide a copy of the Policy or Procedure Guide (PPG) on agency's Special Treatment Program to the Department of Behavioral Health within ten (10) working days from the day the Agreement becomes effective. The PPG is to be sent to Department of Behavioral Health, Attn: Contracted Services Division – Mental Health, 3133 N. Millbrook Avenue, Fresno, California 93703.

6. **SERVICES:**

A. **Basic Services:**

i. **Treatment Setting**

1. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to be a licensee to such an extent that client safety, welfare, and quality of care is assured.
2. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For specifics on supervision, refer to Title 22.
3. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.
4. Activity Programs (Title 22, California Code of Regulations, and State DHCS' Policies and Directives):
 - i. An activity program means a program that is staffed and equipped to encourage the participation of each client, meets the needs and interests of each client, and encourages self-care and resumption of normal activities.
 - ii. Clients shall be encouraged to participate in activities planned to meet their individual needs. An

activity program shall have a written, planned schedule of social and other purposeful activities.

- iii. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the client to maintain the highest attainable social, physical, and emotional functioning, but not necessarily to correct or remedy a disability.
 - iv. The activity program shall consist of individual, small and large group activities designed to meet the needs and interests of each client.
5. The provision for basic living needs includes, but is not limited to food, laundry, and care of residents' personal clothing, and security of personal items.
- i. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.
 - ii. Laundry and care of residents' personal clothing- for specific information, refer to Title 22.
 - iii. Security of personal items and safeguards for clients' monies and valuables- for specific information, refer to Title 22 for specifics
 - iv. Resident Security- It is expected that these residents may be segregated from other residents of the facility to ensure security

ii. Clinical

1. Pre-admission screening process
2. Admission policy describing the extent of the facility's right of refusal.
3. Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility
4. Program designed to modify combative behavior, protect the client, prevent the breakage of property, and promote personal responsibility for behavior.
5. Use of restraints and postural supports. For specifics, refer to Title 22.
6. Provision of medical care with availability of physician

services for treatment of any physical ailments of the clients housed at the facility.

7. Consultation and/or case staffing to be held with appropriate County assigned mental health professionals, as needed, but no less frequently than on a quarterly basis.

iii. Lanterman-Petris-Short (LPS) Act Reporting

1. Contractor shall comply with all applicable federal and state laws, regulations, and guidance related to the Lanterman-Petris-Short (LPS) Act, including any data collection and reporting requirements established by the California Department of Health Care Services (DHCS).
2. Contractor shall collect and provide to the County any information or documentation required for the County to meet its reporting obligations to DHCS or other authorized entities, in the format and timeframes specified by the County.

iv. Location

1. The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required by court hearings and staff travel, and facilitate involvement by family and friends for client support.

v. Health

1. Within sixty (60) days of admission, each person served shall complete an appointment with a primary care doctor for a physical exam and regular appointments once a year thereafter.
2. Within six (6) months of admission, each person served shall:
 - i. Complete a dentist appointment for a dental cleaning, any needed follow up care and regular appointments once a year thereafter.
 - ii. Complete an Optometrist/ Ophthalmologist appointment and follow up care once each two (2) years thereafter.
 - iii. For persons served 45 year and older, complete a colonoscopy and endoscopy and as ordered by a doctor.
 - iv. For women persons served 45 years and older, complete a mammogram and every two (2) years thereafter.
 - v. For women persons served 18 years old and older, receive a gynecological exam with an OBGYN and annually thereafter; and
 - vi. Provider staff shall obtain a copy of any doctor's

note the same day as the appointment and submit to the conservator for all doctor's visits as described above.

3. Staff shall provide a copy of the person's served most recent medical/psychiatric notes from the doctor to the DBH RISE Conservatorship Office.
4. Telehealth support – All person served shall have access to a computer (with sound) and be allowed privacy to attend psychiatry appointments and court evaluations with a doctor.
5. Facilities that have an onsite doctor, board certified psychiatrist or psychiatric nurse practitioner shall provide medical services for all psychiatric medications.
6. Persons served who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.) shall be given assistance in securing and maintaining these devices.
7. Staff must present a copy of person's served medication log to health professionals prior to treatment.
8. Staff shall complete requests for packets prior to doctor evaluation appointments for court when requested by County.

vi. Administration

1. Administrator will meet with the County's DBH Adult Services Division Manager, or designee, as required to monitor the Agreement.
2. Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.
3. Daily census records will be maintained and sent to the County's DBH Adult Services Division Manager.
4. Prepare reports as may be required to fulfill the terms of the agreement.
5. Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by Contractor, on each occurrence.
6. Every incident report shall be retained on file by the facility

for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the Director, Department of Behavioral Health 3133 N. Millbrook Avenue, Fresno, California 93703, upon request.

7. Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.
8. All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
9. No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.
10. The daily rate for the client will be commensurate with the level of care being provided at that facility.
11. All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form, attached hereto to this Agreement and by this reference incorporated herein.
12. For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis. A day shall be defined as any portion of a twenty-four (24) hour day beginning at 8:00 a.m. and ending at 7:59 a.m. the following day, unless otherwise defined in this agreement or amendment to this agreement.

B. Enhanced Services:

1. Enhanced Services augment the services of Basic and Special Treatment Programs. Enhanced Services are designed to serve clients who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.
2. The target population is adults with serious and persistent

mental health conditions whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by enhanced services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.

3. Clients needing these services are male or female; have a major psychiatric diagnosis, organic brain syndrome or major mental disorder; are a LPS conservatee of Fresno County; may be physically impaired, perhaps non-ambulatory; and present a special or unusual behavior management issue.
4. The major objectives for these services are: to control and modify the client's destructive behavior; and, to prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.
5. All services provided under this Scope of Work are subject to prior authorization by the County's Department of Behavioral Health. Enhanced Services and Special Treatment Program services require separate written authorization as determined by Fresno County.

ii. Reporting/Outcomes

1. Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.
2. Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated by the County to Contractor. Outcome measures may include, but are not limited to:
 - i. Successful program completion and transition to lower level of care placement
 - ii. Reduced or no inpatient hospitalizations
 - iii. Reduced or no incidents of self-injury, injury to others or property damage
 - iv. Reduced or no incidents of medical emergency or hospitalization
3. **Objectives/Evaluation**
 - I. A strong evaluation component will be required for these services. Contractor will be required to have an evaluation program that includes observable,

measurable, time-limited outcome and process objectives. The evaluation program will be submitted in writing to the assigned DBH Mental Health Contracts Analyst for review and approval by the County within sixty (60) days after the Agreement is executed. Process objectives are defined as those describing or delineating the amount, frequency, and kinds of services to be provided. Outcome objectives are those indicators that describe the effect of program activities on client behavior or status.

4. **CORPORATIONS**

For incorporated businesses, the Contractor shall notify the Department of all facilities that the Department of Behavioral Health might use.

5. **INSURANCE**

Contractor will provide County with new certificates of insurance if there is any change in coverage. Insurance requirements are governed by the Agreement and applicable Exhibits.

6. **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

- i. County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and agree to use and disclose protected health information as required by law.
- ii. County reserves the right to revise and/or update the Scope of Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes

SCOPE OF WORK (Continued)

II. INSTITUTIONS FOR MENTAL DISEASE / LOCKED SKILLED NURSING FACILITY CARE

Fresno County Department of Behavioral Health is responsible for the provision of appropriate locked Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to Fresno County residents eighteen (18) to sixty-four (64) years of age, having serious and persistent psychiatric impairment, and are in need of Skilled Nursing Facility/Institutions for Mental Disease services (SNF/IMD) with Special Treatment Programs (STPs) and Enhanced Services.

Skilled Nursing Facility/Special Treatment Program/Institutions for Mental Disease (SNF/STP/IMD) operate under Title 22, California Code of Regulations, Sections 51335, 71443-72475 and the California Department of Health Care Service's (DHCS) Policies and Directives. Title 22 of the California Code of Regulations describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. Contractor will provide "Basic Services", which include reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site

A. TARGET POPULATION

Adults with SMI and co-occurring medical/functional impairments requiring 24/7 skilled nursing in a structured behavioral health program; may include individuals stepping down from IMD/MHRC or diverted from acute inpatient psychiatry who cannot safely live in community placements.

B. DESCRIPTION OF SERVICES

C. Goals and Objectives

- a) Provide a safe and healthful living environment;
- b) Control and modify the person's destructive behavior patterns;
- c) Prevent or reduce acute psychiatric hospitalizations or long-term hospitalization;
- d) Provide care as close to the client's home community (Fresno County) as possible;
and
- e) Provide high quality care and supervision at the lowest appropriate cost.

D. Location of Services

- a) The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required for court hearings and staff travel, and facilitate involvement by family and friends for client support.

E. Types of Services

The Department of Behavioral Health contracts for a number of SNF/STP/IMD beds for both Basic and Enhanced levels of care. The distribution, types, and total number of beds depend on the facilities selected. The rates for the Basic services per bed per day are dictated by the State. Enhanced services are described in Subsection 3 below.

I. Basic Services:

- a. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to

be a licensee to such an extent that client safety, welfare, and quality of care is assured.

- b. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For further specifics on supervision, refer to Title 22.
- c. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.
- d. Activity Programs (Title 22, California Code of Regulations, and State DHCS' Policies and Directives):
 - i. An activity program means a program that is staffed and equipped to encourage the participation of each client, meets the needs and interests of each client, and encourages self-care and resumption of normal activities.
 - ii. Clients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful activities.
 - iii. The program shall be designed to make life more meaningful, to stimulate and support physical and mental capabilities to the fullest extent, to enable the client to maintain the highest attainable social, physical, and emotional functioning, but not necessarily to correct or remedy a disability.
 - iv. The activity program shall consist of individual, small and large group activities.
- e. The provision for basic living needs includes, but is not limited to food, laundry, and care of residents' personal clothing, and security of personal items.
 - i. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.
 - ii. Laundry and care of residents' personal clothing - refer to Title 22 for specific information.
 - iii. Security of personal items and safeguards for clients' monies and valuables - refer to Title 22 for specific information.
- f. Resident Security- It is expected that these residents may be segregated from other residents of the facility to ensure security.

II. Clinical

- a. Pre-admission screening process.
- b. Admission policy describing the extent of the facility's right of refusal.
- c. Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility.

- d. Program designed to modify combative behavior, protect the client, prevent the breakage of property, and to promote personal responsibility for behavior.
- e. Use of restraints and postural supports. For specifics, refer to Title 22 related to these issues.
- f. Consultation and/or case staffing to be held with appropriate County assigned mental health professionals, as needed, but no less frequently than on a quarterly.

III. Lanterman-Petris-Short (LPS) Act Reporting

- a. Contractor shall comply with all applicable federal and state laws, regulations, and guidance related to the Lanterman-Petris-Short (LPS) Act, including any data collection and reporting requirements established by the California Department of Health Care Services (DHCS).
- b. Contractor shall collect and provide to the County any information or documentation required for the County to meet its reporting obligations to DHCS or other authorized entities, in the format and timeframes specified by the County.

IV. Health

- a. Within sixty (60) days of admission, each person served shall complete an appointment with a primary care doctor for a physical exam and regular appointments once a year thereafter.
- b. Within six (6) months of admission, each person served shall:
 - i. Complete a dentist appointment for a dental cleaning, any needed follow up care and regular appointments once a year thereafter;
 - ii. Complete an Optometrist/ Ophthalmologist appointment and follow up care once each two (2) years thereafter;
 - iii. For persons served 45 year and older, complete a colonoscopy and endoscopy and as ordered by a doctor;
 - iv. For women persons served 45 years and older, complete a mammogram and every two (2) years thereafter;
 - v. For women persons served 18 years old and older, receive a gynecological exam with an OBGYN and annually thereafter; and
 - vi. Provider staff shall obtain a copy of any doctor's note the same day as the appointment and submit to the conservator for all doctor's visits as described above.
- c. Staff shall provide a copy of the person's served most recent medical/psychiatric notes from the doctor to the DBH RISE Conservatorship Office.
- d. Telehealth support – All person served shall have access to a computer (with sound) and be allowed privacy to attend psychiatry appointments and court evaluations with a doctor.
- e. Facilities that have an onsite doctor, board certified psychiatrist or psychiatric nurse practitioner shall provide medical services for all psychiatric medications.

- f. Persons served who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.) shall be given assistance in securing and maintaining these devices.
- g. Staff must present a copy of person's served medication log to health professionals prior to treatment.
- h. Staff shall complete requests for packets prior to doctor evaluation appointments for court when requested by County.

V. Administration

- a. Administrator will meet with the assigned DBH Mental Health Contracts Analyst, or designee, as required to monitor the contract.
- b. Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.
- c. Daily census records will be maintained and sent to the County's DBH Adult Services Division Manager.
- d. Prepare reports as may be required to fulfill the terms of the agreement.
- e. Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by the Contractor on each occurrence.
- f. Every incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the Director, Department of Behavioral Health 3133 N. Millbrook Avenue, Fresno, California 93703, upon request.
- g. Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.
- h. All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
- i. No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.
- j. The daily rate for the client will be commensurate with the level of care being provided at that facility.
- k. All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form.

- I. For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis. A day shall be defined as any portion of a twenty-four (24) hour day beginning at 8:00 a.m. and ending at 7:59 a.m. the following day, unless otherwise defined in this agreement or amendment to this agreement.

VI. Special Treatment Program

Special Treatment Program (STP) services are those therapeutic services provided to clients with serious mental health conditions having special needs in one (1) or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. They also include pre-vocational preparation and pre-release planning.

Contractor shall provide a copy of the Policy and Procedure Guide (PPG) on agency's Special Treatment Program/Approach to the Department of Behavioral Health within ten (10) working days from the day the Agreement becomes effective. The PPG is to be sent to the Department of Behavioral Health, Attn: Mental Health Contracted Services Division, 3133 N. Millbrook Avenue, Fresno, California 93703.

VII. Enhanced Services

Enhanced Services augment the services of Basic and Special Treatment Programs. Enhanced Services are designed to serve clients who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The target population is adults with serious and persistent mental health conditions whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by Enhanced Services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.

Clients needing these services may be male or female; have a major psychiatric diagnosis, organic brain syndrome or major mental disorder; are a LPS conservatee Fresno County; are physically impaired, perhaps non-ambulatory; and present a special or unusual behavior management issue.

The major objectives for these services are: to control and modify the client's destructive behavior; provide a safe, secure, and healthful

environment; provide adequate supervision; and, prevent or reduce acute psychiatric hospitalization or long-term State hospitalization

VIII. Reporting/Outcomes

Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.

Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated by the County to Contractor. Outcome measures may include, but are not limited to:

1. Successful program completion and transition to lower level of care placement
2. Reduced or no inpatient hospitalizations
3. Reduced or no incidents of self-injury, injury to others or property damage
4. Reduced or no incidents of medical emergency or hospitalization

IX. Insurance

- a. Contractor will provide County with new certificates of insurance if there is any change in coverage. Insurance requirements are governed by the Agreement and applicable Exhibits.

X. Health Insurance Portability and Accountability Act

- a. County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and agree to use and disclose protected health information as required by law.

XI. County reserves the right to revise and/or update the Scope of Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes.

SCOPE OF WORK (Continued)

III. MENTAL HEALTH REHABILITATION CENTERS

Mental Health Rehabilitation Centers (MHRCs) provide intensive support and rehabilitation to clients as an alternative to state hospital or other 24-hour care facilities. MHRCs help clients develop the skills to become self-sufficient and increase their levels of independent functioning.

MHRCs operate under Title 9, California Code of Regulations, Division 1, and the California Department of Health Care Services' Policies and Directives. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Care Services Licensing and Certification Division.

MHRCs are needed for clients upon discharge from an acute inpatient psychiatric facility or outpatient crisis stabilization program like the twenty-four (24) hour program providing intensive services to persons eighteen (18) years of age or older. These clients would otherwise be placed in a State hospital or another mental health facility to develop skills to become self-sufficient and increase their levels of independent functioning.

The contracted MHRC(s) focus on mental health rehabilitation, rather than skilled nursing, and will include short-term, rehabilitative, individualized, goal-oriented programs. The length of stay for clients with serious mental health conditions will vary. A newly conserved client may reside in the facility for ninety (90) days, whereas another client may reside in the facility from eight (8) to eleven (11) months. The target population may include clients who have an active temporary conservatorship; and, recently conserved Fresno County clients (no longer than three (3) years), or clients who are unsuccessful in transitioning from an IMD to a lower level of care.

Specific "Basic Services" are outlined in Title 22, California Code of Regulations, which describes and defines programs that serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired.

It is expected that the Contractor will provide "Basic Services", which include reasonable access to required medical treatment, up-to-date psychopharmacology and transportation to needed off-site services, and bilingual/bicultural programming as appropriate

A. Target Population

Adults (generally ages 18–64) with SMI requiring intensive rehabilitative programming in a licensed MHRC setting.

B. Description of Services

a) Goals and Objectives

1. Offer early restorative interventions;
2. Avoid admissions of clients to acute level facilities who do not meet medical necessity criteria;
3. Decrease the average length of stay and administrative stay days in acute psychiatric facilities by providing a more appropriate treatment program;
4. Avoid extended hospital stays of clients waiting for placement at other sub-acute, long-term or out-of-County facilities;

5. Interrupt the cycle of increased dependence on the utilization of skilled nursing facilities as a placement option;
6. Decrease recidivism; and
7. Provide a safe and healthful living environment.

C. Location of Services:

The location of the facility should be in relatively close proximity to Fresno County. This will help expedite the integration of these clients back into community living, decrease the travel expense required by court hearing and staff travel, and facilitate involvement by family and friends for client support.

D. Types of Services

a) Treatment Setting

1. A facility that provides reasonable security, supervision, and substantial compliance. Substantial compliance means conformity to regulations to be a licensee to such an extent that client safety, welfare, and quality of care is assured.
2. Development of an individual, written client care plan which indicates the care to be given, the objectives to be accomplished, and the professional discipline responsible for each element of care. Objectives shall be measurable and time limited. For further specifics on supervision, refer to Title 22.
3. Safeguards for clients' monies and valuables. For specifics, refer to Title 22.
4. Activity Programs (Title 9, Title 22, California Code of Regulations, and State DHCS' Policies and Directives):
 - i. An activity program means a program that is staffed and equipped to encourage the participation of each client, to meet the needs and interests of each client, and encourage self-care and resumption of normal activities.
 - ii. Clients shall be encouraged to participate in activities planned to meet their individual needs. An activity program shall have a written, planned schedule of social and other purposeful activities. The program shall be designed to make life more meaningful and to stimulate and support physical and mental capabilities to the fullest extent, and enable the client to maintain the highest attainable social, physical, and emotional functioning but not necessarily to correct or remedy a disability.
 - iii. The activity program shall consist of individual, small and large group activities that are designed to meet the needs and interests of each client.

b) The provision for basic living needs includes, but is not limited to food, laundry, and care of residents' personal clothing, and security of personal items.

1. The dietetic service shall provide food of the quality and quantity to meet each client's needs in accordance with the physician's orders and meets "the recommended daily dietary allowance" as specified in the most current

edition adopted by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. For specifics, refer to Title 22.

2. Laundry and care of residents' personal clothing. Refer to Title 22 for specific information.
 3. Security of personal items and safeguards for clients' monies and valuables. Refer to Title 22 for specific information.
- c) Resident Security - It is expected that these residents may be segregated from other residents of the facility to ensure security.

E. Clinical

- a) Pre-admission screening process.
- b) Admission policy describing the extent of the facility's right of refusal.
- c) Review process, if requested, for persons not accepted for admission or discharged as inappropriate for the facility.
- d) Program designed to modify combative behavior; protect the client; prevent the breakage of property; and, promote personal responsibility for behavior.
- e) Use of restraints and postural supports. For specifics, refer to Title 22.
- f) Consultation and/or case staffing to be held with appropriate County-assigned mental health professionals, as needed, on a quarterly basis.

F. Lanterman-Petris-Short (LPS) Act Reporting

- a) Contractor shall comply with all applicable federal and state laws, regulations, and guidance related to the Lanterman-Petris-Short (LPS) Act, including any data collection and reporting requirements established by the California Department of Health Care Services (DHCS).
- b) Contractor shall collect and provide to the County any information or documentation required for the County to meet its reporting obligations to DHCS or other authorized entities, in the format and timeframes specified by the County.

G. Health

- a) Within sixty (60) days of admission, each person served shall complete an appointment with a primary care doctor for a physical exam and regular appointments once a year thereafter.
- b) Within six (6) months of admission, each person served shall:
- c) Complete a dentist appointment for a dental cleaning, any needed follow up care and regular appointments once a year thereafter;
- d) Complete an Optometrist/ Ophthalmologist appointment and follow up care once each two (2) years thereafter;
- e) For persons served 45 year and older, complete a colonoscopy and endoscopy and as ordered by a doctor;
- f) For women persons served 45 years and older, complete a mammogram and every two (2) years thereafter;
- g) For women persons served 18 years old and older, receive a gynecological exam with an OBGYN and annually thereafter; and
- h) Provider staff shall obtain a copy of any doctor's note the same day as the appointment and submit to the conservator for all doctor's visits as described above.

- i) Staff shall provide a copy of the person's served most recent medical/psychiatric notes from the doctor to the DBH RISE Conservatorship Office.
- j) Telehealth support – All person served shall have access to a computer (with sound) and be allowed privacy to attend psychiatry appointments and court evaluations with a doctor.
- k) Facilities that have an onsite doctor, board certified psychiatrist or psychiatric nurse practitioner shall provide medical services for all psychiatric medications.
- l) Persons served who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.) shall be given assistance in securing and maintaining these devices.

- m) Staff must present a copy of person's served medication log to health professionals prior to treatment.
- n) Staff shall complete requests for packets prior to doctor evaluation appointments for court when requested by County.

