

SERVICE AGREEMENT

This Service Agreement ("Agreement") is dated June 10, 2025 and is between each Contractor listed in Exhibit A "List of Contractors" collectively hereinafter referred to as ("Contractors"), and the County of Fresno, a political subdivision of the State of California ("County"). Reference in this Agreement to party or "parties" shall be understood to refer to County and each individual Contractor, unless otherwise specified.

Recitals

A. County, through its Department of Behavioral Health (DBH) has residents who are designated to be placed at or are being discharged from locked facilities including but not limited to State Mental Health hospitals, Institutions for Mental Disease (IMD) and locked Mental Health Resource Centers (MHRC).

B. Contractor(s) has the secured facilities, staff, and expertise, and is licensed by the State of California, to provide adult residential mental health services, and is willing and able to provide augmented board and care services to individuals referred by Fresno County pursuant to the terms and conditions of this Agreement.

C. County, through its Department of Behavioral Health (DBH) desires to contract with licensed mental health residential facilities qualified to provide such services.

The parties therefore agree as follows:

Article 1

Contractor's Services

1.1 **Scope of Services.** Contractor(s) shall perform all of the services provided in Exhibit B-1 and Exhibit B-2 to this agreement, titled "Fresno County Department of Behavioral Health Scope of Work".

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

1.3 **Compliance with Laws.** Contractor(s) shall, at its own cost, comply with all applicable federal, state, and local laws and regulations in the performance of its obligations under this Agreement, including but not limited to workers compensation, labor, and

1 confidentiality laws and regulations. Additionally, Contractor(s) shall comply with laws,
2 regulations, and requirements in Exhibit C to this agreement, titled "Fresno County Behavioral
3 Health Requirements".

4 **Article 2**

5 **County's Responsibilities**

6 2.1 The County shall provide oversight and collaborate with Contractor(s), other County
7 Departments and community agencies to help achieve program goals and outcomes. In addition
8 to contractor monitoring of program, oversight includes, but not limited to, coordination with
9 Department of Health Care Services (DHCS) in regard to program administration and outcomes.

10 2.2 County shall participate in evaluating the progress of the overall program, levels of
11 care components, and the efficiency of collaboration with the Contractor(s) staff and will be
12 available to Contractor(s) for ongoing consultation. County shall receive and analyze statistical
13 outcome data from Contractor(s) throughout the term of contract. County shall notify the
14 Contractor(s) when additional participation is required. The performance outcome measurement
15 process will not be limited to survey instruments but will also include, as appropriate, persons
16 served and staff surveys, chart reviews, and other methods of obtaining required information.

17 **Article 3**

18 **Compensation, Invoices, and Payments**

19 3.1 The County agrees to pay, and the Contractor(s) agrees to receive compensation for
20 the performance of its services under this Agreement as described in Exhibit D to this
21 Agreement, titled "Fresno County Department of Behavioral Health Financial Terms and
22 Conditions," including each Contractor's Exhibit D subpart as indicated on Exhibit A.

23 3.2 **Additional Fiscal Requirements.** Contractor(s) shall comply with all additional
24 requirements in Exhibit D to this Agreement.

1 **Article 4**

2 **Term of Agreement**

3 4.1 **Term.** This Agreement is effective on July 1, 2025 and terminates on June 30, 2028
4 except as provided in Section 4.2, "Extension," or Article 6, "Termination and Suspension,"
5 below.

6 4.2 **Extension.** The term of this Agreement may be extended for no more than two, one-
7 year periods only upon written approval of both parties at least thirty (30) days before the first
8 day of the next one-year extension period. The County's DBH Director or his or her designee is
9 authorized to sign the written approval on behalf of the County based on the Contractor(s)'s
10 satisfactory performance. The extension of this Agreement by the County is not a waiver or
11 compromise of any default or breach of this Agreement by the Contractor(s) existing at the time
12 of the extension whether or not known to the County.