H. Administration

- a) Administrator will meet with the County's DBH Adult Services Division Manager, or designee, as required to monitor the contract.
- b) Facility will immediately report all incidents involving Fresno County clients to the contract liaison. Notification will be made to Fresno County in cases of illegality, death, self-injury, absence without leave, property destruction and violence towards others.
- c) Daily census records will be maintained and sent to the County's DBH Adult Services Division Manager.
- d) Prepare reports as may be required to fulfill the terms of the agreement.
- e) Occurrences such as epidemic outbreaks, poisoning, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of clients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours, either by telephone at (559) 600-9180, and confirmed in writing, or by fax at (559) 600-7674 to the Director, Department of Behavioral Health. An incident report shall be prepared by the Contractor on each occurrence.
- f) Every incident report shall be retained on file by the facility for one (1) year. The facility shall furnish such other pertinent information related to such occurrences to the Director, Department of Behavioral Health, 3133 N. Millbrook Avenue, Fresno, California 93703.
- g) Every fire or explosion that occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or, in areas not having an organized fire service, to the State Fire Marshal. Contractor shall meet all fire safety requirements set by the local Fire Marshal and other requirements cited in the California Health and Safety Code.
- h) All facilities shall have a placement contact person readily available to respond to requests for placements from the County. This is to prevent placement delays in placing a client at the appropriate level of care.
- i) No notice is required to move a person to a different level of care or when there is a need to discharge the client because this is dependent on clinical prognosis.

- j) The daily rate for the client will be commensurate with the level of care provided at that facility.
- k) All services, other than the Basic Services, must be pre-approved prior to placement utilizing Special Services Authorization Form.
- l) For the purposes of this Agreement, the term "bed day" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility. Contractor will notify County in the event that a client has to be moved to an acute treatment facility and a bed hold needs to be made. County will approve any bed-hold days that may be required on a case-by-case basis. A day shall be defined as any portion of a twenty-four (24) hour day beginning at 8:00 a.m. and ending at 7:59 a.m. the following day, unless otherwise defined in this agreement or amendment to this agreement.

I. Special Treatment Program

- a) The MHRC(s) will focus on mental health rehabilitation, rather than skilled nursing, and will include short-term, rehabilitative, individualized, goal-oriented special treatment programs. The length of stay for clients with serious mental health conditions will vary.

J. Enhanced Services

- a) Enhanced Services augment the services of Basic and Special Treatment Programs. Enhanced Services are designed to serve clients who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.
- b) The target population is adults with serious and persistent mental health conditions whose behavior requires more intensive programming than is available from Basic Services. It is anticipated that the intensive treatment and staffing provided by enhanced services will prevent State Hospital admissions. The target population may include persons who are often at risk of elopement and occasionally assaultive or self-destructive. They may have complicating medical problems. Additionally, they may require specialized services to insure successful transition to community living.
- c) Clients needing these services may be male or female; have a major psychiatric diagnosis, organic brain syndrome, or major mental disorder; are a LPS conservatee of Fresno County; may be physically impaired; and present a special or unusual behavior management issue.
- d) The major objectives for these services are: to control and modify the client's destructive behavior; provide a safe, secure, and healthful environment; provide adequate supervision; and, prevent or reduce acute psychiatric hospitalization or long-term State hospitalization.

K. Target Population

- 1. Clients who no longer are in need of acute hospital care.
- 2. Clients who have an active temporary conservatorship.
- 3. Recently conserved Fresno County clients (no longer than three (3) years).

L. Reporting/Outcomes

- a) Contractor shall be required to submit monthly census reports detailing the number of County clients living in the facility on a daily basis.
- b) Contractor shall provide, at County's request, any required reports to County, which may include performance outcome measurement reports as communicated

by the County to Contractor. Outcome measures may include, but are not limited to:

1. Successful program completion and transition to lower level of care placement
2. Reduced or no inpatient hospitalizations
3. Reduced or no incidents of self-injury, injury to others or property damage
4. Reduced or no incidents of medical emergency or hospitalization

M. Objectives/Evaluation

- a) A strong evaluation component will be required for these services. Contractor will be required to have an evaluation program that will include observable, measurable, time-limited outcome and process objectives. The evaluation program will be submitted in writing to the assigned DBH Mental Health Contracts Analyst for review and approval by the County within sixty (60) days after the Agreement is executed. Process objectives are defined as those describing or delineating the amount, frequency, and kinds of services to be provided. Outcome objectives are those indicators that describe the effect of program activities on client behavior or status
- b) executed.

N. Corporations

- a) For incorporated businesses, the Contractor shall notify the Department of all facilities that the Department of Behavioral Health might use.

O. Insurance

- a) Contractor will provide County with new certificates of insurance if there is any change in coverage. Insurance requirements are governed by the Agreement and applicable Exhibits.

P. Health Insurance Portability and Accountability Act

- a) County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA) and agree to use and disclose protected health information as required by law.

- Q.** County reserves the right to revise and/or update the Scope of Work as needed, within the regulations of applicable CCR, CFR, and/or WIC codes.

FRESNO COUNTY BEHAVIORAL HEALTH REQUIREMENTS

I. General Requirements

- a. **Guiding Principles.** Contractor shall align programs, services, and practices with the vision, mission, and guiding principles of the DBH, as further described in Exhibit C – Attachment A to this Agreement, titled “Fresno County Department of Behavioral Health Guiding Principles of Care Delivery.”
- b. **Rights of Persons Served.** Contractor shall post signs informing persons served of their right to file a complaint or grievance, appeals, and expedited appeals. In addition, Contractor shall inform every person served of their rights as set forth in Exhibit C – Attachment B to this agreement, titled “Fresno County Behavioral Health Plan Rights of Persons Served”.
- c. **Licenses/Certificates.** Throughout the term of this Agreement, Contractor and Contractor’s staff shall maintain all necessary licenses, permits, approvals, certificates, waivers and exemptions necessary for the provision of the services hereunder and required by the laws and regulations of the United States of America, State of California, the County of Fresno, and any other applicable governmental agencies. Contractor shall notify County immediately in writing of its inability to obtain or maintain such licenses, permits, approvals, certificates, waivers and exemptions irrespective of the pendency of any appeal related thereto. Additionally, Contractor and Contractor’s staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter changed.
- d. **Training.** Contractor agrees that its employees, volunteers, interns, and student trainees or subcontractors of Contractor, in each case, are expected to perform professional services per an agreement with County. Contractor will comply with the training requirements and expectations referenced in Exhibit C – Attachment C to this Agreement, titled “Fresno County Department of Behavioral Health Contractor Training Requirements Reference Guide”.
- e. **Additional Responsibilities.** The parties acknowledge that, during the term of this Agreement, the Contractor will hire, train, and credential staff, and County will perform additional staff credentialing to ensure compliance with State and Federal regulations, if applicable.

- f. **Subcontracts.** Contractor shall obtain written approval from County's Department of Behavioral Health Director, or designee, before subcontracting any of the services delivered under this Agreement. County's Department of Behavioral Health Director, or designee, retains the right to approve or reject any request for subcontracting services. Any transferee, assignee, or subcontractor will be subject to all applicable provisions of this Agreement, and all applicable State and Federal regulations.

Contractor shall be held primarily responsible by County for the performance of any transferee, assignee, or subcontractor unless otherwise expressly agreed to in writing by County's Department of Behavioral Health Director, or designee. The use of subcontractors by Contractor shall not entitle Contractor to any additional compensation that is provided for under this Agreement.

- g. **Reports.** The Contractor shall submit the following reports and data:
- i. Contractor shall furnish to County such statements, records, reports, data, and other information as County may request pertaining to matters covered by this Agreement. In the event that Contractor fails to provide such reports or other information required hereunder, it shall be deemed sufficient cause for County to withhold monthly payments until there is compliance. In addition, Contractor shall provide written notification and explanation to County within five (5) days of any funds received from another source to conduct the same services covered by this Agreement.

h. Compliance with Behavioral Health Specific Laws.

- i. Contractor shall provide services in conformance with all applicable State and Federal statutes, regulations and sub regulatory guidance, as from time to time amended, including but not limited to:
 1. California Code of Regulations, Title 9;
 2. California Code of Regulations, Title 22;
 3. California Welfare and Institutions Code, Division 5;
 4. United States Code of Federal Regulations (CFR), Title 42, including but not limited to Parts 438 and 455;
 5. United States CFR, Title 45;
 6. United States Code, Title 42 (The Public Health and Welfare), as applicable;

7. Balanced Budget Act of 1997;
 8. Health Insurance Portability and Accountability Act (HIPAA); and
 9. Applicable Medi-Cal laws and regulations, including applicable sub-regulatory guidance, such as Behavioral Health Information Notices (BHINs), Mental Health and Substance Use Disorder Services Information Notices (MHSUDS INs), and provisions of County's, state or federal contracts governing services for persons served.
- ii. In the event any law, regulation, or guidance referred to in this section is amended during the term of this Agreement, the parties agree to comply with the amended authority as of the effective date of such amendment without amending this Agreement.
 - iii. Contractor recognizes that County operates its behavioral health programs under an agreement with DHCS, and that under said agreement the State imposes certain requirements on County and its subcontractors. Contractor shall adhere to all State requirements, including those identified in Exhibit C – Attachment D to this Agreement, titled "State Behavioral Health Requirements".
- i. **Meetings.** Contractor shall participate in monthly, or as needed, workgroup meetings consisting of staff from County's DBH to discuss service requirements, data reporting, training, policies and procedures, overall program operations and any problems or foreseeable problems that may arise. Contractor shall also participate in other County meetings, such as but not limited to quality improvement meetings, provider meetings, audit meetings, Behavioral Health Board meetings, bi-monthly contractor meetings, etc. Schedule for these meetings may change based on the needs of the County.
 - j. **Monitoring.** Contractor agrees to extend to County's staff, County's DBH and the California Department of Health Care Services (DHCS), or their designees, the right to review and monitor records, programs, or procedures, at any time, in regard to persons served, as well as the overall operation of Contractor's programs, in order to ensure compliance with the terms and conditions of this Agreement.
 - k. **Generative Artificial Intelligence Technology Use & Reporting**

- i. During the term of this Agreement, Contractor must notify the County in writing if their services or any work under this Agreement includes, or makes available, any Generative Artificial Intelligence (GenAI) technology, including GenAI from third parties or subcontractors.
 1. Contractor's notification must include:
 - a. The name and description of the GenAI tool used.
 - b. The purpose and manner in which the GenAI tool is used in performing services under this Agreement.
 - c. The safeguards and controls in place to ensure data security, confidentiality and compliance with applicable laws and regulations.
- ii. Contractor must also notify the County of any new or previously undisclosed GenAI technology introduced before and during the term of this Agreement. At the direction of the County, Contractor shall discontinue the use of any GenAI technology used in the service or any work under this agreement that materially impacts functionality, risk, or contract performance until such use has been reviewed by the County.

I. Confidentiality.

- i. The County and the Contractor may have access to information that the other considers to be a trade secret as defined in California Government Code section 7924.510(f).
- ii. Each party shall use the other's Information only to perform its obligations under, and for the purposes of, the Agreement. Neither party shall use the Information of the other Party for the benefit of a third party. Each Party shall maintain the confidentiality of all Information in the same manner in which it protects its own information of like kind, but in no event shall either Party take less than reasonable precautions to prevent the unauthorized disclosure or use of the Information.
- iii. The Contractor shall not disclose the County's data except to any third parties as necessary to operate the Contractor Products and Services (provided that the Contractor hereby grants to the County, at no additional cost, a non-perpetual, noncancelable, worldwide, nonexclusive license to utilize any data, on an anonymous or aggregate basis only, that arises from the use of the Contractor Products and Services by the Contractor,

whether disclosed on, subsequent to, or prior to the Effective Date, to improve the functionality of the Contractor Products and Services and any other legitimate business purpose, subject to all legal restrictions regarding the use and disclosure of such information).

- iv. Upon termination of the Agreement, or upon a Party's request, each Party shall return to the other all Information of the other in its possession. All provisions of the Agreement relating to confidentiality, ownership, and limitations of liability shall survive the termination of the Agreement.
- v. All services performed by the Contractor shall be in strict conformance with all applicable Federal, State of California, and/or local laws and regulations relating to confidentiality, including but not limited to, California Civil Code, California Welfare and Institutions Code, California Health and Safety Code, California Code of Regulations, and the Code of Federal Regulations.
- m. **Physical Accessibility.** In accordance with the accessibility requirements of section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor must provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities.
- n. **Publicity Prohibition.**
 - i. **Self-Promotion.** None of the funds, materials, property, or services provided directly or indirectly under this Agreement shall be used for Contractor's advertising, fundraising, or publicity (i.e., purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-promotion.
 - ii. **Public Awareness.** Notwithstanding the above, publicity of the services described in Exhibit B of this Agreement shall be allowed as necessary to raise public awareness about the availability of such specific services when approved in advance by County's DBH Director or designee. Communication products must follow DBH branding standards, including typefaces and colors, to communicate our authority and project a unified brand. This includes all media types, platforms, and all materials on and offline that are created as part of DBH's efforts to provide information to the public.

o. Child Abuse Reporting Act.

- i. Contractor shall establish a procedure acceptable to the County's DBH Director, or designee, to ensure that all of the Contractor's employees, consultants, subcontractors or agents described in the Child Abuse Reporting Act, section 1116 et seq. of the Penal Code, and performing services under this Agreement shall report all known or suspected child abuse or neglect to a child protective agency as defined in Penal Code section 11165.9. This procedure shall include:
 1. A requirement that all Contractor's employees, consultants, subcontractors or agents performing services shall sign a statement that they know of and will comply with the reporting requirements as defined in Penal Code section 11166(a).
 2. Establishing procedures to ensure reporting even when employees, consultants, subcontractors, or agents who are not required to report child abuse under Penal Code section 11166(a), gain knowledge of or reasonably suspect that a child has been a victim of abuse or neglect.

II. Assurances

Certification of Non-exclusion or Suspension from Participation in a Federal Health Care Program.

- a. In entering into this Agreement, Contractor certifies that it is not excluded from participation in Federal Health Care Programs under either Section 1128 or 1128A of the Social Security Act. Failure to so certify will render all provisions of this Agreement null and void and may result in the immediate termination of this Agreement.
- b. In entering into this Agreement, Contractor certifies, that the Contractor does not employ or subcontract with providers or have other relationships with providers excluded from participation in Federal Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42 C.F.R. §438.610. Contractor shall conduct initial and monthly exclusion and suspension searches of the following databases and provide evidence of these completed searches when requested by County, DHCS or the US Department of Health and Human Services (DHHS):

- i. www.oig.hhs.gov/exclusions - Office of Inspector General's List of Excluded Individuals/Entities (LEIE) Federal Exclusions
 - ii. www.sam.gov/content/exclusions - General Service Administration (GSA) Exclusions Extract
 - iii. www.Medi-Cal.ca.gov - Suspended & Ineligible Provider List
 - iv. <https://nppes.cms.hhs.gov/#/> - National Plan and Provider Enumeration System (NPPES)
 - v. Any other database required by DHCS or US DHHS.
- c. In entering into this Agreement, Contractor certifies, that Contractor does not employ staff or individual contractors/vendors that are on the Social Security Administration's Death Master File. Contractor shall check the database prior to employing staff or individual contractors/vendors and provide evidence of these completed searches when requested by the County, DHCS or the US DHHS.
 - d. Contractor is required to notify County immediately if Contractor becomes aware of any information that may indicate their (including employees/staff and individual contractors/vendors) potential placement on an exclusions list.
 - e. Contractor shall screen and periodically revalidate all network providers in accordance with the requirements of 42 C.F.R., Part 455, Subparts B and E.
 - f. Contractor must confirm the identity and determine the exclusion status of all its providers, as well as any person with an ownership or control interest, or who is an agent or managing employee of the contracted agency through routine checks of federal and state databases. This includes the Social Security Administration's Death Master File, NPPES, the Office of Inspector General's LEIE, the Medi-Cal Suspended and Ineligible Provider List (S&I List) as consistent with the requirements of 42 C.F.R. § 455.436.
 - g. If Contractor finds a provider that is excluded, it must promptly notify the County as per 42 C.F.R. § 438.608(a)(2), (4). The Contractor shall not certify or pay any excluded provider with Medi-Cal funds, must treat any payments made to an excluded provider as an overpayment, and any such inappropriate payments may be subject to recovery.

III. Inspection and Audit Requirements

- a. **Internal Auditing.** Contractor shall institute and conduct a Quality Assurance Process for all services provided hereunder.

Contractor shall provide County with notification and a summary of any internal audit exceptions and the specific corrective actions taken to sufficiently reduce the errors that are discovered through Contractor's internal audit process. Contractor shall provide this notification and summary to County as requested by the County.

- b. **Access to Records.** Contractor shall provide County with access to all documentation of services provided under this Agreement for County's use in administering this Agreement. Contractor shall allow County, the Centers for Medicare and Medicaid Services (CMS), the Office of the Inspector General, the Controller General of the United States, and any other authorized Federal and State agencies to evaluate performance under this Agreement, and to inspect, evaluate, and audit any and all records, documents, and the premises, equipment and facilities maintained by the Contractor pertaining to such services at any time and as otherwise required under this Agreement.

IV. **Right to Monitor**

- a. **Right to Monitor.** County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, financial records, staff information, records of persons served, other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Agreement. Full cooperation shall be given by the Contractor in any auditing or monitoring conducted, according to this Agreement.
- b. **Accessibility.** Contractor shall make all of its premises, physical facilities, equipment, books, records, documents, agreements, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished under the terms of this Agreement, or determinations of amounts payable available at any time for inspection, examination, or copying by County, the State of California or any subdivision or appointee thereof, CMS, U.S. Department of Health and Human Services (HHS) Office of Inspector General, the United States Controller General or their designees, and other authorized federal and state agencies. This audit right will exist for at least ten (10) years from the final date of the Agreement period or in the event the Contractor has been notified that an audit or investigation of this

Agreement has commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later (42 CFR §438.230(c)(3)(I)-(ii)).

The County, DHCS, CMS, or the HHS Office of Inspector General may inspect, evaluate, and audit the Contractor at any time if there is a reasonable possibility of fraud or similar risk. The Department's inspection shall occur at the Contractor's place of business, premises, or physical facilities (42 CFR §438.230(c)(3)(iv))

- c. **Cooperation.** Contractor shall cooperate with County in the implementation, monitoring and evaluation of this Agreement and comply with any and all reporting requirements established by County. Should County identify an issue or receive notification of a complaint or potential/actual/suspected violation of requirements, County may audit, monitor, and/or request information from Contractor to ensure compliance with laws, regulations, and requirements, as applicable.
- d. **Probationary Status.** County reserves the right to place Contractor on probationary status should Contractor fail to meet performance requirements; including, but not limited to violations such as failure to report incidents and changes as contractually required, failure to correct issues, inappropriate invoicing, untimely and inaccurate data entry, not meeting performance outcomes expectations, and violations issued directly from the State. Additionally, Contractor may be subject to Probationary Status or termination if agreement monitoring and auditing corrective actions are not resolved within specified timeframes.
- e. **Record Retention.** Contractor shall retain all records and documents originated or prepared pursuant to Contractor's performance under this Agreement, including grievance and appeal records, and the data, information and documentation specified in 42 CFR parts 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years from the term end date of this Agreement or until such time as the matter under audit or investigation has been resolved. Records and documents include but are not limited to all physical and electronic records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Agreement including working papers, reports, financial records and documents of account, records of

persons served, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for persons served.

- f. **Facilities and Assistance.** Contractor shall provide all reasonable facilities and assistance for the safety and convenience of the County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner that will not unduly delay the work of Contractor.
- g. **County Discretion to Revoke.** County has the discretion to revoke full or partial provisions of the Agreement, delegated activities or obligations, or application of other remedies permitted by state or federal law when the County or DHCS determines Contractor has not performed satisfactorily.
- h. **Site Inspection.** Without limiting any other provision related to inspections or audits otherwise set forth in this Agreement, Contractor shall permit authorized County, state, and/or federal agency(ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract support activities and the premises which it is being performed. Contractor shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work of the Contractor.

V. **Complaint Logs and Grievances**

- a. **Documentation.** Contractor shall log complaints and the disposition of all complaints from a person served or their family. Contractor shall provide a copy of the detailed complaint log entries concerning County-sponsored persons served to County at monthly intervals by the tenth (10th) day of the following month, in a format that is mutually agreed upon. Contractor shall allow persons served or their representative to file a grievance either orally, or in writing at any time with the Behavioral Health Plan. In the event Contractor is notified by a person served or their representative of a discrimination grievance, Contractor shall report discrimination grievances to the County within twenty-four (24) hours. The Contractor shall not require a person served or their representative to file a Discrimination Grievance with the Behavioral Health Plan before filing the complaint directly with the DHCS Office of Civil Rights and the U.S. Health and Human Services Office for Civil Rights.

- b. **Rights of Persons Served.** Contractor shall comply with applicable laws and regulations relating to patients' rights, including but not limited to Wel. & Inst. Code 5325, Cal. Code Regs., tit. 9, sections 862 through 868, and 42 CFR § 438.100. The Contractor shall ensure that its subcontractors comply with all applicable patients' rights laws and regulations.
- c. **Incident Reporting.** Contractor shall file an incident report for all incidents involving persons served, following County DBH's Incident Reporting protocol.

VI. Compliance Requirements

a. Internal Monitoring and Auditing

- i. Contractor shall be responsible for conducting internal monitoring and auditing of its agency. Internal monitoring and auditing include, but are not limited to billing practices, licensure/certification verification and adherence to County, State and Federal regulations.
 - 1. Contractor shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
 - 2. Contractor shall bill only for those eligible services actually rendered which are also fully documented.
 - 3. Contractor shall ensure all employees/service providers maintain current licensure/certification/registration/waiver status as required by the respective licensing/certification Board, applicable governing State agency(ies) and Title 9 of the California Code of Regulations.
- ii. Should Contractor identify improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), Contractor shall take prompt steps to correct said problem(s). Contractor shall report to DBH any overpayments discovered as a result of such problems no later than five (5) business days from the date of discovery, with the appropriate documentation, and a thorough explanation of the reason for the overpayment. Prompt mitigation, corrective action and reporting shall be in accordance with the DBH Overpayment Policy and PPG Prevention, Detection, Correction of Fraud, Waste and Abuse which will be provided to Contractor at its request.

b. Compliance Program

- i. The County DBH has established a Compliance Office for purposes of ensuring adherence to all standards, rules and regulations related to the provision of services and expenditure of funds in Federal and State health care programs. Contractor shall either adopt DBH's Compliance Plan/Program or establish its own Compliance Plan/Program and provide documentation to County DBH to evaluate whether the Program is consistent with the elements of a Compliance Program as recommended by the United States Department of Health and Human Services, Office of Inspector General.
- ii. Contractor's Compliance Program must include the following elements:
 1. Designation of a compliance officer who reports directly to the Chief Executive Officer and the Contractor's Board of Directors and compliance committee comprised of senior management who are charged with overseeing the Contractor's compliance program and compliance with the requirements of this account. The committee shall be accountable to the Contractor's Board of Directors.
- iii. Policies and Procedures
 1. Contractor shall have written policies and procedures that articulate the Contractor's commitment to comply with all applicable Federal and State standards. Contractor shall adhere to applicable County DBH Policies and Procedures relating to the Compliance Program or develop its own compliance related policies and procedures.
- iv. Contractor shall establish and implement procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they arise, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under this Agreement.
- v. Contractor shall implement and maintain written policies for all County DBH-funded employees, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and

State laws, including information about rights of employees to be protected as whistleblowers.