13 **Article 5**

14 **Notices**

15 5.1 **Contact Information.** The persons and their addresses having authority to give and
16 receive notices provided for or permitted under this Agreement include the following:

17 **For the County:**

18 Director, Department of Behavioral Health
19 County of Fresno
20 1925 E Dakota Avenue
21 Fresno, CA 93726

22 **For the Contractor(s):**

23 See Exhibit A

24 5.2 **Change of Contact Information.** Either 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 the Contractor(s)
27 provided for or permitted under this Agreement must be in writing, state that it is a notice
28 provided under this Agreement, and be delivered either by personal service, by first-class
United States mail, by an overnight commercial courier service, by telephonic facsimile
transmission, or by Portable Document Format (PDF) document attached to an email.

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

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

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

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

14 5.4 **Claims Presentation.** For all claims arising from or related to this Agreement,
15 nothing in this Agreement establishes, waives, or modifies any claims presentation
16 requirements or procedures provided by law, including the Government Claims Act (Division 3.6
17 of Title 1 of the Government Code, beginning with section 810).

18 **Article 6**

19 **Termination and Suspension**

20 6.1 **Termination for Non-Allocation of Funds.** The terms of this Agreement are
21 contingent on the approval of funds by the appropriating government agency. If sufficient funds
22 are not allocated, then the County, upon at least 30 days' advance written notice to each
23 individual Contractor, may:

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

25 (B) Terminate this Agreement.

26 6.2 **Termination for Breach.**

27 (A) Upon determining that a breach (as defined in paragraph (C) below) has
28 occurred, the County may give written notice of the breach to Contractor(s). The written

1 notice may suspend performance under this Agreement, and must provide at least 30
2 days for Contractor(s) to cure the breach.

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

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

7 (1) Obtained or used funds illegally or improperly;

8 (2) Failed to comply with any part of this Agreement;

9 (3) Submitted a substantially incorrect or incomplete report to the County; or

10 (4) Improperly performed any of its obligations under this Agreement.

11 **6.3 Termination without Cause.** In circumstances other than those set forth above, the
12 County may terminate this Agreement by giving at least 30 days advance written notice to each
13 individual Contractor.

14 **6.4 Economic Sanctions.** In accordance with Executive Order N-6-22 regarding
15 Economic Sanctions against Russia and Russian entities and individuals, the County may
16 terminate this Agreement if Contractor(s) is a target of Economic Sanctions or is conducting
17 prohibited transactions with sanctioned individuals or entities. The County shall provide at least
18 thirty (30) days advance written notice to each individual Contractor.

19 **6.5 No Penalty or Further Obligation.** Any termination of this Agreement by the County
20 under this Article 6 is without penalty to or further obligation of the County.

21 **6.6 County's Rights upon Termination.** Upon termination for breach under this Article
22 6, the County may demand repayment by Contractor(s) of any monies disbursed to
23 Contractor(s) under this Agreement that, in the County's sole judgment, were not expended in
24 compliance with this Agreement. Contractor(s) shall promptly refund all such monies upon
25 demand. This 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 the Contractor(s)'s performance under this Agreement, but the County
9 may verify that Contractor(s) is performing according to the terms of this Agreement.

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

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

18 **Article 8**

19 **Indemnity and Defense**

20 8.1 **Indemnity.** Contractor(s) 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(s), or any third party that arise from or relate to the
24 performance or failure to perform by the Contractor (or any of its officers, agents,
25 subcontractors, or employees) under this Agreement. The County may conduct or participate in
26 its own defense without affecting the Contractor(s)'s obligation to indemnify and hold harmless
27 or defend the County.

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

1 **Article 9**

2 **Insurance**

3 9.1 Contractor(s) 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(s) shall make available to the County, and
8 the County may examine at any time during business hours and as often as the County deems
9 necessary, all of Contractor(s)'s records and data with respect to the matters covered by this
10 Agreement, excluding attorney-client privileged communications. Contractor(s) shall, upon
11 request by the County, permit the County to audit and inspect all of such records and data to
12 ensure Contractor(s)'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(s) 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 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(s) may provide to the County.
20 The County's public disclosure of this Agreement or any record or data that Contractor(s) 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(s) may provide to the County, unless such disclosure is prohibited
28 by court order.