- vi. Contractor shall maintain documentation, verification or acknowledgement that the Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors are aware of these Policies and Procedures and the Contractor's Compliance Program.
- vii. Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt County DBH's Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

Fresno County DBH Compliance Office
1925 E. Dakota Ave. Ste A
Fresno, California 93726

Or send via email to: DBHCompliance@fresnocountyca.gov

c. Program Integrity Requirements

- i. As a condition for receiving payment under a Medi-Cal managed care program, Contractor shall comply with the provisions of Title 42 CFR Sections 438.604, 438.606, 438.608 and 438.610. Contractor must have administrative and management processes or procedures, including a mandatory compliance plan, that are designed to detect and prevent fraud, waste or abuse.
- ii. If Contractor identifies an issue or receives notification of a complaint concerning an incident of possible fraud, waste, or abuse, Contractor shall immediately notify County DBH; conduct an internal investigation to determine the validity of the issue/complaint; and develop and implement corrective action if needed.
- iii. If Contractor's internal investigation concludes that fraud or abuse has occurred or is suspected, the issue if egregious, or beyond the scope of the Contractor's ability to pursue, the Contractor shall immediately report to the County DBH Compliance Office for investigation, review and/or disposition.

- iv. Contractor shall fully cooperate with all audits, reviews, or investigations conducted by the DBH Compliance Office. Never conceal, falsify, or alter records, provide false information, or otherwise obstruct any audit or investigation.
- v. Contractor shall immediately report to DBH any overpayments identified or recovered, specifying the overpayments due to potential fraud.
- vi. Contractor shall immediately report any information about changes in circumstances of the person served that may affect the person's eligibility, including changes in the residence of the person served or the death of the individual.
- vii. Contractor shall immediately report any information about a change in Contractor's or Contractor's staff circumstances that may affect eligibility to participate in the behavioral health program.
- viii. Contractor understands DBH, CMS, or the HHS Inspector General may inspect, evaluate, and audit the Contractor at any time if there is a reasonable possibility of fraud or similar risk.

d. Code of Conduct

- i. Contractor shall take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
- ii. Contractor shall ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
- iii. Contractor shall bill only for eligible services actually rendered and fully documented.
- iv. Contractor shall act promptly to investigate and correct problems if errors in claims or billing are discovered.
- v. Contractor shall comply with County's Code of Conduct and Ethics and the County's Compliance Program in accordance with Exhibit C – Attachment E to this Agreement, titled "Fresno County Behavioral Health Plan Compliance Program Code of Conduct".

VII. Federal and State Laws

- a. **Health Insurance Portability and Accountability Act.** County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and

agree to use and disclose Protected Health Information (PHI) as required by law.

County and Contractor acknowledge that the exchange of PHI between them is only for treatment, payment, and health care operations.

County and Contractor intend to protect the privacy and provide for the security of PHI pursuant to this Agreement in compliance with HIPAA, the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (HIPAA Regulations) and other applicable laws.

As part of the HIPAA Regulations, the Privacy Rule and the Security Rule require Contractor to enter into an agreement containing specific requirements prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations.

- b. Contractor and County mutually agree to maintain the confidentiality of records and information of persons served in compliance with all applicable State and Federal statutes and regulations, including, but not limited to, HIPAA, California Confidentiality of Medical Information Act (CMIA), and California Welfare and Institutions Code section 5328. The Parties shall inform all of their employees and agents who perform services under this Agreement of the confidentiality provisions of all applicable statutes.
- c. The County is a "Covered Entity," and the Contractor is a "Business Associate," as these terms are defined by 45 CFR 160.103. As a Business Associate, Contractor agrees to comply with the terms of Exhibit C – Attachment F to this Agreement, titled "Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement".

VIII. Quality Management Requirements

a. Reporting.

- i. Outcomes Reports. Contractor shall complete Outcomes Reports in the format set by County. Outcomes reports shall be submitted to County's DBH for review within thirty (30) days of the end of each quarter.

- b. **Quality Improvement Activities and Participation.** Contractor shall comply with the County's ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program (42 CFR. § 438.330(a)) and work with the County to improve established outcomes by following structural and operational processes and activities that are consistent with current practice standards.

Contractor shall participate in quality improvement (QI) activities, including clinical and non-clinical performance improvement projects (PIPs), as requested by the County in relation to State and Federal requirements and responsibilities, to improve health outcomes and individuals' satisfaction with services over time. Other QI activities include quality assurance, collection and submission of performance measures specified by the County, mechanisms to detect both underutilization and overutilization of services, individual and system outcomes, utilization management, utilization review, provider appeals, provider credentialing and recredentialing, and person served grievances. Contractor shall measure, monitor, and annually report to the County on its performance.

IX. Cultural and Linguistic Competency

- a. **General.** All services, policies and procedures shall be culturally and linguistically appropriate. Contractor shall participate in the implementation of the most recent Cultural Competency Plan for the County and shall adhere to all Culturally and Linguistically Appropriate Service (CLAS) standards and requirements as set forth in Exhibit C – Attachment G to this Agreement, titled “National Standards for Culturally and Linguistically Appropriate Services”. Contractor shall participate in the County's efforts to promote the delivery of services in a culturally responsive and equitable manner to all individuals, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity including active participation in the County's Diversity, Equity and Inclusion Committee.
- b. **Policies and Procedures.** Contractor shall comply with requirements of policies and procedures for ensuring access and appropriate use of trained interpreters and material translation services for all limited and/or no English proficient persons served, including, but not limited to, assessing the cultural and linguistic needs of the persons served, training of staff on the policies and procedures, and monitoring its language assistance program. Contractor's policies and procedures shall ensure compliance of any subcontracted providers with these requirements.
- c. **Interpreter Services.** Contractor shall notify its persons served that oral interpretation is available for any language and written translation is available in prevalent languages and that auxiliary aids and services are available upon request, at no cost and in a timely manner for limited and/or no English proficient

persons served and/or persons served with disabilities. Contractor shall avoid relying on an adult or minor child accompanying the person served to interpret or facilitate communication; however, if the person served refuses language assistance services, the Contractor must document the offer, refusal, and justification in the file of the person served.

- d. **Interpreter Qualifications.** Contractor shall ensure that employees, agents, subcontractors, and/or partners who interpret or translate for a person served or who directly communicate with a person in a language other than English (1) have completed annual training provided by County at no cost to Contractor; (2) have demonstrated proficiency in the language of the person served; (3) can effectively communicate any specialized terms and concepts specific to Contractor's services; and (4) adheres to generally accepted interpreter ethic principles. As requested by County, Contractor shall identify all who interpret for or provide direct communication to any program person served in a language other than English and identify when the Contractor last monitored the interpreter for language competence.
- e. **CLAS Standards.** Contractor shall submit to County for approval, within ninety (90) days from date of contract execution, Contractor's plan to address all fifteen (15) National Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the Office of Minority Health and as set forth in Exhibit C – Attachment G "National Standards for Culturally and Linguistically Appropriate Services". As the CLAS standards are updated, Contractor's plan must be updated accordingly. As requested by County, Contractor shall be responsible for conducting an annual CLAS self-assessment and providing the results of the self-assessment to the County. The annual CLAS self-assessment instruments shall be reviewed by the County and revised as necessary to meet the approval of the County.
- f. **Training Requirements.** Cultural responsiveness training for Contractor staff should be substantively integrated into health professions education and training at all levels, both academically and functionally, including core curriculum, professional licensure, and continuing professional development programs. As requested by County, Contractor shall report on the completion of cultural responsiveness trainings to ensure direct service providers are completing annual cultural responsiveness training.

- g. **Continuing Cultural Responsiveness.** Contractor shall create and sustain a forum that includes staff at all agency levels to discuss cultural responsiveness. Contractor shall designate a representative from Contractor's team to attend County's Diversity, Equity and Inclusion Committee.

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

DBH VISION:

Health and well-being for our community.

DBH MISSION:

DBH, in partnership with our diverse community, is dedicated to providing quality, culturally responsive, behavioral health services to promote wellness, recovery, and resiliency for individuals and families in our community.

DBH GOALS:

Quadruple Aim

- Deliver quality care
- Maximize resources while focusing on efficiency
- Provide an excellent care experience
- Promote workforce well-being

GUIDING PRINCIPLES OF CARE DELIVERY:

The DBH 11 principles of care delivery define and guide a system that strives for excellence in the provision of behavioral health services where the values of wellness, resiliency, and recovery are central to the development of programs, services, and workforce. The principles provide the clinical framework that influences decision-making on all aspects of care delivery including program design and implementation, service delivery, training of the workforce, allocation of resources, and measurement of outcomes.

1. Principle One - Timely Access & Integrated Services

- Individuals and families are connected with services in a manner that is streamlined, effective, and seamless
- Collaborative care coordination occurs across agencies, plans for care are integrated, and whole person care considers all life domains such as health, education, employment, housing, and spirituality
- Barriers to access and treatment are identified and addressed
- Excellent customer service ensures individuals and families are transitioned from one point of care to another without disruption of care

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

2. Principle Two - Strengths-based

- Positive change occurs within the context of genuine trusting relationships
- Individuals, families, and communities are resourceful and resilient in the way they solve problems
- Hope and optimism is created through identification of, and focus on, the unique abilities of individuals and families

3. Principle Three - Person-driven and Family-driven

- Self-determination and self-direction are the foundations for recovery
- Individuals and families optimize their autonomy and independence by leading the process, including the identification of strengths, needs, and preferences
- Providers contribute clinical expertise, provide options, and support individuals and families in informed decision making, developing goals and objectives, and identifying pathways to recovery
- Individuals and families partner with their provider in determining the services and supports that would be most effective and helpful and they exercise choice in the services and supports they receive

4. Principle Four - Inclusive of Natural Supports

- The person served identifies and defines family and other natural supports to be included in care
- Individuals and families speak for themselves
- Natural support systems are vital to successful recovery and the maintaining of ongoing wellness; these supports include personal associations and relationships typically developed in the community that enhance a person's quality of life
- Providers assist individuals and families in developing and utilizing natural supports.

5. Principle Five - Clinical Significance and Evidence Based Practices (EBP)

- Services are effective, resulting in a noticeable change in daily life that is measurable.
- Clinical practice is informed by best available research evidence, best clinical expertise, and values and preferences of those we serve

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

- Other clinically significant interventions such as innovative, promising, and emerging practices are embraced

6. Principle Six - Culturally Responsive

- Values, traditions, and beliefs specific to an individual's or family's culture(s) are valued and referenced in the path of wellness, resilience, and recovery
- Services are culturally grounded, congruent, and personalized to reflect the unique cultural experience of each individual and family
- Providers exhibit the highest level of cultural humility and sensitivity to the self-identified culture(s) of the person or family served in striving to achieve the greatest competency in care delivery

7. Principle Seven - Trauma-informed and Trauma-responsive

- The widespread impacts of all types of trauma are recognized and the various potential paths for recovery from trauma are understood
- Signs and symptoms of trauma in individuals, families, staff, and others are recognized and persons receive trauma-informed responses
- Physical, psychological and emotional safety for individuals, families, and providers is emphasized

8. Principle Eight - Co-occurring Capable

- Services are reflective of whole-person care; providers understand the influence of bio-psycho-social factors and the interactions between physical health, mental health, and substance use disorders
- Treatment of substance use disorders and mental health disorders are integrated; a provider or team may deliver treatment for mental health and substance use disorders at the same time

9. Principle Nine - Stages of Change, Motivation, and Harm Reduction

- Interventions are motivation-based and adapted to the person's stage of change
- Progression through stages of change are supported through positive working relationships and alliances that are motivating

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

- Providers support individuals and families to develop strategies aimed at reducing negative outcomes of substance misuse through a harm reduction approach
- Each individual defines their own recovery and recovers at their own pace when provided with sufficient time and support

10. Principle Ten - Continuous Quality Improvement and Outcomes-Driven

- Individual and program outcomes are collected and evaluated for quality and efficacy
- Strategies are implemented to achieve a system of continuous quality improvement and improved performance outcomes
- Providers participate in ongoing professional development activities needed for proficiency in practice and implementation of treatment models

11. Principle Eleven - Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

- The rights of all people are respected
- Behavioral health is recognized as integral to individual and community well-being
- Promotion of health and wellness is interwoven throughout all aspects of DBH services
- Specific strategies to prevent illness and harm are implemented at the individual, family, program, and community levels
- Stigma is actively reduced by promoting awareness, accountability, and positive change in attitudes, beliefs, practices, and policies within all systems
- The vision of health and well-being for our community is continually addressed through collaborations between providers, individuals, families, and community members

FRESNO COUNTY BEHAVIORAL HEALTH PLAN RIGHTS OF PERSONS SERVED

I. Grievances

Fresno County Behavioral Health Plan (BHP) provides beneficiaries with a grievance and appeal process and an expedited appeal process to resolve grievances and disputes at the earliest and the lowest possible level.

Title 9 of the California Code of Regulations requires that the BHP and its fee-for-service providers give verbal and written information to Medi-Cal beneficiaries regarding the following:

- How to access specialty mental health services
- How to file a grievance about services
- How to file for a State Fair Hearing

The BHP has developed a Consumer Guide, a beneficiary rights poster, a grievance form, an appeal form, and Request for Change of Provider Form. All of these beneficiary materials must be posted in prominent locations where Medi-Cal beneficiaries receive outpatient specialty mental health services, including the waiting rooms of providers' offices of service.

Please note that all fee-for-service providers and contract agencies are required to give the individuals served copies of all current beneficiary information annually at the time their treatment plans are updated and at intake.

Beneficiaries have the right to use the grievance and/or appeal process without any penalty, change in mental health services, or any form of retaliation. All Medi-Cal beneficiaries can file an appeal or state hearing.

Grievances and appeals forms and self-addressed envelopes must be available for beneficiaries to pick up at all provider sites without having to make a verbal or written request. Forms can be sent to the following address:

Fresno County Behavioral Health Plan
P.O. Box 45003
Fresno, CA 93718-9886
(800) 654-3937 (for more information)
(559) 488-3055 (TTY)

II. Provider Problem Resolution and Appeals Process

The BHP uses a simple, informal procedure in identifying and resolving provider concerns and problems regarding payment authorization issues, other complaints and concerns.

a. **Informal provider problem resolution process** – the provider may first speak to a Fresno County Department of Behavioral Health (DBH) team member regarding his or her complaint or concern.

The DBH Team Member will attempt to settle the complaint or concern with the provider. If the attempt is unsuccessful and the provider chooses to forego the informal grievance process, the provider will be advised to file a written complaint to the BHP address (listed above).

b. **Formal provider appeal process** – the provider has the right to access the provider appeal process at any time before, during, or after the provider problem resolution process has begun, when the complaint concerns a denied or modified request for BHP payment authorization, or the process or payment of a provider's claim to the BHP.

c. **Payment authorization issues** – the provider may appeal a denied or modified request for payment authorization or a dispute with the BHP regarding the processing or payment of a provider's claim to the BHP. The written appeal must be submitted to the BHP within ninety (90) calendar days of the date of the receipt of the non-approval of payment.

The BHP shall have sixty (60) calendar days from its receipt of the appeal to inform the provider in writing of the decision, including a statement of the reasons for the decision that addresses each issue raised by the provider, and any action required by the provider to implement the decision.

If the appeal concerns a denial or modification of payment authorization request, the BHP utilizes a DBH Team Member who was not involved in the initial denial or modification decision to determine the appeal decision.

If the DBH Team Member reverses the appealed decision, the provider will be asked to submit a revised request for payment within thirty (30) calendar days of receipt of the decision.

d. **Other complaints** – if there are other issues or complaints, which are not related to payment authorization issues, providers are encouraged to send a letter of complaint to the BHP. The provider will receive a written response from the BHP within sixty (60) calendar days of receipt of the complaint. The decision rendered by the BHP is final.

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH CONTRACTOR TRAINING REQUIREMENTS REFERENCE GUIDE

This Training Requirements Reference Guide identifies the required trainings that Contractor is responsible for offering to all employees, volunteers, interns, and student trainees of Contractor or its subcontractors who, in each case, are expected to perform professional services while contracted by County. There are some trainings offered by the County at no cost to Contractor, and those are identified within this document. The remaining trainings are the responsibility of Contractor to provide and cover associated costs. The expectations for Contractor staff attending County-offered trainings are included within this guide, with the understanding additional trainings may be required that are not listed; in such cases, Contractor will be informed. Contractor must consider and include sufficient time and funds for required trainings.

I. Trainings Provided by the Department of Behavioral Health (DBH)

a. DBH New Hire General Compliance Training

Duration: 40 Minutes

Contractor shall have their employees, subcontractors, volunteers, interns, and student trainees who, in each case, are expected to provide services under this Agreement with County, complete the New Hire Compliance Training within thirty (30) business days of hire or effective date of this Agreement, per Compliance Exhibit C, Attachment F. If contract effective date is for a renewed agreement, existing staff will not need to retake the training if the staff member has already completed the training within the same calendar year as the effective date of the renewed agreement.

New Hire General Compliance is self-paced and can be completed either through Relias Learning Management System (LMS) or on the DBH website. Additional information on how to complete the training can be found on the following webpage:

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Care-Services/Behavioral-Health-Compliance/New-Hire-General-Compliance-Training>

Contractor shall require its County-funded employees and subcontractors to complete this compliance training. After completion of this training, participants must sign the Contractor Acknowledgment and Agreement form and return this form to the DBH Compliance officer or designee. For additional questions about the training,

please contact your contract analyst or the DBH Compliance team at:

DBHCompliance@fresnocountyca.gov.

i. DBH Annual General Compliance Refresher Training

Duration: 30 Minutes

General Compliance Refresher Training is an annual requirement for all employees, contractors, volunteers, interns, and student trainees working in behavioral health programs who are in their second or more years of service.

This training is a modified version of the self-paced General Compliance Training and Contractor shall be assigned this training in Quarter 4 of each calendar year. An announcement from the DBH Compliance Program, DBH Staff Development, or your contract analyst regarding this training will be made prior to the assignment of this training. Contractor will have the option to complete the training either through the Relias Learning Management System (LMS) or through the DBH website. Contractors are given approximately a sixty (60) day window to complete this training from the training announcement date.

b. Mental Health Documentation & Billing Training

Duration: 1 Hour 30 Minutes

All contracted provider organization employees, subcontractors, volunteers, interns, and students providing services are to complete Documentation & Billing Training within thirty (30) business days of hire or contract effective date. If contract effective date is a renewal, existing staff will not need to retake the training if they have already completed it with their agency. Contractor shall be required to complete this training as a prerequisite for providing direct services, processing billing, conducting quality assurance services, clinical supervision, or other similar services under this agreement. Contractor is expected to contact their assigned contract analysts if they are unsure about training requirements for any specific classifications.

Documentation & Billing is a training provided at least one time per month.

Registration is completed via Eventbrite for each session; links to register can be found on the webpage below:

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/Contract-Provider-Resources/New-Hire-ComplianceDoc-Billing-Training>

The expectation is that Contractor will register their County-funded employees at least one week in advance of the training date. For any registration issues or other

questions about the training, they can contact
DBHStaffDevelopment@fresnocountyca.gov.

c. Invoicing Training

Contractor shall be responsible for collection and managing data in a manner to be determined by the California Department of Health Care Services (DHCS) and Behavioral Health Plan in accordance with applicable rules and regulations. DBH's Electronic Health Record (EHR) is a critical source of information for purposes of monitoring service volume and obtaining reimbursement. Contractor's staff responsible for checking Medi-Cal eligibility shall attend DBH's training on equipment reporting for assets, intangible and sensitive minor assets, DBH's EHR system and related cost reporting.

d. Notice of Adverse Benefit Determination (NOABD) Training

Duration: 8 Minutes

A Notice of Adverse Benefit Determination (NOABD) is a formal mechanism for notifying a person served of an adverse benefit determination in writing (e.g., denial or limited authorization of a requested service, denial of payment for a service, or failure to provide services in a timely manner).

This training outlines usage practices, timelines, and examples for each type of NOABD. Contractor can find the training in the Announcements section on the following webpage: <https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/Contract-Provider-Resources/Notifications-Associated-Documents>.

Contractor shall be responsible for DBH-funded providers completing this training within sixty (60) days of hire or contract effective date.

e. SmartCare Full Electronic Health Record New User Mental Health Training*

Duration: 3.5 - 4 Hours

This is a basic training for new users who are direct clinical service providers employed by Contractors that will be using SmartCare as their full EHR. Participants will have the opportunity to apply CalMHSA's SmartCare training materials and review relevant SmartCare workflows, clinical documents, and forms.

Training dates and reference material can be found on the following link:

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/SmartCare>

*This training is available to Contractor at no cost and highly recommended.

Although this training is not required, Contractor is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

f. **SmartCare Electronic Health Record New User Front Desk Training***

Duration: 4 Hours

This is a basic training for new users who are employed by Contractors who will be using SmartCare as their full EHR. Participants will have the opportunity to review how to navigate SmartCare, perform coverage information set up, error corrections, set up Appointments, and basic troubleshooting of common issues.

Training dates and reference material can be found on the following link:

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/SmartCare>

*This training is available to Contractor at no cost and highly recommended.