1 (C) This Agreement, and any record or data that Contractor(s) 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(s) 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(s) 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(s) 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)'s possession or control,
18 and 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(s) deliver to the
20 County, for purposes of public disclosure, the requested records that may be in the possession
21 or control of Contractor(s). Within five business days after the County's demand, Contractor(s)
22 shall (a) deliver to the County all of the requested records that are in Contractor(s)'s possession
23 or control, together with a written statement that Contractor(s), after conducting a diligent
24 search, has produced all requested records that are in Contractor(s)'s possession or control, or
25 (b) provide to the County a written statement that Contractor(s), after conducting a diligent
26 search, does not possess or control any of the requested records. Contractor(s) shall cooperate
27 with the County with respect to any County demand for such records. If Contractor(s) wishes to
28 assert that any specific record or data is exempt from disclosure under the CPRA or other

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

10 **Article 11**

11 **Data Security**

12 11.1 Contractor(s) shall comply with data security requirements in Exhibit F to this
13 Agreement.

14 **Article 12**

15 **Disclosure of Self-Dealing Transactions**

16 12.1 **Applicability.** This Article 12 applies if Contractor(s) is operating as a corporation, or
17 changes its status to operate as a corporation.

18 12.2 **Duty to Disclose.** If any member of Contractor(s)'s board of directors is party to a
19 self-dealing transaction, he or she shall disclose the transaction by completing and signing a
20 "Self-Dealing Transaction Disclosure Form" (Exhibit G to this Agreement) and submitting it to
21 the County before commencing the transaction or immediately after.

22 12.3 **Definition.** "Self-dealing transaction" means a transaction to which Contractor(s) is a
23 party and in which one or more of its directors, as an individual, has a material financial interest.

24 **Article 13**

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

26 13.1 **Applicability.** This provision is only applicable if Contractor(s) is disclosing entities,
27 fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.),
28 Title 42 §§ 455.101, 455.104 and 455.106(a)(1),(2).

1 13.2 **Duty to Disclose.** Contractor(s) must disclose the following information as
2 requested in the Provider Disclosure Statement, Disclosure of Ownership and Control Interest
3 Statement, Exhibit H:

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

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

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

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

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

20 (B) Disclosures Related to Business Transactions:

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

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

27 (C) Disclosures Related to Persons Convicted of Crimes:
28

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

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

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

13.4 Contractor(s) must provide the County with written disclosure of any prohibited affiliations under 42 C.F.R. § 438.610. Contractor(s) must 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.

13.5 **Reporting.** Submissions shall be scanned pdf copies and are to be sent via email to DBHPlanAdministration@fresnocountyca.gov with a copy sent via email to the assigned DBH Contract Analyst. County may deny enrollment or terminate this Agreement where any person with five (5) percent or greater direct or indirect ownership interest in Contractor(s) has been convicted of a criminal offense related to that person's involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years. County may terminate this Agreement where any person with five percent (5%) or greater direct or indirect ownership interest in the Contractor(s)

1 did not submit timely and accurate information and cooperate with any screening method
2 required in C.F.R. Title 42, Section 455.416

3 **Article 14**

4 **Disclosure of Criminal History and Civil Actions**

5 14.1 **Applicability.** Contractor(s) is required to disclose if any of the following conditions
6 apply to them, their owners, officers, corporate managers, or partners (hereinafter collectively
7 referred to as "Contractor(s)");

8 (A) Within the three (3) year period preceding the Agreement award, they have been
9 convicted of, or had a civil judgment tendered against them for:

10 (1) Fraud or criminal offense in connection with obtaining, attempting to obtain,
11 or performing a public (federal, state, or local) transaction or contract under a public
12 transaction;

13 (2) Violation of a federal or state antitrust statute;

14 (3) Embezzlement, theft, forgery, bribery, falsification, or destruction of records;

15 or

16 (4) False statements or receipt of stolen property.

17 (B) Within a three (3) year period preceding their Agreement award, they have had a
18 public transaction (federal, state, or local) terminated for cause or default.

19 14.2 **Duty to Disclose.** Disclosure of the above information will not automatically
20 eliminate Contractor(s) from further business consideration. The information will be considered
21 as part of the determination of whether to continue and/or renew this Agreement and any
22 additional information or explanation that Contractor(s) elects to submit with the disclosed
23 information will be considered. If it is later determined that the Contractor(s) failed to disclose
24 required information, any contract awarded to such Contractor(s) may be immediately voided
25 and terminated for material failure to comply with the terms and conditions of the award.