Although this training is not required, Contractor is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

g. **SmartCare Lite Electronic Health Record Mental Health Training* (Provider Entry Only Training)**

Duration: Varies

This training is for select Contractors that do not intend to fully use County DBH's SmartCare EHR system but rather only some functions, otherwise referred to as a "SmartCare Lite User". This training is intended to supplement and reinforce the CalMHSA SmartCare trainings, user guide, and workflow information for SmartCare Lite Users. This supplemental training/technical support is offered by the DBH Planning and Quality Management Division's Quality Improvement Team upon request.

Required prerequisite material can be found on the following link:

<https://www.fresnocountyca.gov/Departments/Behavioral-Health/Providers/SmartCare>

*This training is available to Contractor at no cost and highly recommended.

Although this training is not required, Contractor is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

h. **Wellness, Hope and Recovery Training**

Duration: 3 Hours and 30 Minutes

This training is designed for direct mental health providers. It aims to enhance their understanding of wellness and recovery concepts, highlight the importance of hope in the healing process, and offer strategies for instilling hope in others. Additionally, the training will address providers' own personal wellness to support sustainable, compassionate care.

* This training is available to selected bidder at no cost and highly recommended. Contractor is responsible for understanding and incorporating these concepts in clinical practice as indicated once contracted with County DBH.

II. Trainings for Specialty Mental Health Providers by Specialization

a. Mobile Crisis Services Trainings

Duration: 21 Hours

Any contracted provider providing mobile crisis services shall complete the state-required training series. For example, the current training series is provided by the Medi-Cal Mobile Crisis Training and Technical Assistance Center (M-TAC). This ten-part training series is available on the DBH Relias learning management system. For assistance with assigning the trainings, please contact

DBHRelias@Fresnocountyca.gov.

b. California Integrated Practice Child & Adolescent Needs & Strengths (CA IP CANS)

Duration: 8 Hours

The CA IP CANS is a structured assessment for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth, ages zero (0) up to age twenty-one (21), and family information to inform planning, support decisions, and monitor outcomes.

Contracted providers are required to complete the CANS assessment for all persons served ages zero (0) up to age twenty-one (21) at the beginning of treatment, updated every six (6) months following the first administration, and at the end of treatment. DBH provides access for a virtual, self-paced training and certification testing for use of the tool. For any questions about the training or assistance with registration, please contact DBHStaffDevelopment@fresnocountyca.gov.

III. Contractor is Responsible for Ensuring and/or Providing These Trainings are Offered and Completed

a. Cultural Responsiveness Trainings

Contractor shall have DBH-funded providers complete annual trainings on cultural competency, awareness, and diversity as identified by Contractor, and/or via the County's eLearning system. Contractor's DBH-funded providers shall be appropriately trained in providing services in a culturally sensitive manner and shall attend civil rights training as identified by Contractor, or online via the County's eLearning system.

Information on annual cultural responsiveness training requirements will be provided by the DBH Division Manager serving as Ethnic Services Manager and Diversity Services Coordinator. Both parties are working locally and at the state level to address the need for thorough training to improve culturally responsive care and to meet the National Culturally and Linguistically Appropriate Services standards, while also understanding the impact that the training hours can have on productivity in fee-for-service programs.

For additional information, Contractors should contact their assigned contract analyst.

DBH is available to assist Contractor's efforts toward cultural and linguistic responsiveness by providing the following:

- i. Technical assistance regarding culturally responsive training requirements.
- ii. Mandatory cultural responsiveness training for Contractor's DBH-funded staff if training capacity allows.
- iii. Technical assistance for translating information into County's threshold languages (currently Spanish and Hmong and subject to change).

Contractors are responsible for securing translation services and all associated costs.

b. Health Insurance Portability and Accountability Act (HIPAA) Training

As a covered entity, or a business associate of a covered entity, providers shall meet the training requirements described in the HIPAA Privacy Rule 45 CFR § 164.530(b)(1) and the HIPAA Security Rule 45 CFR § 164.308(a)(5). Providers may use their discretion to select an appropriate HIPAA training. Training shall be completed by all DBH-funded staff within thirty (30) days of contract execution or hire and annually thereafter.

c. Medi-Cal Eligibility Verification Training

Contractor shall ensure their direct program staff receive training from DBH regarding person-served eligibility for Medi-Cal. The County will require the Contractor to verify the third-party payer of the person served (i.e., Medi-Cal) eligibility prior to starting services and every month thereafter, per the Provider Manual. Claims may be rejected for services rendered to persons ineligible for Medi-Cal, unless prior payment arrangements have been made.

d. CalMHSA Clinical Practice Training

Duration: 8 hours

Any contracted clinical provider is required to complete the CalMHSA Clinical Practice Training Modules in CalMHSA's web-based training system called Moodle. Clinical providers are expected to complete training within sixty (60) days of beginning employment.

CalMHSA's web-based training system, <https://moodle.calmhsalearns.org>.

e. Language Assistance Program Training

Contractor shall be responsible for implementing policies and procedures and training staff to ensure access and appropriate use of trained interpreters and material translation services for all Limited English Proficient (LEP) persons served. This includes, but is not limited to, assessing the cultural and linguistic needs of its persons served. The Contractor's procedures shall include ensuring compliance of any sub-contracted providers with these requirements.

IV. Training Expectations for County-Provided Trainings

- a. Attendees are to adhere to wearing business casual attire, broadly defined as a code of dress that blends traditional business wear with a more relaxed style that is still professional and appropriate for an office environment, unless specifically directed otherwise or instructed by Trainers. Attendees are expected to dress in respectful, culturally inclusive attire.
- b. Interested attendees shall register at least one week in advance of the training date.
- c. Attendees shall be expected to be ready and prepared to be engaged by the training start time. Attendees are also expected to arrive back on time from breaks, including lunch, and attend the training through completion.
- d. Attendees who arrive fifteen (15) minutes late, or more, shall be requested to return to their work site and their organization will be notified. Similarly, attendees may not

- leave a training prior to the scheduled end time. Those who miss fifteen (15) minutes or more of training in total throughout the day may be asked to re-enroll for a later training date if one is available.
- e. Personal use of cell phones, laptops and tablets, except for in cases of emergency, should not be used during training and should be set to silent. Any calls shall be taken outside of the training space. Attendees shall inform trainers and/or Staff Development if they are expecting to be contacted for any reason; this shall be done before the training begins, if possible. Other cell phone use, such as texting, playing games or browsing the internet shall not be permitted while training is in session. If conduct is deemed disruptive to colleagues and/or trainer(s), attendees shall be asked to leave the training and return to their work site. Organizations will be notified.
 - f. At times, attendees shall be required to complete pre- and post-training class assignments, as part of the learning objectives. Attendees shall be required to complete assigned activities to receive Continuing Education Credits, certification, and training credit, if applicable.
 - g. Attendees shall be expected to complete pre- and/or post-training evaluations, when available.
 - h. Attendees shall notify Staff Development with their supervisor copied at (559) 600-9680 or DBHStaffDevelopment@fresnocountyca.gov at the earliest possible date if they can no longer attend a training for which they have registered.

V. Use of DBH Training Facilities

a. Parking

Attendees shall park in undesignated stalls at DBH training sites. Any parking restrictions shall be communicated prior to the training date or prior to the training start time.

b. Use of Facilities

Attendees shall be respectful while occupying the training space, keeping it and the surrounding area neat and clean. Attendees are encouraged to bring a reusable water bottle but shall be cognizant of and clean any spills. If the training allows for food, attendees shall ensure that their area is clean and dispose of any waste prior to leaving the training space.

STATE BEHAVIORAL HEALTH REQUIREMENTS

I. CONTROL REQUIREMENTS

The County and its subcontractors shall provide services in accordance with all applicable Federal and State statutes and regulations.

II. PROFESSIONAL LICENSURE

All (professional level) persons employed by the County Mental Health Plan (directly or through contract) providing Short-Doyle/Medi-Cal services have met applicable professional licensure requirements pursuant to Business and Professions and Welfare and Institutions Codes.

III. CONFIDENTIALITY

Contractor shall conform to and County shall monitor compliance with all State of California and Federal statutes and regulations regarding confidentiality, including but not limited to confidentiality of information requirements at 42, Code of Federal Regulations sections 2.1 *et seq*; California Welfare and Institutions Code, sections 14100.2, 11977, 11812, 5328; Division 10.5 and 10.6 of the California Health and Safety Code; Title 22, California Code of Regulations, section 51009; and Division 1, Part 2.6, Chapters 1-7 of the California Civil Code.

IV. NON-DISCRIMINATION

a. Eligibility for Services

Contractor shall prepare and make available to County and to the public all eligibility requirements to participate in the program plan set forth in the Agreement. No person shall, because of ethnic group identification, age, gender, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed, political belief or sexual preference be excluded from participation, be denied benefits of, or be subject to discrimination under any program or activity receiving Federal or State of California assistance.

b. Employment Opportunity

Contractor shall comply with County policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include

retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

c. Suspension of Compensation

If an allegation of discrimination occurs, County may withhold all further funds, until Contractor can show clear and convincing evidence to the satisfaction of County that funds provided under this Agreement were not used in connection with the alleged discrimination.

d. Nepotism

Except by consent of County's Department of Behavioral Health Director, or designee, no person shall be employed by Contractor who is related by blood or marriage to, or who is a member of the Board of Directors or an officer of Contractor.

V. PATIENTS' RIGHTS

Contractor shall comply with applicable laws and regulations, including but not limited to, laws, regulations, and State policies relating to patients' rights.

STATE CONTRACTOR CERTIFICATION CLAUSES

- I. **STATEMENT OF COMPLIANCE:** Contractor has, unless exempted, complied with the non-discrimination program requirements. (Gov. Code § 12990 (a-f) and CCR, Title 2, Section 111 02) (Not applicable to public entities.)
- II. **DRUG-FREE WORKPLACE REQUIREMENTS:** Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:
 - a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.
 - i. Establish a Drug-Free Awareness Program to inform employees about:
 - ii. the dangers of drug abuse in the workplace;
 - iii. the person's or organization's policy of maintaining a drug-free workplace;
 - iv. any available counseling, rehabilitation and employee assistance programs; and,

- v. penalties that may be imposed upon employees for drug abuse violations.
- b. Every employee who works on this Agreement will:
 - i. receive a copy of the company's drug-free workplace policy statement;
and,
 - ii. agree to abide by the terms of the company's statement as a condition of employment on this Agreement.

Failure to comply with these requirements may result in suspension of payments under this Agreement or termination of this Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

III. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two (2) year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

IV. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

V. **EXPATRIATE CORPORATIONS:** Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

VI. **SWEATFREE CODE OF CONDUCT:**

- a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. Contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.
- b. Contractor agrees to cooperate fully in providing reasonable access to the Contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the Contractor's compliance with the requirements under paragraph (a).

VII. **DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code Section 10295.3.

VIII. **GENDER IDENTITY:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code Section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

I. **CONFLICT OF INTEREST**: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with this Agreement, the awarding agency shall be contacted immediately for clarification.

a. **Current State Employees (Pub. Contract Code §10410):**

- i. No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.
- ii. No officer or employee shall contract on their own behalf as an independent Contractor with any state agency to provide goods or services.

b. **Former State Employees (Pub. Contract Code §10411):**

- i. For the two (2) year period from the date they left state employment, no former state officer or employee may enter into a contract in which they engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.
- ii. For the twelve (12) month period from the date they left state employment, no former state officer or employee may enter into a contract with any state agency if they were employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the twelve (12) month period prior to them leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

II. **LABOR CODE/WORKERS' COMPENSATION**: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and

Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

- III. **AMERICANS WITH DISABILITIES ACT:** Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)
- IV. **CONTRACTOR NAME CHANGE:** An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
- V. **CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:**
- a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the Contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
 - b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate Contractor performing within the state not be subject to the franchise tax.
 - c. Both domestic and foreign corporations (those incorporated outside of California) shall be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.
- VI. **RESOLUTION:** A County, city, district, or other local public body shall provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body, which by law has authority to enter into an agreement, authorizing execution of the agreement.
- VII. **AIR OR WATER POLLUTION VIOLATION:** Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code

for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

VIII. PAYEE DATA RECORD FORM STD. 204: This form shall be completed by all Contractors that are not another state agency or other governmental entity.

IX. INSPECTION AND AUDIT OF RECORDS AND ACCESS TO FACILITIES:

The State, CMS, the Office of the Inspector General, the Comptroller General, and their designees may, at any time, inspect and audit any records or documents of Contractor or its subcontractors, and may, at any time, inspect the premises, physical facilities, and equipment where Medicaid-related activities or work is conducted. The right to audit under this section exists for ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

a. Federal database checks

Consistent with the requirements at § 455.436 of this chapter, the State shall confirm the identity and determine the exclusion status of Contractor, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through routine checks of Federal databases. This includes the Social Security Administration's Death Master File, the National Plan and Provider Enumeration System (NPPES), the List of Excluded Individuals/Entities (LEIE), the System for Award Management (SAM), and any other databases as the State or Secretary may prescribe. These databases shall be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it shall promptly notify the Contractor and take action consistent with § 438.610(c).

The State shall ensure that Contractor with which the State contracts under this part is not located outside of the United States and that no claims paid by a Contractor to a network provider, out-of-network provider, subcontractor or financial institution located outside of the U.S. are considered in the development of actuarially sound capitation rates.

**CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CAL-AIM)
REQUIREMENTS**

I. PROTECTIONS FOR PERSONS SERVED

a. Grievances, Appeals, and Notices of Adverse Benefit Determination

- i. All grievances (as defined by 42 C.F.R. § 438.400) and complaints received by Contractor shall be immediately forwarded to the County's DBH Plan Administration Division or other designated persons via a secure method (e.g., encrypted email or by fax) to allow ample time for the DBH Plan Administration staff to acknowledge receipt of the grievance and complaints and issue appropriate responses.
- ii. Contractor shall not discourage the filing of grievances and individuals do not need to use the term "grievance" for a complaint to be captured as an expression of dissatisfaction and, therefore, a grievance.
- iii. Aligned with MHSUDS IN 18-010E and 42 C.F.R. §438.404, the appropriate and delegated Notice of Adverse Benefit Determination (NOABD) shall be issued by Contractor within the specified timeframes using the template provided by the County.
- iv. NOABDs shall be issued to individuals anytime the Contractor has made or intends to make an adverse benefit determination that includes the reduction, suspension, or termination of a previously authorized service and/or the failure to provide services in a timely manner. The notice shall have a clear and concise explanation of the reason(s) for the decision as established by DHCS and the County. The Contractor shall inform the County immediately after issuing a NOABD.
- v. Procedures and timeframes for responding to grievances, issuing and responding to adverse benefit determinations, appeals, and state hearings shall be followed as per 42 C.F.R., Part 438, Subpart F (42 C.F.R. §§ 438.400 – 438.424).
- vi. Contractor shall provide individuals any reasonable assistance in completing forms and taking other procedural steps related to a grievance or appeal such as auxiliary aids and interpreter services.

- vii. Contractor shall maintain records of grievances and appeals and shall review the information as part of its ongoing monitoring procedures. The record shall be accurately maintained in a manner accessible to the County and available upon request to DHCS.

b. Advanced Directives

- i. Contractor shall comply with all County policies and procedures regarding Advanced Directives in compliance with the requirements of 42 C.F.R. §§ 422.128 and 438.6(i) (l), (3) and (4).

c. Continuity of Care

- i. Contractor shall follow the County's continuity of care policy that is in accordance with applicable state and federal regulations, MHSUDS IN 18-059 and any BHINs issued by DHCS for parity in mental health and substance use disorder benefits subsequent to the effective date of this Agreement (42 C.F.R. § 438.62(b)(1)-(2).)

II. QUALITY IMPROVEMENT PROGRAM

a. Quality Improvement Activities and Participation

- i. Contractor shall implement mechanisms to assess person served/family satisfaction based on County's guidance. The Contractor shall assess individual/family satisfaction by:
 - 1. Surveying person served/family satisfaction with the Contractor's services at least annually.
 - 2. Evaluating grievances of the person served, appeals and State Hearings at least annually.
 - 3. Evaluating requests to change persons providing services at least annually.
 - 4. Informing the County and individuals of the results of persons served/family satisfaction activities.
- ii. Contractor, if applicable, shall implement mechanisms to monitor the safety and effectiveness of medication practices. This mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs, at least annually and as required by DBH.
- iii. Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns.

The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually and shared with the County.

- iv. Contractor shall assist County, as needed, with the development and implementation of Corrective Action Plans.
- v. Contractor shall collaborate with County to create a QI Work Plan with documented annual evaluations and documented revisions as needed. The QI Work Plan shall evaluate the impact and effectiveness of its quality assessment and performance improvement program.
- vi. Contractor shall attend and participate in the County's Quality Improvement Committee (QIC) to recommend policy decisions, review and evaluate results of QI activities, including PIPs, institute needed QI actions, and ensure follow-up of QI processes. Contractor shall ensure that there is active participation by the Contractor's practitioners and providers in the QIC.
- vii. Contractor shall participate, as required, in annual, independent external quality reviews (EQR) of the quality, timeliness, and access to the services covered under this Contract, which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

III. DATA, PRIVACY AND SECURITY REQUIREMENTS

a. Electronic Privacy and Security

- i. Contractor shall have a secure email system and send any email containing PII or PHI in a secure and encrypted manner. Contractor's email transmissions shall display a warning banner stating that data is confidential, systems activities are monitored and logged for administrative and security purposes, systems use is for authorized users only, and that users are directed to log off the system if they do not agree with these requirements.
- ii. Contractor shall institute compliant password management policies and procedures, which shall include but not be limited to procedures for creating, changing, and safeguarding passwords. Contractor shall

- establish guidelines for creating passwords and ensuring that passwords expire and are changed at least once every 90 days.
- iii. Any Electronic Health Records (EHRs) maintained by Contractor that contain PHI or PII for individuals served through this Agreement shall contain a warning banner regarding the PHI or PII contained within the EHR. Contractors that utilize an EHR shall maintain all parts of the clinical record that are not stored in the EHR, including but not limited to the following examples of person served signed documents: discharge plans, informing materials, and health questionnaire.
 - iv. Contractor entering data into any County electronic systems shall ensure that staff are trained to enter and maintain data within this system.

IV. PROGRAM INTEGRITY

a. Credentialing and Re-credentialing of Providers

- i. Contractor shall ensure that all of their network providers delivering covered services, sign and date an attestation statement on a form provided by County, in which each provider attests to the following:
 - 1. Any limitations or inabilities that affect the provider's ability to perform any of the position's essential functions, with or without accommodation;
 - 2. A history of loss of license or felony convictions;
 - 3. A history of loss or limitation of privileges or disciplinary activity;
 - 4. A lack of present illegal drug use; and
 - 5. The application's accuracy and completeness
- ii. Contractor shall file and keep track of attestation statements, credentialing applications and credentialing status for all of their providers and shall make those available to the County upon request at any time.
- iii. Contractor is required to sign an annual attestation statement at the time of Agreement renewal in which they will attest that they will follow County's Credentialing Policy and MHSUDS IN 18-019 and ensure that all of their rendering providers are credentialed as per established guidelines.

FRESNO COUNTY BEHAVIORAL HEALTH PLAN COMPLIANCE PROGRAM CODE OF CONDUCT

All Fresno County Behavioral/Mental Health Employees, Contractors (including Contractor's Employees/Subcontractors), Volunteers and Students will:

- I. Read, acknowledge, and abide by this Code of Conduct.
- II. Be responsible for reviewing and understanding Compliance Program policies and procedures including the possible consequences for failure to comply or failure to report such non-compliance.
- III. NOT engage in any activity in violation of the County's Compliance Program, nor engage in any other conduct which violates any applicable law, regulation, rule, or guideline. Conduct yourself honestly, fairly, courteously, and with a high degree of integrity in your professional dealings related to your employment/contract with the County and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the County and the services it provides.
- IV. Practice good faith in transactions occurring during the course of business and never use or exploit professional relationships or confidential information for personal purposes.
- V. Promptly report any activity or suspected violation of the Code of Conduct, the policies and procedures of the County, the Compliance Program, or any other applicable law, regulation, rule or guideline. All reports may be made anonymously. Fresno County prohibits retaliation against any person making a report. Any person engaging in any form of retaliation will be subject to disciplinary or other appropriate action by the County.
- VI. Comply with not only the letter of Compliance Program and behavioral health policies and procedures, but also with the spirit of those policies and procedures as well as other rules or guidelines adopted by the County. Consult with your supervisor or the Compliance Office regarding any Compliance Program standard or other applicable law, regulation, rule or guideline.
- VII. Comply with all laws governing the confidentiality and privacy of information. Protect and retain records and documents as required by County contract/standards, professional standards, governmental regulations, or organizational policies.
- VIII. Comply with all applicable laws, regulations, rules, guidelines, and County policies and procedures when providing and billing behavioral health services. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided. Ensure that no false, fraudulent, inaccurate, or fictitious claims for

payment or reimbursement of any kind are prepared or submitted. Ensure that claims are prepared and submitted accurately and timely and are consistent with all applicable laws, regulations, rules and guidelines. Act promptly to investigate and correct problems if errors in claims or billings are discovered.

- IX. Immediately notify your supervisor, Department Head, Administrator, or the Compliance Office if you become or may become an Ineligible/Excluded Person and therefore excluded from participation in the Federal health care programs.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) BUSINESS ASSOCIATE AGREEMENT

I. County is a “Covered Entity,” and Contractor is a “Business Associate,” as these terms are defined by 45 CFR 160.103. In connection with providing services under the Agreement, the parties anticipate that Contractor will create and/or receive Protected Health Information (“PHI”) from or on behalf of County. The parties enter into this Business Associate Agreement (BAA) to comply with the Business Associate requirements of HIPAA, to govern the use and disclosures of PHI under this Agreement. “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.

The parties to this Agreement shall be in strict conformance with all applicable federal and State of California laws and regulations, including, but not limited to California Welfare and Institutions Code sections 5328, 10850, and 14100.2 *et seq.*; 42 CFR 2; 42 CFR 431; California Civil Code section 56 *et seq.*; the Health Insurance Portability and Accountability Act of 1996, as amended (“HIPAA”), including, but not limited to, 45 CFR Parts 160, 45 CFR 162, and 45 CFR 164; the Health Information Technology for Economic and Clinical Health Act (“HITECH”) regarding the confidentiality and security of patient information, including, but not limited to 42 USC 17901 *et seq.*; and the Genetic Information Nondiscrimination Act (“GINA”) of 2008 regarding the confidentiality of genetic information.

Except as otherwise provided in this Agreement, Contractor, as a business associate of County, may use or disclose Protected Health Information (“PHI”) to perform functions, activities or services for or on behalf of County, as specified in this Agreement, provided that such use or disclosure shall not violate HIPAA Rules. The uses and disclosures of PHI may not be more expansive than those applicable to County, as the “Covered Entity” under the HIPAA Rules, except as authorized for management, administrative or legal responsibilities of Contractor.

II. Contractor shall protect, from unauthorized access, use, or disclosure of names and other identifying information concerning persons receiving services pursuant to this Agreement, except where permitted in order to carry out data aggregation purposes for health care operations. (45 CFR Sections 164.504 (e)(2)(i), 164.504 (3)(2)(ii)(A), and 164.504 (e)(4)(i).) This pertains to any and all persons receiving services pursuant to a County funded program. Contractor shall not use such identifying information for any purpose other than carrying out Contractor’s obligations under this Agreement.

III. Contractor shall not disclose any such identifying information to any person or entity, except as otherwise specifically permitted by this Agreement, authorized by law, or authorized by the client/patient.

IV. For purposes of the above sections, identifying information shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print, or a photograph.

V. Contractor shall provide access, at the request of County, and in the time and manner designated by County, to PHI in a designated record set (as defined in 45 CFR Section 164.501), to an individual or to County in order to meet the requirements of 45 CFR Section 164.524 regarding access by individuals to their PHI.

Contractor shall make any amendment(s) to PHI in a designated record set at the request of County, and in the time and manner designated by County in accordance with 45 CFR Section 164.526.

Contractor shall provide to County or to an individual, in a time and manner designated by County, information collected in accordance with 45 CFR Section 164.528, to permit County to respond to a request by the individual for an accounting of disclosures of PHI in accordance with 45 CFR Section 164.528.

VI. Contractor shall report to County, in writing, any knowledge or reasonable belief that there has been unauthorized access, viewing, use, disclosure, or breach of PHI not permitted by this Agreement, and any breach of unsecured PHI of which it becomes aware, immediately and without reasonable delay and in no case later than two (2) business days of discovery. Immediate notification shall be made to County's Information Security Officer and Privacy Officer and DBH's HIPAA Representative, within two (2) business days of discovery. The notification shall include, to the extent possible, the identification of each individual whose unsecured PHI has been, or is reasonably believed to have been, accessed, acquired, used, disclosed, or breached. Contractor shall take prompt corrective action to cure any deficiencies and any action pertaining to such unauthorized disclosure required by applicable Federal and State Laws and regulations. Contractor shall investigate such breach and is responsible for all notifications required by law and regulation or deemed necessary by County and shall provide a written report of the investigation and reporting required to County's Information Security Officer and Privacy Officer and DBH's HIPAA Representative.

This written investigation and description of any reporting necessary shall be postmarked within the thirty (30) working days of the discovery of the breach to the addresses below:

County of Fresno	County of Fresno	County of Fresno
Department of Public Health	Department of Public Health	Office of Information Security
HIPAA Representative	Privacy Officer	Chief Information Security Officer
(559) 600-6439	(559) 600-6405	(559) 600-5810
P.O. Box 11867	P.O. Box 11867	333 W. Pontiac Way
Fresno, California 93775	Fresno, California 93775	Clovis CA, 93612

VII. Contractor shall make its internal practices, books, and records relating to the use and disclosure of PHI received from County, or created or received by Contractor on behalf of County, available to the United States Department of Health and Human Services upon demand.

VIII. Safeguards

Contractor shall implement administrative, physical, and technical safeguards as required by 45 CFR 164.308, 164.310, and 164.312 that reasonably and appropriately protect the confidentiality, integrity, and availability of PHI, including electronic PHI, that it creates, receives, maintains or transmits on behalf of County; and to prevent access, use or disclosure of PHI other than as provided for by this Agreement. Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical and physical safeguards appropriate to the size and complexity of Contractor's operations and the nature and scope of its activities. Upon County's request, Contractor shall provide County with information concerning such safeguards.

Contractor shall implement strong access controls and other security safeguards and precautions in order to restrict logical and physical access to confidential, personal (e.g., PHI) or sensitive data to authorized users only.

IX. Mitigation of Harmful Effects

Contractor shall mitigate, to the extent practicable, any harmful effect that is known to Contractor of an unauthorized access, viewing, use, disclosure, or breach of PHI by Contractor or its subcontractors in violation of the requirements of these provisions.

X. Contractor's Subcontractors

Contractor shall ensure that any of its subcontractors, if applicable, to whom Contractor provides PHI received from or created or received by Contractor on behalf of County, agree to the same restrictions and conditions that apply to Contractor with respect to such PHI; and to incorporate, when applicable, the relevant provisions of these provisions into each subcontract or sub-award to such subcontractors.

XI. Effect of Termination

Upon termination or expiration of this Agreement for any reason, Contractor shall return or destroy all PHI received from County (or created or received by Contractor on behalf of County) that Contractor still maintains in any form, and shall retain no copies of such PHI. If return or destruction of PHI is not feasible, it shall continue to extend the protections of these provisions to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible. This provision shall apply to PHI that is in the possession of subcontractors or agents, if applicable, of Contractor. If Contractor destroys the PHI data, a certification of date and time of destruction shall be provided to County by Contractor.

XII. Interpretation

The terms and conditions in these provisions shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HIPAA regulations and applicable State laws. The parties agree that any ambiguity in the terms and conditions of these provisions shall be resolved in favor of a meaning that complies and is consistent with HIPAA and the HIPAA regulations.

XIII. Regulatory References

A reference in the terms and conditions of these provisions to a section in the HIPAA regulations means the section as in effect or as amended.

XIV. Survival

The respective rights and obligations of Contractor as stated in this Section shall survive the termination or expiration of this Agreement.

National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations to:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

The Case for the Enhanced National CLAS Standards

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.
— Dr. Martin Luther King, Jr.

Health equity is the attainment of the highest level of health for all people (U.S. Department of Health and Human Services [HHS] Office of Minority Health, 2011). Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health, or those conditions in which individuals are born, grow, live, work, and age (World Health Organization, 2012), such as socioeconomic status, education level, and the availability of health services (HHS Office of Disease Prevention and Health Promotion, 2010). Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Health inequities result in disparities that directly affect the quality of life for all individuals. Health disparities adversely affect neighborhoods, communities, and the broader society, thus making the issue not only an individual concern but also a public health concern. In the United States, it has been estimated that the combined cost of health disparities and subsequent deaths due to inadequate and/or inequitable care is \$1.24 trillion (LaVeist, Gaskin, & Richard, 2009). Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services (Beach et al., 2004; Goode, Dunne, & Bronheim, 2006). By providing a structure to implement culturally and linguistically appropriate services, the enhanced National CLAS Standards will improve an organization's ability to address health care disparities.

The enhanced National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities (HHS, 2011) and the National Stakeholder Strategy for Achieving Health Equity (HHS National Partnership for Action to End Health Disparities, 2011), which aim to promote health equity through providing clear plans and strategies to guide collaborative efforts that address racial and ethnic health disparities across the country. Similar to these initiatives, the enhanced National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services. Adoption of these Standards will help advance better health and health care in the United States.

Bibliography:

- Beach, M. C., Cooper, L. A., Robinson, K. A., Price, E. G., Gary, T. L., Jenckes, M. W., Powe, N.R. (2004). Strategies for improving minority healthcare quality. (AHRQ Publication No. 04-E008-02). Retrieved from the Agency of Healthcare Research and Quality website: <http://www.ahrq.gov/downloads/pub/evidence/pdf/minqual/minqual.pdf>
- Goode, T. D., Dunne, M. C., & Bronheim, S. M. (2006). The evidence base for cultural and linguistic competency in health care. (Commonwealth Fund Publication No. 962). Retrieved from The Commonwealth Fund website: http://www.commonwealthfund.org/usr_doc/Goode_evidencebasecultlinguisticcomp_962.pdf
- LaVeist, T. A., Gaskin, D. J., & Richard, P. (2009). The economic burden of health inequalities in the United States. Retrieved from the Joint Center for Political and Economic Studies website: <http://www.jointcenter.org/sites/default/files/upload/research/files/The%20Economic%20Burden%20of%20Health%20Inequalities%20in%20the%20United%20States.pdf>
- National Partnership for Action to End Health Disparities. (2011). National stakeholder strategy for achieving health equity. Retrieved from U.S. Department of Health and Human Services, Office of Minority Health website: <http://www.minorityhealth.hhs.gov/npa/templates/content.aspx?lvi=1&lvid=33&ID=286>
- U.S. Department of Health and Human Services. (2011). HHS action plan to reduce racial and ethnic health disparities: A nation free of disparities in health and health care. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf
- U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). Healthy people 2020: Social determinants of health. Retrieved from <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39>
- U.S. Department of Health and Human Services, Office of Minority Health (2011). National Partnership for Action to End Health Disparities. Retrieved from <http://minorityhealth.hhs.gov/npa>
- World Health Organization. (2012). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FINANCIAL TERMS AND CONDITIONS

This Exhibit sets forth the financial terms and conditions, including compensation, invoicing, billing, audits, and other fiscal requirements, and is incorporated into the Agreement between County and Contractor. County shall ensure timely and accurate compensation for services delivered and fulfill all responsibilities associated with funding sources under this Agreement.

I. Compensation

County shall compensate Contractor for services rendered under this Agreement, subject to the limitations and conditions herein. Compensation under this Agreement shall be paid only for services performed in accordance with its terms, while the Agreement is in effect, and subject to the amounts stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Total Maximum Compensation

In no event shall total compensation payable to Contractor for all services provided under this Agreement exceed One Hundred Sixty Million One Hundred Sixty-Nine Thousand Six Hundred Ninety-Five and No/100 Dollars (\$160,169,695.00), during the entire term of this Agreement.

The maximum compensation may be increased only through a written amendment, contingent on the availability of sufficient funds.

In the event the maximum compensation amount in any individual fiscal year as noted is not fully expended, said remaining unspent funding amounts shall rollover to each subsequent fiscal year's established maximum compensation.

i. Illustrative Table

Fiscal Year (FY)	Total FY Maximum Compensation
FY 2026-27	\$32,033,939
FY 2027-28	\$32,033,939
FY 2028-29	\$32,033,939
FY 2029-30	\$32,033,939
FY 2030-31	\$32,033,939
	\$160,169,695

b. Maximum Compensation

For each fiscal year covered by this Agreement, the maximum compensation payable to Contractor shall be as follows:

July 1, 2026 – June 30, 2027: Thirty-Two Million Thirty-Three Thousand Nine Hundred Thirty-Nine and No/100 Dollars (\$32,033,939.00)

July 1, 2027 – June 30, 2028: Thirty-Two Million Thirty-Three Thousand Nine Hundred Thirty-Nine and No/100 Dollars (\$32,033,939.00)

July 1, 2028 – June 30, 2029: Thirty-Two Million Thirty-Three Thousand Nine Hundred Thirty-Nine and No/100 Dollars (\$32,033,939.00)

July 1, 2029 – June 30, 2030: Thirty-Two Million Thirty-Three Thousand Nine Hundred Thirty-Nine and No/100 Dollars (\$32,033,939.00)

July 1, 2030 – June 30, 2031: Thirty-Two Million Thirty-Three Thousand Nine Hundred Thirty-Nine and No/100 Dollars (\$32,033,939.00)

These amounts will be reimbursed based on actual costs in accordance with the approved rates in each contractor's Exhibit D subpart, up to the FY maximum listed above.

II. Rate Categories for Services

a. Institutions for Mental Diseases (IMD) Services

The IMD services provided by the Contractor under this Agreement shall be reimbursed in accordance with the rates set forth in each Contractor's Exhibit D subpart.

The County agrees to pay, and Contractor agrees to receive, compensation for each day authorized persons served placed by County reside in Contractor's facility whether or not the person served receives Supplemental Security Income (SSI)/ State Supplementary Payment (SSP) funds, has Medi-Cal, private insurance, or has no other coverage, at rates set within each Contractor's respective Exhibit D subpart.

- i. In the event that a person served passes away while residing under the care of Contractor, any remaining balance of "personal needs"/PIN funds held by the facility must be returned to the person or entity that originally sent the money to the facility for person served.
- ii. For the purpose of residential billing, a day shall be defined as any portion of a twenty-four (24) hour day beginning at 8:00 a.m. and ending at 7:59 a.m. the following day. Day of discharge shall not be billed. However, a day of

service may be billed if the person is admitted and discharged during the same day provided that such admission and discharge is not within twenty-four (24) hours of a prior discharge.

- iii. Third Party. If Contractor is informed that an authorized person served placed in their facility by County has access to a third-party source for reimbursement other than County, Contractor must direct third-party source to pay County's DBH. In the event that Contractor is paid from a third-party source for any authorized person served placed in their facility by the County, Contractor shall deduct the amount collected from the third-party source from the amount invoiced to County for the services provided to any such person served. All amounts collected by Contractor shall be deducted from the amount otherwise payable to Contractor pursuant to this Agreement. Contractor shall maintain and forward to County, monthly with their invoice, a list of persons served who have third-party resources.
- iv. Contractor Rate(s): Rate Setting for service rates shall occur on an annual basis in a format provided by, and a deadline set by County. Said rate changes shall not result in any change to the maximum compensation paid under this Agreement.
- v. Department of Health Care Services Rate Adjustments: County and Contractor acknowledge that the rates recited in each Contractor's respective Exhibit D subpart may be subject to adjustment based upon rates set by the California State Department of Health Care Services for such services, referred to as the "Medi-Cal Rate." County agrees to pay the adjusted Medi-Cal Rate for each and every unit of service provided after the effective date of such adjustment as published by the California State Department of Health Care Services, and Contractor agrees to accept such adjusted Medi-Cal Rate as of the effective date of such adjustment, whether or not the cost of providing such services shall have exceeded the amount of the payments hereunder.
- vi. For the purposes of this Agreement, the term "bed hold" includes beds held vacant for persons served who are temporarily [not more than seven (7) consecutive days absent from a facility. An emergency bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or

designee. County will pay up to the first seven (7) bed-hold days as stated without approval. Contractor must submit an authorization request via Special Services Authorization (SSA) Form, to County's DBH no later than two (2) business days after person served returns to the facility. County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for nonpsychiatric reasons include, but are not limited to, medical hospitalization or elopement.

1. In addition, County agrees to pay, and Contractor agrees to receive, compensation for delivering specialized services authorization (SSA) services to augment services under this Agreement for persons served as authorized by County. A SSA Form must be used to request services for persons who require services above and beyond Exhibit B of the Agreement. A SSA Form may be approved/denied on a case-by-case basis by County when necessary and applicable and is in addition to the approved rates identified in each Contractor's respective Exhibit D subpart. SSA Forms may be submitted to be reviewed/approved per person served, per month by County DBH for up to a maximum of thirty (30) days, with justification. Contractor must submit an authorization request in a format determined by County, to County's DBH the day that a determination is made that SSA services are needed for an authorized person served, but no later than two (2) business days after such determination is made or when the person served returns to the facility from a bed hold. Contractor shall submit SSA Forms to County's DBH electronically via email to: DBHLPSConservatorship@fresnocountyca.gov.
2. Adjustments for Basic, Special Treatment Program services, and/or Enhanced Rate services: Tiered service rates per day, if provided by Contractor, shall be indicated within the Contractor's respective Exhibit D subpart. County and Contractor acknowledge service above Basic services may apply based on person served need and may be adjusted prior to or during the placement of said person served.

Adjustments to said services may be requested by Contractor only when accompanied by a comprehensive written justification of the need for the rate increase. For any rate higher than Basic services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form or a form agreed upon by County and Contractor. Such a rate change for the adjustment of services must be approved by the County's DBH Director, or designee prior to placement or initiation of such services.

III. Invoices

County shall process and pay Contractor's invoices for services rendered under this Agreement, subject to the limitations and conditions herein. Payment under this Agreement shall be made only for invoices submitted in accordance with its terms, while the Agreement is in effect, and subject to the deadlines and requirements stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Definition of Acceptable Invoice

Definition

An Acceptable Invoice is a complete, itemized invoice submitted in accordance with the submission requirements set forth in Section III(b) of this Exhibit. Each invoice shall include, at a minimum:

- i. Contractor's legal name and remit-to address;
- ii. Invoice number and date;
- iii. Contract or Purchase Order (PO) number;
- iv. Service period, including start and end dates;
- v. Itemized description of services, including units, rates, and applicable codes;
- vi. Total amount due, reflecting any credits or adjustments; and
- vii. County department or cost center, if applicable.

Invoices for IMD services shall be for each day authorized persons served place by County reside in Contractor's facility in the month of service. Contractor shall submit monthly invoices to County consisting of the name of each County person served, person served ID number, dates of service, types of mental health service provided, duration of services, service provider names, units of service provided, rates of services provided, and actual amounts of service. No reimbursement for services shall be made until the invoice, and supporting

documentation, is received, verified, and approved by County. Failure to submit all required supporting documentation shall be deemed sufficient cause for County to withhold payments until there is compliance.

b. Invoice Submission Deadlines

Contractor shall comply with the following requirements for invoice submission and processing:

i. Monthly Submission

1. Contractor shall use best efforts to submit monthly invoices, in arrears, by the fifteenth (15th) calendar day of each month.
2. Invoices shall be submitted in the format prescribed by County. This timeline is intended to facilitate prompt processing and does not supersede the final submission deadline specified below.

ii. Submission Method

All invoices shall be submitted electronically to the following recipients:

1. dbhinvoicereview@fresnocountyca.gov
2. dbh-invoices@fresnocountyca.gov
3. County’s assigned DBH Staff Analyst

iii. Illustrative Table

The table below provides an example of FY 2026-2027 invoice deadlines.

Service Month	Target Submission	Initial Invoice Deadline	Supplemental*/ OHC Deadline
Jul 2026	Aug 15, 2026	Sep 29, 2026	Nov 28, 2026
Aug 2026	Sep 15, 2026	Oct 30, 2026	Dec 29, 2026
Sep 2026	Oct 15, 2026	Nov 29, 2026	Jan 28, 2027
Oct 2026	Nov 15, 2026	Dec 30, 2026	Feb 28, 2027
Nov 2026	Dec 15, 2026	Jan 29, 2027	Mar 30, 2027
Dec 2026	Jan 15, 2027	Mar 01, 2027	Apr 30, 2027
Jan 2027	Feb 15, 2027	Apr 01, 2027	May 31, 2027
Feb 2027	Mar 15, 2027	Apr 29, 2027	Jun 28, 2027
Mar 2027	Apr 15, 2027	May 30, 2027	Jul 29, 2027
Apr 2027	May 15, 2027	Jun 29, 2027	Aug 28, 2027
May 2027	Jun 15, 2027	Jul 30, 2027	Supplemental – Aug 29, 2027 OHC – Sep 28, 2027
June 2027	Jul 15, 2027	Aug 29, 2027	Supplemental – Aug 29, 2027 OHC – Oct 28, 2027

*Supplemental allowed if initial invoice submission is timely

c. Invoice Review and Withholding

At the discretion of County, if an invoice is found to be incorrect or is otherwise not in proper form or substance, County may withhold payment for only the portion of the invoice deemed incorrect or improper. Prior to withholding payment, County shall provide Contractor with at least five (5) calendar days' written notice. Contractor shall continue providing services for up to ninety (90) calendar days after receiving notice of the invoice issue while resolution efforts are ongoing. If the invoice remains unresolved to County's satisfaction after the ninety (90) day period, County may elect to terminate this Agreement, in accordance with the termination provisions outlined in Article 6.

If County fails to provide notice of an incorrect or improper invoice and this results in delay in reimbursement, Contractor may initiate the escalation process through County's DBH Finance Division's Invoice Review Team. This process may include escalation to the DBH Finance Division Manager and ultimately County's DBH Director or designee to ensure timely reimbursement.

If County withholds any portion of an invoice due to incorrect or improper form or substance, Contractor shall resolve the issue and communicate any delays in resolution to County's DBH Finance Division Manager within ninety (90) calendar days of receiving notice of the withholding. Failure to resolve or communicate within this timeframe may result in the withholding being deemed final and non-payable at the sole discretion of County.

Contractor shall submit all initial invoices for services rendered within a given calendar month no later than sixty (60) calendar days following the end of the month in which services are provided. Invoices submitted after this 60-day period may be rejected and not processed for payment.

If the initial invoice is submitted within the required timeframe, supplemental or revised invoices may be submitted within one hundred twenty (120) calendar days following the end of the month in which services were provided. Supplemental invoices will not be accepted if the initial invoice is not submitted timely.

The County shall not process or pay any invoices submitted more than sixty (60) calendar days after the end of the fiscal year in which the services were performed.

d. Payment

County shall make payment to Contractor in arrears for services provided during the preceding month, within forty-five (45) calendar days after receipt, verification, and approval of the invoice by County.

Payments shall be made upon certification or other proof satisfactory to County that services have been performed or actual expenditures incurred in accordance with this Agreement. Any compensation not expended by Contractor pursuant to this Agreement shall automatically revert to County.

i. Incidental Expenses

Contractor shall be solely responsible for all costs and expenses not identified as reimbursable by County under this Agreement. Such costs include, but not limited to, administrative overhead, travel, and other incidental expenses.

IV. Recoupments and Audits Requirements

a. Recoupment Process

County shall recapture from Contractor the value of any services or expenditures determined to be ineligible based on County or State monitoring results. County may enter into a repayment agreement with Contractor for up to twelve (12) months, with the option to extend to a total of twenty-four (24) months at County discretion. Repayment agreements require written signed approval by County's DBH Director, or designee, and Contractor. County may offset repayment amounts against future invoices or recoup all funds immediately. These remedies are not exclusive, and County may pursue other means of recovery.

Contractor shall be financially liable for all disallowances or audit exceptions identified through State audits, County utilization reviews, or other oversight processes. Disallowed amounts must be remitted within forty-five (45) calendar days or will be withheld from subsequent payments. Contractor shall not receive reimbursement for any services disallowed or denied by County or State review processes.