26 Contractor(s) must sign a "Certification Regarding Debarment, Suspension, and Other
27 Responsible Matters – Primary Covered Transactions" in the form set forth in Exhibit I.

28 Additionally, Contractor(s) must immediately advise the County in writing if, during the term of

the Agreement: (1) Contractor(s) becomes suspended, debarred, excluded or ineligible for participation in Federal or State funded programs or from receiving federal funds as listed in the excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions become applicable to Contractor(s). Contractor(s) shall indemnify, defend, and hold County harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility, or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other Responsibility Matters.

Article 15

General Terms

15.1 Modification. Except as provided in Article 6, "Termination and Suspension," this Agreement may not be modified, and no waiver is effective, except by written agreement signed by both parties. Contractor(s) acknowledges that County employees have no authority to modify this Agreement except as expressly provided in this Agreement.

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

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

15.3 Separate Agreement. It is mutually understood by the parties that this Agreement does not, in any way, create a joint venture among Contractors. By execution of this Agreement,

Contractors understand that a separate Agreement is formed between each individual Contractor and County.

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

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

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

15.7 **Jurisdiction and Venue.** This Agreement is signed and performed in Fresno County, California. Contractor(s) consents to California jurisdiction for actions arising from or related to this Agreement, and, subject to the Government Claims Act, all such actions must be brought and maintained in Fresno County.

15.8 **Construction.** The final form of this Agreement is the result of the parties' combined efforts. If anything in this Agreement is found by a court of competent jurisdiction to be ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement against either party.

15.9 **Days.** Unless otherwise specified, "days" means calendar days.

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

15.11 **Severability.** If anything in this Agreement is found by a court of competent jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of

1 this Agreement with lawful and enforceable terms intended to accomplish the parties' original
2 intent.

3 **15.12 Nondiscrimination.** During the performance of this Agreement, Contractor(s) shall
4 not unlawfully discriminate against any employee or applicant for employment, or recipient of
5 services, because of race, religious creed, color, national origin, ancestry, physical disability,
6 mental disability, medical condition, genetic information, marital status, sex, gender, gender
7 identity, gender expression, age, sexual orientation, military status or veteran status pursuant to
8 all applicable State of California and federal statutes and regulation.

9 Contractor(s) shall take affirmative action to ensure that services to intended Medi-Cal
10 beneficiaries are provided without use of any policy or practice that has the effect of
11 discriminating on the basis of race, color, religion, ancestry, marital status, national origin, ethnic
12 group identification, sex, sexual orientation, gender, gender identity, age, medical condition,
13 genetic information, health status or need for health care services, or mental or physical
14 disability.

15 **15.13 No Waiver.** Payment, waiver, or discharge by the County of any liability or obligation
16 of Contractor(s) under this Agreement on any one or more occasions is not a waiver of
17 performance of any continuing or other obligation of Contractor(s) and does not prohibit
18 enforcement by the County of any obligation on any other occasion.

19 **15.14 Entire Agreement.** This Agreement, including its exhibits, is the entire agreement
20 between Contractor(s) and the County with respect to the subject matter of this Agreement, and
21 it supersedes all previous negotiations, proposals, commitments, writings, advertisements,
22 publications, and understandings of any nature unless those things are expressly included in
23 this Agreement. If there is any inconsistency between the terms of this Agreement without its
24 exhibits and the terms of the exhibits, then the inconsistency will be resolved by giving
25 precedence first to the terms of this Agreement without its exhibits, and then to the terms of the
26 exhibits.

27 **15.15 No Third-Party Beneficiaries.** This Agreement does not and is not intended to
28 create any rights or obligations for any person or entity except for the parties.

1 **15.16 Authorized Signature.** Contractor(s) represents and warrants to the County that:

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

4 (B) The individual signing this Agreement on behalf of each individual Contractor is
5 duly authorized to do so and his or her signature on this Agreement legally binds the
6 Contractor(s) to the terms of this Agreement.

7 **15.17 Electronic Signatures.** The parties agree that this Agreement may be executed by
8 electronic signature as provided in this section.