Audits may require Contractor to reimburse County for previously paid services under circumstances including, but not limited to:

- i. Fraud, Waste, or Abuse as defined in federal regulations.
- ii. Overpayment due to errors in claiming or documentation
- iii. Other reasons specified by DHCS in the SMHS Reasons for Recoupment guidance.

Contractor shall reimburse County for all overpayments identified by any oversight entity within required timeframes. Funds owed must be paid within forty-five (45) calendar days of notification or will be offset against future payments.

b. Audit Requirements

The following requirements apply to all audits and reviews conducted under this Agreement.

Contractor is responsible for ensuring the accuracy of all claims submitted, including proper documentation, coding, and compliance with funding source standards. Contractor shall maintain confidentiality of all records in accordance with HIPAA and applicable State and Federal laws.

Contractor shall cooperate fully with County, DHCS, or other regulatory bodies in any audit or review, including providing access to records, documents, and facilities. Contractor shall allow inspection and audit for ten (10) years following the Agreement's end date or until any audit or investigation is resolved, whichever is later, pursuant to 42 C.F.R. §§ 438.3(h) and 438.230(i)(3)(i-iii).

c. Single Audit Clause

If Contractor expends One Million Dollars (\$1,000,000.00) or more in Federal or Federal flow-through funds in any fiscal year, Contractor shall conduct an annual audit in accordance with the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. The audit report and management letter shall be submitted to County within nine (9) months of the fiscal year end. The audit must include either a statement of findings or a statement that no findings were identified. If findings exist, Contractor shall provide a corrective action plan signed by an authorized representative and take prompt action to address any material non-compliance or weakness.

Failure to perform the required audit may result in County conducting the audit or contracting with a public accountant to perform the audit at Contractor's expense. Audit costs related to this Agreement are the sole responsibility of Contractor.

If Contractor's Federal expenditures do not meet the Single Audit Clause threshold, Contractor shall perform a program audit and submit to County within nine (9) months of the fiscal year end. The program audit must attest to Contractor's financial solvency and compliance with Agreement requirements.

Contractor shall make all records and accounts available for inspection by County, the State, the Controller General of the United States, the Federal Grantor Agency, or their authorized representatives at all reasonable times for a period of at least three (3) years

following the final payment under this Agreement or until all pending matters are resolved, whichever is later.

d. Audit Requirements for Pass-Through Entities

If County determines that Contractor is a “subrecipient” or pass-through entity as defined in 2 C.F.R. § 200, Contractor shall comply with all applicable cost principles, administrative requirements, and audit standards, including those governing claims for payment or reimbursement.

Financial audit reports must include a separate schedule identifying all funds received from or passed through the County. This schedule shall specify the Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the County’s DBH Director or designee. The County’s Director or designee is responsible for providing the audit report to the County Auditor.

Contractor shall submit the financial audit report, including all attachments, the management letter, and any corresponding response to County within six (6) months of the end of the audit year. The County will forward the report to the County Auditor.

Any required corrective action plan must be submitted to County at the same time as the audit report or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

V. Additional Compliance and Reporting Requirements

Contractor acknowledges and agrees that its obligations under this Agreement are subject to all applicable local, State, and Federal laws and regulations, including but not limited to those governing Medi-Cal, HIPAA, and the False Claims Act.

a. Notification of Changes

Contractor shall provide written notice to County of any material change affecting the performance of this Agreement, including but not limited to:

- i. Organizational Changes
Changes in organizational name, Head of Service, or principal business address.
- ii. Service Location Changes
Change in any service-delivery location. Notice shall be provided at least six (6) months in advance to allow County sufficient time to comply with

site certification requirements. Such notice will become part of this Agreement upon written acknowledgment by the County, provided the change of address does not conflict with any other provisions of this Agreement.

iii. Ownership, Licensure, or Capacity Changes

Any change in ownership, organizational status, licensure, or Contractor's ability to provide the quantity or quality of the contracted services. Notice shall be provided immediately and no later than fifteen (15) calendar days following the change.

Failure to provide timely notice as required herein may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with the provisions outlined in Article 6.

b. Record Maintenance and Retention

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records include, but are not limited to:

i. Service Delivery Documentation

Monthly summary sheets, sign-in sheets, and other primary source documents supporting services provided.

ii. Fiscal Records

All financial records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenues, and expenditures. Fiscal records shall also comply with the requirements set forth in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii. Retention Requirements

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

iv. Access and Compliance

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

c. Financial Reports

Contractor shall submit audited financial reports to County on an annual basis. The audit shall:

- i. Standards
Be conducted in accordance with GAAP and generally accepted auditing standards.
- ii. Submission Timeline
The audit report, including all attachments, the management letter, and any corresponding response, must be submitted to County within six (6) months of the end of the audit year.
- iii. Corrective Action
If findings are identified, Contractor shall provide a corrective action plan signed by an authorized representative at the time of submission or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

Failure to submit required financial reports within the specified timeframe may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with Article 6.

d. Agreement Termination

In the event this Agreement is terminated, reaches its designated term, or Contractor ceases operations, Contractor shall:

- i. Delivery of Records
Provide or make available to County all financial and service records accumulated under this Agreement, whether completed, partially completed, or in progress, within seven (7) calendar days of the termination or end date.
- ii. Final Compensation
Contractor shall be entitled to payment for all services satisfactorily provided through and including the effective date of termination, subject to the terms and conditions of this Agreement.

This provision shall not limit or reduce any damages owed to County resulting from Contractor's breach of this Agreement.

Failure to comply with these requirements may result in withholding payment or other remedies available to the County under Article 6.

e. Restrictions and Limitations

This Agreement is subject to all restrictions, limitations, and conditions imposed by County, State, or Federal funding sources that may affect the fiscal provisions or funding for this Agreement. Key provisions include:

i. Funding Contingency

This Agreement is contingent upon sufficient funds being made available by County, State, or Federal sources for the term of this Agreement. If the State or Federal governments reduce financial participation in the Medical program, County shall meet with Contractor to discuss renegotiating the services required.

ii. Fiscal Year Funding

Funding is allocated by fiscal year. Any unspent appropriation for a fiscal year does not roll over and is not available for services provided in subsequent years.

iii. Delayed Payments

In the event funding for these services is delayed by the State Controller, County may defer payments to Contractor. The deferred amount shall not exceed the amount of funding delayed by the State Controller to County. The deferral period shall not exceed the duration of the State Controller's delay plus forty-five (45) calendar days.

f. Financial Compliance and Enforcement

County maintains the right to monitor Contractor's performance under this Agreement to ensure accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor shall claim and collect all other available revenues, including but not limited to Medicare, private insurance, grants, client rent/fees, and any other third-party funding sources. Contractor shall maintain accurate records of all such revenues collected and report them to County in the format and frequency specified by County. Reports shall be submitted concurrently with monthly invoices or as otherwise directed and must include sufficient detail to support reconciliation and verification of revenue sources.

No federal funds provided under this Agreement shall be used to pay the salary of an individual at a rate exceeding Level 1 of the Executive Schedule, as published by U.S. Office of Personnel Management and amended from time to time amended.

Federal Financial Participation shall not be available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or should have known of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud, pursuant to 42 U.S.C. section 1396b(i)(2).

Contractor shall be responsible for any disallowances resulting from inadequate documentation.

Failure by either party to enforce any provision of this Agreement shall not constitute a waiver of that provision or any other provision.

If Contractor fails to comply with any provision of this Agreement, County may, upon written notice, be relieved of its obligation to provide further compensation.

g. Compliance with Federal and State Laws

Contractor shall comply with all applicable Federal and State laws and regulations governing the provision of services and the use of funds under this Agreement, including but not limited to:

- i. The False Claims Act employee training and policy requirements set forth in 42 U.S.C. §1396a(a)(68) and any related guidance issued by the U.S. Department of Health and Human Services;
- ii. Medi-Cal program requirements;
- iii. HIPAA privacy and security standards;
- iv. Any other applicable statutes, regulations, and administrative rules.

Contractor shall maintain documentation demonstrating compliance with these requirements and make such documentation available to County upon request.

h. Restrictions on Fund Redirection

Contractor shall not redirect or transfer funds from one funded program to another funded program under this Agreement, except through a duly executed amendment approved by County.

Contractor shall not allocate or charge services provided to an eligible person under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

i. Record Retention and Access

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records shall include, but are not limited to:

- i. Service delivery documentation (e.g., monthly summary sheets, sign-in sheets, and other primary source documents);
- ii. Fiscal records maintained in accordance with Generally Accepted Accounting Principles (GAAP), accounting for all funds, tangible assets, revenues, and expenditures;
- iii. Documentation required under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Retention Requirements:

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

Access and Compliance:

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)

CF Merced Behavioral LLC d.b.a. Merced Behavioral Center

1255 B. St. Merced CA. 95341

Licensed Beds: 96

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES***CF Merced Behavioral Health Center****RATE SHEET FY 26/27**

Daily Rate:	\$322.14
Bed Hold Rate:	\$304.42
BTCU Rate:	\$445 added to daily rate
SB43 MAT Rate:	\$150 added to daily rate
Murphy Person Served:	\$150 added to daily rate
One to one staffing:	\$20 per hour or \$480 a day.

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)

Crestwood Behavioral Health INC

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

CRESTWOOD BEHAVIORAL HEALTH, INC

<u>SNF/STP, IMD</u>	<u>Room and Board Rate/Per Diem*</u>	<u>County Supplemental Rate</u>
Crestwood Wellness and Recovery Ctr Redding IMD – 1122 NPI - 1194743088	\$404.00 (Indigent/Medi-Cal Ineligible)	Level 1 \$69.00 Level 2 \$89.00 Level 3 \$150.00
Additional SNF/STP, IMD Services and Rates:		
Private Room Conversion		\$404.00
1:1 supervision (per hour)		\$33.00

<u>SNF, SNF/STP</u>	<u>Room and Board Rate/Per Diem*</u>	<u>County Supplemental Rate</u>
Crestwood Manor Stockton SNF/STP – 1104 NPI - 1730128174	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	Level 1 \$76.00 Level 2 \$111.00 Level 3 \$149.00
Crestwood Manor Modesto SNF/STP - 1112 NPI - 1508884487	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	Level 1 \$76.00 Level 2 \$111.00 Level 3 \$149.00
Crestwood Manor - Fremont Alameda SNF/STP - 1134 NPI - 1902828403	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	Level 1 \$76.00 Level 2 \$123.00 Level 3 \$177.00
Crestwood Treatment Center Fremont SNF - 1120 NPI - 1942228838	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	Level 1 \$179.00
Additional SNF, SNF/STP Services and Rates:		
Private Room Conversion		Facility Medi-Cal Published Rate
1:1 supervision (per hour)		\$33.00

* The rates above include room and board, nursing care, special treatment program services, activity program, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22, CCR, section 51511C.

* An additional \$50.00/day will be added to the room rate for clients that do not have third-party insurance to cover ancillary services (Indigent Clients).

Mental Health Rehabilitation Centers

Room and Service/Per Diem*

Crestwood Center	Level 1	\$449.00
Sacramento MHRC - 1106	Level 2	\$408.00
NPI - 1356411656	Level 3	\$370.00
Crestwood Behavioral Health Ctr	Level 1	\$489.00
San Jose MHRC - 1107	Level 2	\$392.00
NPI - 1376623256	Level 3	\$382.00
Crestwood Behavioral Health Ctr	Level 1	\$397.00
Eureka MHRC - 1110		
NPI - 1124046008		
Crestwood Behavioral Health Ctr	Level (1:1)	\$782.00
Bakersfield MHRC - 1115	Level 1	\$453.00
NPI - 1275610800	Level 2	\$411.00
	Level 3	\$372.00
Crestwood C.E.N.T.E.R.	Level 1	\$444.00
Angwin MHRC - 1116	Level 2	\$355.00
NPI - 1316024953	Level 3	\$317.00
Kingsburg Healing Center	Level 1	\$559.00
Kingsburg MHRC - 1140	Level 2	\$495.00
NPI – 1073989661	Level 3	\$420.00
Crestwood Recovery and Rehab	Level 1	\$453.00
Vallejo MHRC - 1141	Level 2	\$385.00
NPI - 1508935834	Level 3	\$340.00
Crestwood San Diego	Level 1	\$560.00
San Diego MHRC - 1154	Level 2	\$479.00
NPI - 1295146934	Level 3	\$400.00

Crestwood Chula Vista	Level 1	\$532.00
Chula Vista MHRC - 1164	Level 2	\$461.89
NPI - 1023495181	Level 3	\$380.44
San Francisco Healing Center	Level 1	\$585.00
San Francisco MHRC - 1166		
NPI - 1447758024		
Fallbrook Healing Center	Level 1	\$561.00
Fallbrook Healing - 1167	Level 2	\$482.00
NPI - 1639738297	Level 3	\$401.00
Champion Healing Center	Level 1	\$599.00
Lompoc Healing Center - 1170	Level 2	\$513.00
NPI - 1487282273	Level 3	\$425.00

Additional MHRC Services and Rates:

Private Room Conversion	Facility lowest Level Rate
1:1 supervision (per hour)	\$33.00
Bedhold Rate	Client's Level Rate at time of bedhold

*The rates above include room and board, nursing care, program services, activity programs, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 9.

* An additional \$25/day will be added to the room rate for clients that do not have third-party insurance to cover ancillary services (Indigent Clients).

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all

psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
Vista Pacifica Center

3674 Pacific Ave.
Jurupa Valley CA. 92509
Licensed Beds: 108

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed- hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES***Vista Pacifica Center IMD Rates**

Services 18-64 Years Old	FY 2026-2027
Facility Rate - Daily	\$ 264.00
Room Reserve Rate	\$ 264.00
Extended BED HOLD (Leave of absence)	\$ 264.00
Private Rate	\$280.00
Augmented Services Rates	
Level A (per diem rate in addition to daily rate)	\$70.00 per day
Level B (per diem rate in addition to daily rate)	\$140.00 per day
Level C (per diem rate in addition to daily rate)	\$180.00 per day
Level D (per diem rate in addition to daily rate)	\$160.00 per day

Services 65+Years Old	FY 2026-2027
Room Reserve Rate	\$ 264.00
Extended BED HOLD (Leave of absence)	\$ 264.00
Private Rate	\$280.00
Augmented Services Rates	
Patch A (per diem rate in addition to daily rate)	\$100.00 per day
Patch B (per diem rate in addition to daily rate)	\$170.00 per day
Patch C (per diem rate in addition to daily rate)	\$210.00 per day
Patch D (per diem rate in addition to daily rate)	\$190.00 per day

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
Vista Pacifica Convalescent

3662 Pacific Ave.
Jurupa Valley CA. 92509
Licensed Beds: 49

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES***Vista Pacifica Convalescent Rates 2026**

Services	Effective 7/1/2026
Facility Rate - Daily Room Reserve Rate	\$305.00
Extended Bedhold Rate	\$305.00
Private Rate- Semi	\$338.00
Private Rate - Single	\$348.00
Augmented Services Rates	
Patch A (per diem rate in addition to daily rate)	\$90.00 per day
Patch B (per diem rate in addition to daily rate)	\$160.00 per day
Patch C (per diem rate in addition to daily rate)	\$200.00 per day

Extended Bed Hold Rate - Client out at Hospital past 7 days
Room Reserve Rate - Holding bed for Client prior to
Admission

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request

defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
Helios Healthcare LLC d.b.a. Idylwood Care Center

1002 W. Fremont Ave.
Sunnyvale CA. 94087
Licensed Beds: 185

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

HELIOS HEALTHCARE, LLC	7/1/2026
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<u>SNF</u>	<u>Room and Board/Per Diem *</u>	<u>County Supplemental Rate</u>
<p>Idylwood Care Center Idylwood SNF - 2733 NPI - 1770501744</p>	<p>Medi-Cal Published Rate (For Indigent/Medi-Cal Ineligible)</p>	<p>Level 1 \$149.00 Level 2 \$176.00 Level 3 \$199.00</p>

Additional Services and Rates:

Private Room Conversion	Medi-Cal Published Rate
1:1 supervision (per hour)	\$33.00

* The following rates include room and board, nursing care, special treatment program services, activity program, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22, CCR, section 51511C.

* An additional \$50.00/day will be added to the room rate for clients that do not have third-party insurance to cover ancillary services (Indigent Clients).

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)

Mental Health Management, INC. d.b.a. Canyon Manor

655 Canyon Road
Novato CA. 94947
Number of Licensed Beds: 89

Contractor agrees to provide County with Mental Health Rehabilitation Center (MHRC) services for adults with mental health conditions 18 to 64, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the California Department of Health Care Services' Policies and Directives, Title 9, California Code of Regulations, Division 1, Sub-Chapter 3.5, and other applicable statutes and regulations. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Services Licensing and Certification Division.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily (not more than seven (7) days) absent from a facility. An Emergency MHRC bed hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary MHRC services to adults with mental health conditions. Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve persons who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The Enhanced Services bed rate or any other charges in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is provided any services more intensive than the Basic Services. Approval for such services may be sought using the Special Services Authorization Form.

The need for continuing Enhanced Services will be re-assessed on a weekly to monthly basis throughout the individual's stay.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. FY 26-27 RATES

Program Services	Rate
Basic Daily Rate*	\$ 434.44
Bed Hold Rate**	\$ 392.73

Other Services	Rate
One on One Rate per 8-hour Shift^	\$516.66

* The Basic Daily Rate shall be inclusive of all psychiatric services such as weekly visits, initial psychiatric assessment and two affidavits for LPS conservatorship renewal per year.

**The rate reduction for bed holds or leave of absence is \$8.93 (raw food cost) per diem for dates of service for FY 26-27

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all

costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
GHC of Anberry LLC d.b.a. Anberry Nursing and Rehabilitation Center

1685 Shaffer Road Atwater CA. 95301

Licensed Beds: 99

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed- hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term

of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES



FRESNO COUNTY
LONG TERM CARE PATCH RATES FY26-27

Item	Pay Point Description	Daily Rate per Client
LTC Patch A	Special Care Standard Rate Adult Ambulatory Mental Health In-Patient Client/24-Hour Facility that includes: <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services • Case Management Services 	\$258.00/day
LTC Patch B	Special Care Additional Services Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility includes: <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services with Medical Acuity • Case Management Services • Rehab Services • Increased Psychology Intervention 	\$283.00/day
LTC Patch C	Special Care Additional Services Intense Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility that includes: <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services • Intense Case Management Services • High acuity – behavioral and medical • AWOL Risk • Increased Psychology and Psychiatry Intervention • Additional staffing required for safety/supervision • Specialty Psychiatry and/or Medical Services 	\$309.00/day
**LTC Indigent Rate	Clients With No Active Medi-Cal Benefits	A - \$567.00/day B - \$592.00/day C - \$618.00/day
LTC Murphy Patch Rate	Murphy Client	A - \$464.00/day B - \$489.00/day C - \$515.00/day

<p>**LTC Murphy Indigent Rate</p>	<p>Murphy Clients With No Active Medi-Cal Benefits</p>	<p>A - \$618.00/day B - \$644.00/day C - \$670.00/day</p>
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FRESNO COUNTY

SPECIAL TREATMENT PROGRAM PATCH RATES FY 26-27

Item	Pay Point Description	Daily Rate per Client
STP Patch A	<p>Special Care Standard Rate Adult Ambulatory Mental Health In-Patient Client/24-Hour Facility that includes:</p> <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services 	\$335.00/day
STP Patch B	<p>Special Care Additional Services Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour facility that includes:</p> <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services • Rehab Services • Increased Psychology Intervention 	\$371.00/day
STP Patch C	<p>Special Care Additional Services Intense Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility that includes:</p> <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services • High acuity – Behavioral and/or Medical • AWOL Risk • Increased Psychology and Psychiatry Intervention • Additional staffing required for safety/supervision • Specialty Psychiatry and/or Medical Services 	\$407.00/day
**STP Indigent Rate	<p>Clients With No Active Medi-Cal Benefits</p>	<p>A - \$618.00/day B - \$644.00/day C - \$670.00/day</p>
STP Murphy Patch Rate	<p>Murphy Client</p>	<p>A - \$489.00/day B - \$515.00/day C - \$541.00/day</p>

**STP Murphy Indigent Rate	Murphy Clients With No Active Medi-Cal Benefits	A - \$670.00/day B - \$695.00/day C - \$721.00/day
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** The Indigent Rate indicated in the rate table of this agreement will apply when the County client does not have active Medi-Cal benefits, either upon admission or at any time during the Client's stay with Contractor. Contractor will have one hundred eighty (180) days after the date of service to bill the approved Indigent Rate days to the County, no other billing timelines specified in this contract will apply. County will notify Contractor immediately if Client is successfully enrolled in Medi-Cal and benefits become active. If Contractor receives payment from another payment source for the approved Indigent Rate days billed to and paid by the County, Contractor will refund the County for only the days and amount paid by the other payment source.

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
Community Care on Palm Riverside, LLC

4768 Palm Ave.
Riverside CA. 95301
Licensed Beds: 51

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed- hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES***COMMUNITY CARE ON PALM RIVERSIDE, LLC.**

Rate Table FY 2026-27

Facility Rate - Daily Room Reserve Rate	\$ 257.77
Bed Hold Rate	\$ 257.77
Room Reserve	\$ 257.77
Private - Single Room	\$ 257.77
Semi-Private Room	\$ 257.77
Augmented Services Rates	
Patch A (per diem rate in addition to daily rate)	\$ 220.00 per day
Patch B (per diem rate in addition to daily rate)	\$ 265.00 per day
Patch C (per diem rate in addition to daily rate)	\$ 290.00 per day
Other Services	
Physician/Psychiatric Services	\$ 107.64

Bed Hold Rate - Client out at Hospital

Room Reserve Rate - Holding bed for Client prior to Admission

DHCS Website for SNF Rates AB1629

<https://www.dhcs.ca.gov/services/medi-cal/Pages/AB1629/LTCAB1629.aspx>

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
MORTON BAKAR CENTER, A DIVISION OF TELECARE CORPORATION

494 Blossom Way
Hayward, CA 94541
Number of Licensed Beds: 97

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed- hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal) **	\$ 285.17 per person served
Basic Daily Rate (IMD/STP without Medi-Cal)	\$ 285.17 per person served
Enhanced Services (with Medi-Cal) **	\$ 175.50 per person served
Enhanced Services (without Medi-Cal)	\$ 175.50 per person served
Bed Hold Rate	\$ 472.07 per person served
1:1 Supervision	\$ 46.00 per hour

Other Services	Rate / Rate Range
Physician/Psychiatric Services ^	\$ 209.85 per visit

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
LA PAZ GEROPSYCHIATRIC CENTER,
A DIVISION OF TELECARE CORPORATION

8835 Vans Street
Paramount, CA 90723
Number of Licensed Beds: 173

Contractor agrees to provide County with Geropsychiatric Nursing Care Facility (GNCF) services for adult person served ages 65 years and older with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, sections 51335, 71443-72475, and the California Department of Health Care Services' Policies and Directives, and other applicable statutes and regulations.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily (not more than seven (7) days) absent from a facility. For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency GNCF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served, ages 65 and older, with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443- 72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal) **	\$ 226.55 per person served
Basic Daily Rate (IMD/STP without Medi-Cal)	\$ 226.55 per person served
Enhanced Services (with Medi-Cal) **	\$ 181.18 per person served
Enhanced Services (without Medi-Cal)	\$ 181.18 per person served
Bed Hold Rate	\$ 416.78 per person served
1:1 Supervision	\$ 46.00 per hour
Other Services	Rate / Rate Range
Physician/Psychiatric Services ^	\$ 209.85 per visit

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

II. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
GARFIELD NEUROBEHAVIORAL CENTER,
A DIVISION OF TELECARE CORPORATION

1451 28th Avenue
Oakland, CA 94601
Number of Licensed Beds: 96

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during the term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal) **	\$ 425.90 per person served
Basic Daily Rate (IMD/STP without Medi-Cal)	\$ 425.90 per person served
Enhanced Services (with Medi-Cal) **	\$ 338.43 per person served
Enhanced Services (without Medi-Cal)	\$ 338.43 per person served
Bed Hold Rate	\$ 781.35 per person served
1:1 Supervision	\$ 46.00 per hour
Other Services	Rate / Rate Range
Physician/Psychiatric Services ^	\$ 209.85 per visit

* All rates other than the Basic Daily Rate must be pre-approved by the County’s DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor’s facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

III. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
GOLDEN STATE HEALTH CENTERS, INC.,
d.b.a. SYLMAR HEALTH AND REHABILITATION CENTER

12220 Foothill Boulevard
Sylmar, CA 91342
Licensed Beds: 208

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven(7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. SUB-ACUTE TREATMENT SERVICES

Sub-acute SNF includes services that are non-acute 24-hour voluntary or involuntary care that is required for the provision of mental health services to adult persons served with a mental health condition who are not in need of acute mental health care, but who require general mental health evaluation, diagnostic assessment, treatment, nursing and/or related services, on a 24-hour per day basis in order to achieve stabilization and/or an optimal level of functioning. Such persons are those who, if in the community, would require the services of a licensed health facility providing 24-hour sub-acute mental health care.

Such facilities include, but are not limited to, Skilled Nursing Facilities with special treatment programs. Sub-acute has the same meaning as non-acute as defined in this section.

IV. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

V. RATES*

Program Services	Rate
Basic Daily Rate (IMD/STP with Medi-Cal)**	\$229.11 per person served per day
Bed Hold Rate	\$227.41 per person served per day
Enhanced Services Rate (with Medi-Cal)**	\$258.19 per person served per day
Subacute	\$325.07 per person served per day

Other Services.	Rate/Range
Physician/Psychiatric Services ^	\$ 75.00 - \$ 192.00 per visit

* All rates other than the Basic Daily Rate must be pre-approved by the County’s DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor’s facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
GHC of Fresno, LLC d.b.a. Horizon Health & Subacute Center

3034 E. Herndon Ave
Fresno CA. 93720
Licensed Beds: 180

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term

of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES



FRESNO COUNTY LONG TERM CARE PATCH RATES FY26-27

Item	Pay Point Description	Daily Rate per Client
LTC Patch A	<p>Special Care Standard Rate Adult Ambulatory Mental Health In-Patient Client/24-Hour Facility that includes:</p> <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services • Case Management Services 	\$258.00/day
LTC Patch B	<p>Special Care Additional Services Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility includes:</p> <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services with Medical Acuity • Case Management Services • Rehab Services • Increased Psychology Intervention 	\$283.00/day
LTC Patch C	<p>Special Care Additional Services Intense Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility that includes:</p> <ul style="list-style-type: none"> • Basic Care Services • LTC Treatment Services • Intense Case Management Services • High acuity – behavioral and medical • AWOL Risk • Increased Psychology and Psychiatry Intervention • Additional staffing required for safety/supervision • Specialty Psychiatry and/or Medical Services 	\$309.00/day
**LTC Indigent Rate	Clients With No Active Medi-Cal Benefits	A - \$567.00/day B - \$592.00/day C - \$618.00/day
LTC Murphy Patch Rate	Murphy Client	A - \$464.00/day B - \$489.00/day C - \$515.00/day

**LTC Murphy Indigent Rate	Murphy Clients With No Active Medi-Cal Benefits	A - \$618.00/day B - \$644.00/day C - \$670.00/day
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FRESNO COUNTY
SPECIAL TREATMENT PROGRAM PATCH RATES FY 26-27

Item	Pay Point Description	Daily Rate per Client
STP Patch A	Special Care Standard Rate Adult Ambulatory Mental Health In-Patient Client/24-Hour Facility that includes: <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services 	\$335.00/day
STP Patch B	Special Care Additional Services Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour facility that includes: <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services • Rehab Services • Increased Psychology Intervention 	\$371.00/day
STP Patch C	Special Care Additional Services Intense Rate Adult Adaptive, Special, Extraordinary Needs Mental Health In-Patient Client/24-Hour Facility that includes: <ul style="list-style-type: none"> • Basic Care Services • STP Treatment Services • Case Management Services • High acuity – Behavioral and/or Medical • AWOL Risk • Increased Psychology and Psychiatry Intervention • Additional staffing required for safety/supervision • Specialty Psychiatry and/or Medical Services 	\$407.00/day
**STP Indigent Rate	Clients With No Active Medi-Cal Benefits	A - \$618.00/day B - \$644.00/day C - \$670.00/day
STP Murphy Patch Rate	Murphy Client	A - \$489.00/day B - \$515.00/day C - \$541.00/day

**STP Murphy Indigent Rate	Murphy Clients With No Active Medi-Cal Benefits	A - \$670.00/day B - \$695.00/day C - \$721.00/day
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GENERATIONS
HEALTHCARE

The Indigent Rate indicated in the rate table of this agreement will apply when the County client does not have active Medi-Cal benefits, either upon admission or at any time during the Client's stay with Contractor. Contractor will have one hundred eighty (180) days after the date of service to bill the approved Indigent Rate days to the County, no other billing timelines specified in this contract will apply. County will notify Contractor immediately if Client is successfully enrolled in Medi-Cal and benefits become active. If Contractor receives payment from another payment source for the approved Indigent Rate days billed to and paid by the County, Contractor will refund the County for only the days and amount paid by the other payment source.

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
Oaklandidence Opco, LLC d.b.a. Medical Hill Healthcare Center

475 29th St.
Oakland CA. 94609
Licensed Beds: 124

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed- hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES*

Long Term Care Service Levels	FY 2026-2027
Basic Daily Rate (IMD/STP with Medi-Cal) SNF Geropsychiatric Bed	\$ 220.00 per person served per day
Basic Daily Rate (IMD/STP without Medi-Cal) SNF Geropsychiatric Bed	\$ 435.00 per person served per day
Enhanced Services (with Medi-Cal) SNF Geropsychiatric Bed (STP)	\$ 367.50 per person served per day (pre-authorization required)
Enhanced Services (without Medi-Cal) SNF Geropsychiatric Bed (Enhanced)	\$ 577.10 per person served per day (pre-authorization required)
Bed Hold Rate	\$ 220.00 per person served per day
Other Services	Rate (Range)
Physician Services**	\$ 80.00 per visit

* All rates other than the Basic Daily Rate must be pre-approved by the County’s DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor’s facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY’s request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY’s sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)

California Psychiatric Transitions

9226 North Hinton Delhi CA. 95315

Licensed Beds: 98

Contractor agrees to provide County with Mental Health Rehabilitation Center (MHRC) services for adults with mental health conditions 18 to 64, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the California Department of Health Care Services' Policies and Directives, Title 9, California Code of Regulations, Division 1, Sub-Chapter 3.5, and other applicable statutes and regulations. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Services Licensing and Certification Division.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily (not more than seven (7) days) absent from a facility. An Emergency MHRC bed hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary MHRC services to adults with mental health conditions. Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve persons who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The Enhanced Services bed rate or any other charges in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is provided any services more intensive than the Basic Services. Approval for such services may be sought using the Special Services Authorization Form.

The need for continuing Enhanced Services will be re-assessed on a weekly to monthly basis throughout the individual's stay.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all

services provided by the Contractor and payment will be based on usage.

IV. RATES

California Psychiatric Transitions Rate

Table FY 2026-2027

MHRC	
LPS	\$544/Day
1:1 Monitoring	\$59.00/Hour
DBU	
LPS, IST, DIV, Murphy	\$1024/Day
1:1 Monitoring	\$59.00/Hour
FORENSIC	
IST, DIV, Murphy	\$762/Day
1:1 Monitoring	\$59.00/Hour

Bed hold rate will be the same rate as the corresponding unit that the bed is being held in.

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)
RG Legacy II, LLC d.b.a. Pasadena Nursing Center

1570 N. Fair Oaks Ave.
Pasadena CA. 91103
Licensed Beds: 54

Contractor agrees to provide County with Skilled Nursing Facility/Institutions for Mental Disease (SNF/IMD) services to adult persons served between the ages of 18 to 64 years with mental health conditions, pursuant to California's Welfare and Institutions Code, section 5900 et seq., Title 22 of the California Code of Regulations, the State Department of Health Care Services' Policies and Directives; and other applicable statutes and regulations that apply to the SNF/IMD facilities and programs.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily [not more than seven (7) days] absent from a facility. An emergency IMD/SNF bed-hold for psychiatric and non-psychiatric reasons beyond seven (7) day must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary SNF/IMD services to adult persons served with mental health conditions, plus those services that are included in Special Treatment Programs as contained in Title 22 of the California Code of Regulations, sections 72443-72475.

Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services, which augment basic services. Enhanced Services are designed to serve persons served who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

A charge in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is placed or initiation of any enhanced services takes place. Approval for such services may be sought using the Special Services Authorization Form.

III. REQUIREMENTS

Contractor shall provide available beds for authorized County persons served during each term of the Agreement. The County does not guarantee any minimum number of beds for all services provided by the Contractor and payment will be based on usage.

IV. RATES***RG Legacy II, LLC dba Pasadena Nursing Center****Rate Table FY 2026-27**

Facility Rate - Daily Room Reserve Rate	\$257.77
Bed Hold Rate	\$257.77
Room Reserve	\$ 257.77
Private - Single Room	\$ 257.77
Semi-Private Room	\$ 257.77
Augmented Services Rates	
Patch A (per diem rate in addition to daily rate)	\$220.00
Patch B (per diem rate in addition to daily rate)	\$265.00
Patch C (per diem rate in addition to daily rate)	\$290.00

* All rates other than the Basic Daily Rate must be pre-approved by the County's DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor's facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

I. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in

connection with the performance, or failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

DESCRIPTION OF SERVICES & RATES (FY 2026-27)**KF Community Care Center LLC**

2335 S. Mountain Ave

Duarte CA. 91010

Licensed Beds: 167

Contractor agrees to provide County with Mental Health Rehabilitation Center (MHRC) services for adults with mental health conditions 18 to 64, pursuant to California's Welfare and Institutions Code, section 5900 *et seq.*, Title 22 of the California Code of Regulations, the California Department of Health Care Services' Policies and Directives, Title 9, California Code of Regulations, Division 1, Sub-Chapter 3.5, and other applicable statutes and regulations. Participation in MHRCs is limited to facilities that meet the licensing and certification requirements of the California Department of Health Services Licensing and Certification Division.

For the purposes of this Agreement, the term "bed day" includes beds held vacant for persons served who are temporarily (not more than seven (7) days) absent from a facility. An Emergency MHRC bed hold for psychiatric and non-psychiatric reasons beyond seven (7) days must be approved by the County's Department of Behavioral Health (DBH) Director, or designee. The County will pay up to the first seven (7) bed-hold days and approval must be provided by the County for any additional days after consulting with the Contractor. The County will have the final say on a case-by-case basis if an extended bed-hold of beyond seven (7) days is necessary. The Contractor will notify the County immediately if Contractor has knowledge that the person served will require treatment at a facility or is eloped lasting seven (7) days or more. A bed hold for non-psychiatric reasons include, but are not limited to, medical hospitalization or elopement.

In addition to the services listed in "Fresno County Department of Behavioral Health Scope of Work" (Exhibit B), Contractor shall provide the following:

I. BASIC DAILY RATE SERVICES:

Basic Daily Rate services consist of usual and customary MHRC services to adults with mental health conditions. Basic Daily Rate services include reasonable access to required medical treatment, up-to-date psychopharmacology, transportation to needed off-site services and bilingual/bicultural programming.

II. ENHANCED SERVICES

Enhanced Services consist of specialized program services which augment basic services. Enhanced Services are designed to serve persons who have sub-acute psychiatric impairment and/or whose adaptive functioning is severely impaired.

The Enhanced Services bed rate or any other charges in addition to the Enhanced Services bed rate may be negotiated for an individual person served on an as-needed basis between the County's Department of Behavioral Health (DBH) Director, or designee, and Contractor. The County's DBH Director, or designee, must approve these rates before the person served is provided any services more intensive than the Basic Services. Approval for such services may be sought using the Special Services Authorization Form.

The need for continuing Enhanced Services will be re-assessed on a weekly to monthly basis throughout the individual's stay.

III. REQUIREMENTS

Contractor shall provide available beds needed for authorized County persons served during the term of the Agreement. The County does not guarantee any minimum number of beds.

IV. RATES*

All rates are per bed day and are inclusive of psychiatric services as required by contract.

Service Description	Daily Rate
<p>Basic Daily Rate Services Includes: 24-hour care and supervision, room and board, psychiatric services, psychopharmacology, medication management, individual and group therapy, rehabilitation programming, care management, therapeutic activities, crisis intervention as needed, transportation to required off-site services, and bilingual/bicultural programming.</p>	<p>\$375.00</p>
<p>Enhanced Services Includes: All Basic Daily Rate services PLUS specialized program services for residents with sub-acute psychiatric impairment and/or severely impaired adaptive functioning. Enhanced staffing ratios, intensive behavioral management, specialized therapeutic interventions, and augmented programming.</p>	<p>\$450.00</p>

Bed Hold Rates

Bed hold services are authorized by the County when a resident is temporarily absent from the facility. Initial bed holds are authorized for up to seven (7) days. Extensions beyond seven (7) days require additional County authorization and facility coordination. The bed hold rate is the same as the corresponding service level rate (Basic or Enhanced).

Bed Hold Type	Daily Rate
Bed Hold - Basic Service Level	<p>\$375.00</p>
Bed Hold - Enhanced Service Level	<p>\$450.00</p>

Additional Services

The following services may be authorized by County on an as-needed basis and require pre-approval.

Service Description	Rate
<p>1:1 Constant Observation (Sitter) Dedicated one-to-one staff supervision for residents requiring constant observation due to safety concerns, suicidal ideation, severe agitation, or elopement risk. Billed per day in addition to base rate.</p>	<p>\$50.00/day</p>
<p>Crisis Intervention Services</p>	<p>\$125.00/day</p>

<p>Intensive intervention services for residents experiencing acute psychiatric episodes requiring immediate enhanced clinical response. Includes increased staffing, intensified monitoring, immediate psychiatric consultation, and specialized crisis de-escalation protocols. Typically authorized for 3-7 days. Billed per day in addition to base rate.</p>	
<p>Medical Escort Services Staff escort for off-site medical appointments, emergency room visits, or specialized medical procedures requiring facility staff accompaniment. Rate covers staff time, transportation coordination, and continuity of care during medical treatment. Billed per trip.</p>	<p>\$100.00/trip</p>
<p>Extended Bed Hold (Beyond 7 Days) For County-approved bed holds extending beyond the standard seven-day period due to extended medical hospitalization, treatment needs, or other qualifying circumstances. Rate applies per day for days 8 and beyond.</p>	<p>\$280.00/day</p>
<p>Specialized Programming Add-On Enhanced programming tracks including co-occurring substance use disorder treatment, trauma-informed care programming, or other specialized therapeutic interventions beyond standard MHRC services. Billed per day in addition to base rate when authorized.</p>	<p>\$40.00/day</p>

* All rates other than the Basic Daily Rate must be pre-approved by the County’s DBH Director, or designee, prior to placement or initiation of such services. For any rate higher than the Basic Rate Services, or Enhanced Services, both the rationale and the extra services must be specified and time-limited and approval must be sought using the Special Services Authorization Form.

** Physician/psychiatric services (provided to persons served placed by County at Contractor’s facilities) not covered by Medi-Cal, private insurance or personal/other funds shall be billed through the Contractor via the monthly service invoice. Psychiatric services billed by the service provider on Health Insurance Claim Forms (HICF 1500) or other forms directly to County will be rerouted to Contractor for inclusion in monthly invoice. Contractor shall attach supporting documentation verifying services provided on all psychiatric invoices submitted. Supporting documentation should include, but is not limited to, date and location of service, service provided, service duration, name of provider.

*** Ancillary outpatient services (laboratory, x-rays, or other medical services performed offsite to a person served residing in an IMD/SNF/MHRC) must be billed directly to Medi-Cal, pursuant to Title 22 of the CCR. County shall be informed and/or approve of any such service(s) to Medi-Cal ineligible persons served in advance of services being provided, where possible. Ancillary charges for non-Medi-Cal person served or non-Medi-Cal billable services may be billed separately from the monthly service invoice and submitted with supporting documentation to County.

V. HOLD HARMLESS

CONTRACTOR agrees to indemnify, save, hold harmless, and at COUNTY's request defend the COUNTY, its officers, agents and employees from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring or resulting to COUNTY in connection with the performance, or

failure to perform, by CONTRACTOR, its officers, agents or employees under this Agreement, and from any and all costs and expenses, including attorney fees and court costs, damages, liabilities, claims and losses occurring to or resulting from any person, firm or corporation who may be injured or damaged by the performance, or failure to perform, of CONTRACTOR, its officers, agents or employees under this Agreement, excluding, however, such liability, claims, losses, damages, or expenses arising from COUNTY's sole negligence or willful acts.

INSURANCE REQUIREMENTS

I. Required Policies

Without limiting the County's right to obtain indemnification from the Contractor or any third parties, Contractor, at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement.

- a. **Commercial General Liability.** Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor shall obtain an endorsement to this policy naming the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the County is excess only and not contributing with insurance provided under the Contractor's policy.
- b. **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.
- c. **Workers Compensation.** Workers compensation insurance as required by the laws of the State of California with statutory limits.
- d. **Employer's Liability.** Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- e. **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor shall maintain the policy and provide to the County annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.

- f. **Molestation Liability.** Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- g. **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.

Definition of Cyber Risks. “Cyber Risks” include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor’s obligations under Article 11 of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi) information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

II. **Additional Requirements**

- a. **Verification of Coverage.** Within 30 days after the Contractor signs this Agreement, and at any time during the term of this Agreement as requested by the County, the Contractor shall deliver, or cause its broker or producer to deliver, to the County of Fresno, Department of Behavioral Health – Attention Plan Administration, 5260 N. Palm Ave, Suite 300, Fresno CA 93704, or electronically to DBHPlanAdmin@fresnocountyca.gov with a copy to the assigned County’s DBH Staff Analyst, certificates of insurance and endorsements for all of the coverages required under this Agreement.

- b. **Acceptability of Insurers.** All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.
- c. **Notice of Cancellation or Change.** For each insurance policy required under this Agreement, the Contractor shall provide to the County, or ensure that the policy requires the insurer to provide to the County, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 30 days in advance of cancellation or change. The County in its sole discretion may determine that the failure of the Contractor or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.
- d. **County's Entitlement to Greater Coverage.** If the Contractor has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the County requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor shall deliver, or cause its broker or producer to deliver, to the County's Risk Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.
- e. **Waivers of Subrogation.** The Contractor waives any right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this Agreement. The Contractor is solely responsible to obtain any policy endorsement that may be necessary to accomplish those waivers, but the Contractor's waivers of subrogation under this paragraph are effective whether or not the Contractor obtains such endorsements.
- f. **County's Remedy for Contractor's Failure to Maintain.** If the Contractor fails to keep in effect at all times any insurance coverage required under this Agreement, the County may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor. The County may offset such

charges against any amounts owed by the County to the Contractor under this Agreement.

- g. **Subcontractors.** The Contractor shall require and verify that all subcontractors used by the Contractor to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor to provide services under this Agreement using subcontractors.

DATA SECURITY

I. Definitions

Capitalized terms used in this Exhibit have the meanings set forth in this section I.