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

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

19 (C) The provisions of this section satisfy the requirements of Civil Code section
20 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
21 Part 2, Title 2.5, beginning with section 1633.1).

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

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

15.18 **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]

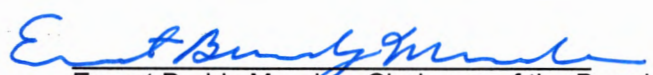
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The parties are signing this Agreement on the date stated in the introductory clause.

CONTRACTOR

COUNTY OF FRESNO

See Following Signature Pages


Ernest Buddy Mendes, Chairman of the Board
of Supervisors of the County of Fresno

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

By: 
Deputy

For accounting use only:

Org No.: 56302175
Account No.: 7295/0
Fund No.: 0001
Subclass No.: 10000

Contractor: **PSYNERGY PROGRAMS, INC**

By



Print Name:

Arturo Uribe

Title:

President & CEO

Chairman of the Board, President, or Vice President

Date:

May 14, 2025

By



Print Name:

Jean Edwards

Title:

Secretary/CCO

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

Date:

5/14/2025

Exhibit A

List of Contractors

	Contracted Provider	Contact	Rates Exhibit
01	Psynergy Programs, Inc.	Corporate/Mailing Address: 18225 Hale Avenue, Morgan Hill, CA 95037 Billing Address: 2433 Mariner Square Loop, Suite 208, Alameda, CA 94501 Contact Person: Arturo Uribe, LCSW, President / CEO, Head of Service Phone Number: (408) 497-9186 E-mail address: auribe@psynergy.org <i>Residential Service Addresses:</i> Nueva Vista Adult Residential Facility (72 beds) 18225 Hale Avenue, Morgan Hill CA 95037 Nueva Vista Sacramento (60 beds) 4604 Roosevelt Avenue, Sacramento CA 95820 Cielo Vista Adult Residential Facility (40 beds) 806 Elm Avenue, Greenfield CA 93927 Vista Esperanza RCFE (Residential Care Facility for the Elderly – 54 beds) 5240 Jackson Street, North Highlands CA 95660 Vista de Robles, Adult Residential Facility (80 beds) 9847 Folsom Blvd., Sacramento CA 95827 Vista de Robles, Intensive Support Services (12 beds) 9847 Folsom Blvd., Sacramento CA 95827 <i>Outpatient Service Addresses:</i> Psynergy Morgan Hill 18217 Hale Avenue Morgan Hill, CA 95037 Psynergy Greenfield 215 Huerta Avenue Greenfield, CA 93927 Psynergy Roosevelt – Portable/Trailer 4604 Roosevelt Avenue, Sacramento, CA 95820 Psynergy Folsom Sacramento 9343 Tech Center Drive, Suite 110 Sacramento, CA 95827	Exhibit D – Attachment C-1

**FRESNO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCOPE OF WORK**

I. PROGRAM NAME

Augmented Board and Care – Residential Services

II. CONTRACTOR DESCRIPTION

A. Contractor/Organization:
See Exhibit A

B. Corporate Address:
See Exhibit A

C. Service Address(es):
See Exhibit A

D. Licensing Agencies
California Department of Social Services
Community Care Licensing Division (CCLD)

E. Licensing Regulations
Title 22, California Code of Regulations
Health and Safety Code Sections 1500 through 1519
Section 1500. This chapter shall be known and may be cited as the California Community Care Facilities Act.
Welfare and Institutions Code

III. BACKGROUND

Augmented Board and Care Residential Services are an alternative to locked treatment settings, such as a State Hospital, Institution for Mental Disease (IMD), and Mental Health Rehabilitation Center (MHRC). The intent and goal of the services is to improve the person served's quality of life, to help gain the skills and ability necessary to stay out of locked hospital settings, and to move into a less restrictive living arrangement in the community. The goal is to assist person served in Institutions for Mental Disease (IMD) levels of care to step-down and transition back into the community with the support that has been demonstrated to be the most effective, using the Modified Therapeutic Community and Wellness and Recovery models.