- a. **“Authorized Employees”** means the Contractor’s employees who have access to Personal Information.
- b. **“Authorized Persons”** means: (i) any and all Authorized Employees; and (ii) any and all of the Contractor’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to the Contractor, who have access to Personal Information and are bound by law or in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms of this Exhibit.
- c. **“Director”** means the County’s Director of the Department of Behavioral Health or his or her designee.
- d. **“Disclose”** or any derivative of that word means to disclose, release, transfer, disseminate, or otherwise provide access to or communicate all or any part of any Personal Information orally, in writing, or by electronic or any other means to any person.
- e. **“Person”** means any natural person, corporation, partnership, limited liability company, firm, or association.
- f. **“Personal Information”** means any and all information, including any data, provided, or to which access is provided, to the Contractor by or upon the authorization of the County, under this Agreement, including but not limited to vital records, that: (i) identifies, describes, or relates to, or is associated with, or is capable of being used to identify, describe, or relate to, or associate with, a person (including, without limitation, names, physical descriptions, signatures, addresses, telephone numbers, e-mail addresses, education, financial matters, employment history, and other unique identifiers, as well as statements made by or attributable to the person); (ii) is used or is capable of being used to authenticate a person (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or personal identification numbers (PINs), financial account numbers, credit report information, answers to security questions, and other personal identifiers); or (iii) is personal information within the meaning of California Civil Code section 1798.3, subdivision (a), or 1798.80, subdivision (e). Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

- g. **“Privacy Practices Complaint”** means a complaint received by the County relating to the Contractor’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable the Contractor to promptly investigate and take remedial action under this Exhibit.
- h. **“Security Safeguards”** means physical, technical, administrative or organizational security procedures and practices put in place by the Contractor (or any Authorized Persons) that relate to the protection of the security, confidentiality, value, or integrity of Personal Information. Security Safeguards shall satisfy the minimal requirements set forth in section III.c of this Exhibit.
- i. **“Security Breach”** means (i) any act or omission that compromises either the security, confidentiality or integrity of any Personal Information or the Security Safeguards, or (ii) any unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, any Personal Information.
- j. **“Use”** or any derivative of that word means to receive, acquire, collect, apply, manipulate, employ, process, transmit, disseminate, access, store, disclose, or dispose of Personal Information.

II. Standard of Care

- a. The Contractor acknowledges that, in the course of its engagement by the County under this Agreement, the Contractor, or any Authorized Persons, may Use Personal Information only as permitted in this Agreement.
- b. The Contractor acknowledges that Personal Information is deemed to be confidential information of, or owned by, the County (or persons from whom the County receives or has received Personal Information) and is not confidential information of, or owned or by, the Contractor, or any Authorized Persons. The Contractor further acknowledges that all right, title, and interest in or to the Personal Information remains in the County (or persons from whom the County receives or has received Personal Information) regardless of the Contractor’s, or any Authorized Person’s, Use of that Personal Information.
- c. The Contractor agrees and covenants in favor of the Country that the Contractor shall:
 - i. Keep and maintain all Personal Information in strict confidence, using such degree of care under this section as is reasonable and appropriate to avoid a Security Breach;

- ii. Use Personal Information exclusively for the purposes for which the Personal Information is made accessible to the Contractor pursuant to the terms of this Exhibit;
 - iii. Not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for the Contractor's own purposes or for the benefit of anyone other than the County, without the County's express prior written consent, which the County may give or withhold in its sole and absolute discretion; and
 - iv. Not, directly or indirectly, Disclose Personal Information to any person (an "Unauthorized Third Party") other than Authorized Persons pursuant to this Agreement, without the Director's express prior written consent.
- d. Notwithstanding the foregoing paragraph, in any case in which the Contractor believes it, or any Authorized Person, is required to disclose Personal Information to government regulatory authorities, or pursuant to a legal proceeding, or otherwise as may be required by applicable law, Contractor shall (i) immediately notify the County of the specific demand for, and legal authority for the disclosure, including providing County with a copy of any notice, discovery demand, subpoena, or order, as applicable, received by the Contractor, or any Authorized Person, from any government regulatory authorities, or in relation to any legal proceeding, and (ii) promptly notify the County before such Personal Information is offered by the Contractor for such disclosure so that the County may have sufficient time to obtain a court order or take any other action the County may deem necessary to protect the Personal Information from such disclosure, and the Contractor shall cooperate with the County to minimize the scope of such disclosure of such Personal Information.
- e. The Contractor shall remain liable to the County for the actions and omissions of any Unauthorized Third Party concerning its Use of such Personal Information as if they were the Contractor's own actions and omissions.

III. Information Security

- a. The Contractor covenants, represents and warrants to the County that the Contractor's Use of Personal Information under this Agreement does and will at all times comply with all applicable federal, state, and local, privacy and data protection laws, as well as all other applicable regulations and directives, including but not limited to California Civil Code, Division 3, Part 4, Title 1.81 (beginning with section 1798.80), and the Song-Beverly Credit Card Act of 1971 (California Civil Code, Division 3, Part 4, Title 1.3, beginning with section 1747). If the Contractor Uses credit, debit or other payment

cardholder information, the Contractor shall at all times remain in compliance with the Payment Card Industry Data Security Standard (“PCI DSS”) requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing and maintaining all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Contractor’s sole cost and expense.

- b. The Contractor covenants, represents and warrants to the County that, as of the effective date of this Agreement, the Contractor has not received notice of any violation of any privacy or data protection laws, as well as any other applicable regulations or directives, and is not the subject of any pending legal action or investigation by, any government regulatory authority regarding same.
- c. Without limiting the Contractor’s obligations under section III.a of this Exhibit, the Contractor’s (or Authorized Person’s) Security Safeguards shall be no less rigorous than accepted industry practices and, at a minimum, include the following:
 - i. Limiting Use of Personal Information strictly to the Contractor’s and Authorized Persons’ technical and administrative personnel who are necessary for the Contractor’s, or Authorized Persons’, Use of the Personal Information pursuant to this Agreement;
 - ii. Ensuring that all of the Contractor’s connectivity to County computing systems will only be through the County’s security gateways and firewalls, and only through security procedures approved upon the express prior written consent of the Director;
 - iii. To the extent that they contain or provide access to Personal Information, (a) securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, operating systems, and software applications, including, but not limited to, all mobile devices and other equipment, operating systems, and software applications with information storage capability; (b) employing adequate controls and data security measures, both internally and externally, to protect (1) the Personal Information from potential loss or misappropriation, or unauthorized Use, and (2) the County’s operations from disruption and abuse; (c) having and maintaining network, device application, database and platform security; (d) maintaining authentication and access controls within media, computing equipment, operating systems, and software applications; and (e) installing and maintaining in all mobile, wireless, or handheld devices a secure internet connection, having continuously updated anti-virus software protection and a

- remote wipe feature always enabled, all of which is subject to express prior written consent of the Director;
- iv. Encrypting all Personal Information at advance encryption standards of Advanced Encryption Standards (AES) of 128 bit or higher (a) stored on any mobile devices, including but not limited to hard disks, portable storage devices, or remote installation, or (b) transmitted over public or wireless networks (the encrypted Personal Information must be subject to password or pass phrase, and be stored on a secure server and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection, all of which is subject to express prior written consent of the Director);
 - v. Strictly segregating Personal Information from all other information of the Contractor, including any Authorized Person, or anyone with whom the Contractor or any Authorized Person deals so that Personal Information is not commingled with any other types of information;
 - vi. Having a patch management process including installation of all operating system and software vendor security patches;
 - vii. Maintaining appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks of Authorized Employees consistent with applicable law; and
 - viii. Providing appropriate privacy and information security training to Authorized Employees.
- d. During the term of each Authorized Employee's employment by the Contractor, the Contractor shall cause such Authorized Employees to abide strictly by the Contractor's obligations under this Exhibit. The Contractor shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.
 - e. The Contractor shall, in a secure manner, backup daily, or more frequently if it is the Contractor's practice to do so more frequently, Personal Information received from the County, and the County shall have access, upon request and within a reasonable time, not to exceed twenty-four (24) hours, to such backups via a secure, remote access connection provided by the Contractor, through the Internet.
 - f. The Contractor shall provide the County with the name and contact information for each Authorized Employee (including such Authorized Employee's work shift, and at least one alternate Authorized Employee for each Authorized Employee during such work shift) who shall serve as the County's primary security contact with the Contractor and shall be

available to assist the County twenty-four (24) hours per day, seven (7) days per week as a contact in resolving the Contractor's and any Authorized Persons' obligations associated with a Security Breach or a Privacy Practices Complaint.

- g. The Contractor shall not knowingly include or authorize any Trojan Horse, back door, time bomb, drop dead device, worm, virus, or other code of any kind that may disable, erase, display any unauthorized message within, or otherwise impair any County computing system, with or without the intent to cause harm.

IV. Security Breach Procedures

- a. Immediately upon the Contractor's awareness or reasonable belief of a Security Breach, the Contractor shall (i) notify the Director of the Security Breach, such notice to be given first by telephone at the following telephone number, followed promptly by email at the following email addresses: incidents@fresnocountyca.gov, 559-600-5900, (which telephone number and email address the County may update by providing notice to the Contractor), and (ii) preserve all relevant evidence (and cause any affected Authorized Person to preserve all relevant evidence) relating to the Security Breach. The notification shall include, to the extent reasonably possible, the identification of each type and the extent of Personal Information that has been, or is reasonably believed to have been, breached, including but not limited to, compromised, or subjected to unauthorized Use, Disclosure, or modification, or any loss or destruction, corruption, or damage.
- b. Immediately following the Contractor's notification to the County of a Security Breach, as provided pursuant to section IV.a of this Exhibit, the Parties shall coordinate with each other to investigate the Security Breach. The Contractor agrees to fully cooperate with the County, including, without limitation:
 - i. Assisting the County in conducting any investigation;
 - ii. Providing the County with physical access to the facilities and operations affected;
 - iii. Facilitating interviews with Authorized Persons and any of the Contractor's other employees knowledgeable of the matter; and
 - iv. Making available all relevant records, logs, files, data reporting and other materials required to comply with applicable law, regulation, industry standards, or as otherwise reasonably required by the County.

To that end, the Contractor shall, with respect to a Security Breach, be solely responsible, at its cost, for all notifications required by law and regulation, or deemed reasonably necessary by the County, and the Contractor shall provide a written report of

the investigation and reporting required to the Director within 30 days after the Contractor's discovery of the Security Breach.

- c. County shall promptly notify the Contractor of the Director's knowledge, or reasonable belief, of any Privacy Practices Complaint, and upon the Contractor's receipt of that notification, the Contractor shall promptly address such Privacy Practices Complaint, including taking any corrective action under this Exhibit, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. In the event the Contractor discovers a Security Breach, the Contractor shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of the Contractor's receipt of notification of such Privacy Practices Complaint, the Contractor shall notify the County whether the matter is a Security Breach, or otherwise has been corrected and the manner of correction, or determined not to require corrective action and the reason for that determination.
- d. The Contractor shall take prompt corrective action to respond to and remedy any Security Breach and take mitigating actions, including but not limiting to, preventing any reoccurrence of the Security Breach and correcting any deficiency in Security Safeguards as a result of such incident, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. The Contractor shall reimburse the County for all reasonable costs incurred by the County in responding to, and mitigating damages caused by, any Security Breach, including all costs of the County incurred relation to any litigation or other action described section IV.e of this Exhibit.
- e. The Contractor agrees to cooperate, at its sole expense, with the County in any litigation or other action to protect the County's rights relating to Personal Information, including the rights of persons from whom the County receives Personal Information.

V. Oversight of Security Compliance

- a. The Contractor shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- b. Upon the County's written request, to confirm the Contractor's compliance with this Exhibit, as well as any applicable laws, regulations and industry standards, the Contractor grants the County or, upon the County's election, a third party on the County's behalf, permission to perform an assessment, audit, examination or review of all controls in the Contractor's physical and technical environment in relation to all

Personal Information that is Used by the Contractor pursuant to this Agreement. The Contractor shall fully cooperate with such assessment, audit or examination, as applicable, by providing the County or the third party on the County's behalf, access to all Authorized Employees and other knowledgeable personnel, physical premises, documentation, infrastructure and application software that is Used by the Contractor for Personal Information pursuant to this Agreement. In addition, the Contractor shall provide the County with the results of any audit by or on behalf of the Contractor that assesses the effectiveness of the Contractor's information security program as relevant to the security and confidentiality of Personal Information Used by the Contractor or Authorized Persons during the course of this Agreement under this Exhibit.

- c. The Contractor shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit. that apply to the Contractor with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between the Contractor and such Authorized Persons, or amending any written agreements to provide same.

VI. Return or Destruction of Personal Information. Upon the termination of this Agreement, the Contractor shall, and shall instruct all Authorized Persons to, promptly return to the County all Personal Information, whether in written, electronic or other form or media, in its possession or the possession of such Authorized Persons, in a machine readable form used by the County at the time of such return, or upon the express prior written consent of the Director, securely destroy all such Personal Information, and certify in writing to the County that such Personal Information have been returned to the County or disposed of securely, as applicable. If the Contractor is authorized to dispose of any such Personal Information, as provided in this Exhibit, such certification shall state the date, time, and manner (including standard) of disposal and by whom, specifying the title of the individual. The Contractor shall comply with all reasonable directions provided by the Director with respect to the return or disposal of Personal Information and copies of Personal Information. If return or disposal of such Personal Information or copies of Personal Information is not feasible, the Contractor shall notify the County accordingly, specifying the reason, and continue to extend the protections of this Exhibit to all such Personal Information and copies of Personal Information. The Contractor shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 6. The Contractor's obligations under this section survive the termination of this Agreement and

apply to all Personal Information that the Contractor retains if return or disposal is not feasible and to all Personal Information that the Contractor may later discover.

- VII. Equitable Relief.** The Contractor acknowledges that any breach of its covenants or obligations set forth in this Exhibit may cause the County irreparable harm for which monetary damages would not be adequate compensation and agrees that, in the event of such breach or threatened breach, the County is entitled to seek equitable relief, including a restraining order, injunctive relief, specific performance and any other relief that may be available from any court, in addition to any other remedy to which the County may be entitled at law or in equity. Such remedies shall not be deemed to be exclusive but shall be in addition to all other remedies available to the County at law or in equity or under this Agreement.
- VIII. Indemnity.** The Contractor shall defend, indemnify and hold harmless the County, its officers, employees, and agents, (each, a “**County Indemnitee**”) from and against any and all infringement of intellectual property including, but not limited to infringement of copyright, trademark, and trade dress, invasion of privacy, information theft, and extortion, unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, Personal Information, Security Breach response and remedy costs, credit monitoring expenses, forfeitures, losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, fines and penalties (including regulatory fines and penalties), costs or expenses of whatever kind, including attorneys’ fees and costs, the cost of enforcing any right to indemnification or defense under this Exhibit and the cost of pursuing any insurance providers, arising out of or resulting from any third party claim or action against any County Indemnitee in relation to the Contractor’s, its officers, employees, or agents, or any Authorized Employee’s or Authorized Person’s, performance or failure to perform under this Exhibit or arising out of or resulting from the Contractor’s failure to comply with any of its obligations under this section. The provisions of this section do not apply to the acts or omissions of the County. The provisions of this section are cumulative to any other obligation of the Contractor to, defend, indemnify, or hold harmless any County Indemnitee under this Agreement. The provisions of this section shall survive the termination of this Agreement.
- IX. Survival.** The respective rights and obligations of the Contractor and the County as stated in this Exhibit shall survive the termination of this Agreement.
- X. No Third Party Beneficiary.** Nothing express or implied in the provisions of in this Exhibit is intended to confer, nor shall anything in this Exhibit confer, upon any person other than the

County or the Contractor and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

- XI. No County Warranty.** The County does not make any warranty or representation whether any Personal Information in the Contractor's (or any Authorized Person's) possession or control, or Use by the Contractor (or any Authorized Person), pursuant to the terms of this Agreement is or will be secure from unauthorized Use, or a Security Breach or Privacy Practices Complaint.

SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "County"), members of a contractor's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"

The definition above will be utilized for purposes of completing this disclosure form.

INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:
 - a. The name of the agency/company with which the corporation has the transaction; and
 - b. The nature of the material financial interest in the Corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

(1) Company Board Member Information:			
Name:		Date:	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to)			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a)			
(5) Authorized Signature			
Signature:		Date:	

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information				
Name of Entity			D/B/A	
Address (number, street)			City	State
				ZIP Code
CLIA Number	Taxpayer ID Number (EIN) / Social Security Number		Telephone Number ()	

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list all names and addresses (primary, every business location, and P.O. Box address) of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- | | | |
|--|------------|--------------------------|
| <p>A. Are there any individuals or organizations having a direct or indirect ownership or control interest of five percent or more in the institution, organizations, or agency that have been convicted of a criminal offense related to the involvement of such persons or organizations in any of the programs established by Titles XVIII, XIX, or XX?</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <p>B. Are there any directors, officers, agents, or managing employees of the institution, agency, or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by Titles XVIII, XIX, or XX?</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |
| <p>C. Are there any individuals currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)</p> | YES | NO |
| <input type="checkbox"/> | | <input type="checkbox"/> |

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses (primary, every business location, and P.O. Box address) under "Remarks" on page 2. If more than one individual is reported and any of these persons are related to each other, this must be reported under "Remarks."

NAME	DOB	ADDRESS	EIN

- B. Type of entity: Sole proprietorship Partnership Corporation
 Unincorporated Associations Other (specify) _____

C. If the disclosing entity is a corporation, list names, addresses of the directors, and EINs for corporations under "Remarks."

- D. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership, or members of Board of Directors) If yes, list names, addresses of individuals, and provider numbers.

NAME	DOB	ADDRESS	PROVIDER

YES NO

- IV. A. Has there been a change in ownership or control within the last year?
 If yes, give date. _____
- B. Do you anticipate any change of ownership or control within the year?.....
 If yes, when? _____
- C. Do you anticipate filing for bankruptcy within the year?.....
 If yes, when? _____
- V. Is the facility operated by a management company or leased in whole or part by another organization?.....
 If yes, give date of change in operations. _____

VI. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?.....

VII. A. Is this facility chain affiliated?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

B. If the answer to question VII.A. is NO, was the facility ever affiliated with a chain?
 (If yes, list name, address of corporation, and EIN.)

Name		EIN	
Address (number, name)	City	State	ZIP code

Whoever knowingly and willfully makes or causes to be made a false statement or representation of this statement, may be prosecuted under applicable federal or state laws. In addition, knowingly and willfully failing to fully and accurately disclose the information requested may result in denial of a request to participate or where the entity already participates, a termination of its agreement or contract with the agency, as appropriate.

Name of authorized representative (typed)	Title
Signature	Date

Remarks

INSTRUCTIONS FOR COMPLETING DISCLOSURE OF CONTROL AND INTEREST STATEMENT

Please answer all questions as of the current date. If the yes block for any item is checked, list requested additional information under the Remarks Section on page 2, referencing the item number to be continued. If additional space is needed use an attached sheet.

DETAILED INSTRUCTIONS

These instructions are designed to clarify certain questions on the form. Instructions are listed in question order for easy reference. No instructions have been given for questions considered self-explanatory.

IT IS ESSENTIAL THAT ALL APPLICABLE QUESTIONS BE ANSWERED ACCURATELY AND THAT ALL INFORMATION BE CURRENT.

Item I - Under "Identifying Information" specify in what capacity the entity is doing business as (DBA) (e.g. name of trade or corporation).

Item II - Self-explanatory

Item III - List the names of all individuals and organizations having direct or indirect ownership interests, or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Direct ownership interest - is defined as the possession of stock, equity in capital or any interest in the profits of the disclosing entity. A disclosing entity is defined as a Medicare provider or supplier, or other entity that furnishes services or arranges for furnishing services under Medicaid or the Maternal and Child Health program, or health related services under the social services program.

Indirect ownership interest - is defined as ownership interest in an entity that has direct or hospital-based home health agencies, are not indirect ownership interest in the disclosing entity. The amount of indirect ownership in the disclosing entity that is held by any other entity is determined by multiplying the percentage of ownership interest at each level. An indirect ownership interest must be reported in the facility now and the previous be reported if it equates to an ownership interest of 5 percent or more in the disclosing entity. Example: if A owns 10 percent of the stock in a corporation that owns 80 percent of the stock of the disclosing entity, A's interest equates to an 8 percent indirect ownership and must be reported.

Controlling interest - is defined as the operational direction or management of disclosing entity which may be maintained by any or all of the following devices: the ability or authority, expressed or reserved, to amend or change the corporate identity (i.e., joint venture agreement, unincorporated business status) of the disclosing entity; the ability or authority to nominate or name members of the Board of Directors or Trustees of the disclosing entity; the ability or authority, expressed or reserved, to amend or change the by-laws, constitution, or other operating or management direction of the disclosing entity; the right to control any or all of the assets or other property of the disclosing entity upon the sale or dissolution of that entity; the ability or authority, expressed or reserved, to control the sale of any or all of the assets, to encumber such assets by way of mortgage or other indebtedness, to dissolve the entity or to arrange for the sale or transfer of the disclosing entity to new ownership or control.

Item IV-VII - (Changes in Provider Status) For Items IV-VII, if the yes box is checked, list additional information requested under Remarks. Clearly identify which item is being continued.

Change in provider status - is defined as any change in management control. Examples of such changes would include; a change in Medical or Nursing Director, a new Administrator, contracting the operation of the facility to a management corporation, a change in the composition of the owning partnership which under applicable State law is not considered a change in ownership, or the hiring or dismissing of any employees with 5 percent or more financial interest in the facility or in an owning corporation, or any change of ownership.

Item IV - (A & B) If there has been a change in ownership within the last year or if you anticipate a change, indicate the date in the appropriate space.

Item V - If the answer is yes, list name of the management firm and employer identification number (EIN), or the name of the leasing organization. A management company is defined as any organization that operates and manages a business on behalf of the owner of that business, with the owner retaining ultimate legal responsibility for operation of the facility.

Item VI - If the answer is yes, identify which has changed (Administrator, Medical Director, or Director of Nursing) and the date the change was made. Be sure to include name of the new Administrator, Director of Nursing or Medical Director, as appropriate.

Item VII - A chain affiliate is any free-standing health care facility that is either owned, controlled, or operated under lease or contract by an organization consisting of two or more free-standing health care facilities organized within or across State lines which is under the ownership or through any other device, control and direction of a common party. Chain affiliates include such facilities whether public, private, charitable or proprietary. They also include subsidiary organizations and holding corporations. Provider-based facilities, such as hospital-based home health agencies, are not considered to be chain affiliates.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS--PRIMARY COVERED TRANSACTIONS

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms covered transaction, debarred, suspended, ineligible, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is being submitted for assistance in obtaining a copy of those regulations.
6. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

CERTIFICATION

(1) The prospective primary participant certifies to the best of its knowledge and belief, that it, its owners, officers, corporate managers and partners:

(a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency;

(b) Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

(c) (d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

(2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Signature: _____

(Printed Name & Title)

Date: _____

(Name of Agency or Company)