IV. TARGET POPULATION

Persons served must be Fresno County residents 18 years of age or older who are diagnosed with Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI) whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community. This can include a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

The Augmented Board and Care Residential Program is designed for persons served who are discharged from State Mental Hospitals, IMDs, or locked MHRCs. Placement of persons served is determined based on their need for residential treatment services in a structured, supportive, stable safe group living environment. All persons served must receive treatment or evaluation prior to admission and have a current open mental health chart with the Fresno County Department of Behavioral Health.

The Residential Care for the Elderly (RCFE) program is an all-inclusive full service, whole person care, program providing services to adults 60+ years, or younger if determined as needed, who have a serious and persistent mental illness with a co-occurring physical disorder that are risk of losing their community placement due to an ongoing chronic co-existing physical impairment.

Persons served are not required to have Medi-Cal or any other form of health insurance as a prerequisite to receiving services at contracted facility. However, persons served must have the County Uniform Method of Determining Ability to Pay (UMDAP) eligibility verified prior to admission.

V. DESCRIPTION OF SERVICES

A. Summary of Services

Facilities contracted under this program provide residential services, which are used in a step-down manner from locked settings, with additional support and services offered at all sites. The facilities provide an array of services that ensure person served safety and help persons served meet their basic needs in the least restrictive home-like setting possible. The program is designed to foster community reintegration for persons served previously residing in locked mental health facilities.

B. Location of Services:

See Exhibit A

C. Hours of Operation:

24 hours a day, 7 days a week

D. Schedule of Services:

1. Services in all programs shall include but not be limited to:

(a) Orientation by staff and/or peers will be provided to each person served within three (3) days of arrival;

- (b) Attractive, clean, and comfortable non-institutional lodging including fresh bed linens and towels;
- (c) Three (3) nutritious and well-balanced meals and three (3) snacks daily. Facilities must accommodate any dietary restrictions;
- (d) Weekly, and as needed, cleaning of the resident's room and bathroom by onsite housekeeping staff. Daily cleaning is provided for all incontinent individuals;
- (e) Recreational, leisure and social activities that encourages socialization, program and community involvement, which links the person served to resources that are available after leaving the program;
- (f) Individual and group counseling;
- (g) Crisis intervention;
- (h) The development of community support systems for persons served to maximize their utilization of non-mental health community resources, including educational opportunities;
- (i) Pre-vocational or vocational counseling;
- (j) Person served advocacy, including assisting persons served to develop their own advocacy;
- (k) A conveniently located phone available for resident's incoming personal and outgoing local personal calls;
- (l) Limited individual storage space consisting of a closet and small dresser in resident's room for resident's own private use;
- (m) Help with planning and arranging for transportation to local functions, churches and educational classes within a nearby radius;
- (n) Observance of resident's general health;
- (o) Updating of resident's Needs and Services Plan as frequently to ensure the Plan's accuracy and to document significant occurrences that result in changes in the resident's physical, mental, emotional and/or social needs;
- (p) Consultation as needed with the resident's doctors about resident's general mental and physical health;

- (q) Counseling with available members of the person served's family, when indicated in the person served's treatment/rehabilitation plan;
 - (r) Assistance as needed with obtaining linkage to medical care, including transportation with supervision to and from doctor appointments;
 - (s) Assistance as needed with taking prescribed medications in accordance with doctor's instructions unless prohibited by law or regulation;
 - (t) At the request of a majority of residents, assistance to residents in establishing and maintaining a resident-oriented facility council;
 - (u) Use of the residential environment to assist the person served in the acquisition, testing, and/or refinement of community living and interpersonal skills;
 - (v) Support for ASL/non-English – provide interpreter
 - (w) Support for ASL/non-English – direct communication
 - (x) The facilities will provide all personal hygiene needs from dental floss to shampoo. When recommended by a Dental Hygienist, electric toothbrushes shall be provided at no cost; and
 - (y) The facilities will provide Over the Counter (OTC) to all residents, at no cost to the individual or County. The following are provided by Contractor(s): Headache - acetaminophen, aspirin, Motrin. Constipation - acetaminophen, ibuprofen, ASA. Diarrhea - Pepto Bismol, Imodium. Nausea and Upset Stomach - Tums, Maalox, Pepto Bismol.
2. In addition to the services listed above, the facilities shall provide the following:
- (a) Care and Supervision: Adequate and highly competent, caring, and compassionate staffing will be provided 24/7 to help prevent crisis situations or other disruptions in persons served lives that could lead to acute hospitalization or loss of housing. Night supervisory staff shall be awake in compliance to Regulation 85065.6(d).
 - (b) Daily Activities Program: The Daily Activities Program is designed to help persons served improve their well-being and functioning. Program activities occur seven (7) days a week, featuring recreational and leisure activities. Program activities promote the development of personal interests and help residents to practice healthy lifestyles, social skills, positive coping strategies, accessing community resources and money management. The daily schedule of activities is developed and implemented by the facility's Program Manager. The Facility Administrator, residential counselors, and clients will assist with some of the planned activities at times for all-facility engagement.

(c) Recreational and Leisure Activities: Recreation is a vital aspect of maintaining a stable and healthy lifestyle. Families are invited and encouraged to join the residence at holiday events and residential celebrations. Recreational opportunities will be offered daily. Additionally, persons served will be encouraged to access some of the community resources available to them in Morgan Hill, Greenfield and Sacramento. The facilities will promote participation in daily outings in the community, including walks in the surrounding neighborhoods, bike rides, visits to local festivals, visits to the library and outings to local restaurants with the aim of enhancing self-esteem, building social skills and instilling optimism about the future.

(d) Holistic Health: This program element provides weekly activities led by facility staff members and topic experts, including:

- i. Nutrition - how to plan, procure and prepare nutritious meals that contribute to overall health.
- ii. Smoking Cessation
- iii. Medication education
- iv. Safe Sex and prevention of sexually transmitted diseases (STD's), including decision making and negotiating to achieve protected sex.
- v. Diabetes Awareness and management skills
- vi. Healthy Habits, such as personal hygiene, use of sunscreen, good eating habits, weather-appropriate dressing

For diabetic persons served and other persons served whose health can be enhanced by following special diets, they will be assisted in special meal procurement and preparation. In addition, snacks will be available to meet their dietary needs. The facility is prepared and capable of offering vegetarian and allergy sensitive options.

(e) Physical Fitness Program: Exercise contributes to the alleviation of stress, anxiety and depression, reduces the risks associated with cardiovascular disease and metabolic abnormalities, creates weight loss and promotes a healthy lifestyle. Facility staff members and residents provide daily exercise groups. Facilities will provide residents with a local gym membership. Counselors will help residents gain access to the gym and provide supervision and training to promote physical fitness.

(f) Vocational Readiness: This program will allow persons served to attain paid employment or meaningful volunteer work. A variety of vocational opportunities are

provided to persons served as part of the Daily Activities Program. The types of job opportunities offered include administrative work (i.e., constructing and making copies of fliers and distributing them), janitorial work, assisting in landscape maintenance and meal service. Residents are given a detailed description of the job and the skills it requires they apply and go through an interview to be awarded the job. They are given a stipend once they complete the job (in the form of gift cards so benefits are not jeopardized.) They are then shown the correlation between the task they performed and jobs in the real world. This helps them develop skills in an informal way and helps them develop a resume of marketable skills.

- (g) Peer and Family Support: Peer counseling and Leadership allows individuals to take a proactive role within the facility as well as in the lives of each other. This aspect of the program develops a sense of empowerment and leadership skills within the individual. A resident council is established to allow the residents as a whole to give voice to their opinions and ideas of the program and their needs. A volunteer sign up is established for those willing to provide assistance with leading groups, assist individuals to access community resources or to provide assistance to those persons served with a lower functioning capability.

The facilities will provide family support and education to help family members develop their own coping and communication skills in order for them to better support their person served/family member. Education and support are provided through recreational activities, family support groups, and facilitating linkages with NAMI. Visiting hours for friends and family are seven (7) days a week.

- (h) Linkage to Community Resources: Linkage to community resources is provided to help individuals who have just been discharged from locked settings integrate into the community. Linkage is also provided to those individuals that have progressed further in the recovery process and that are working toward more independence. Because the ultimate goal for each individual is to move into least restrictive living situation, it is important that the individual learn to access and utilize non-mental health services within the community. Referrals include schools, colleges, and other institutions for education; vocational programs, public transit, medical and dental services; cultural organizations, churches and places of worship; financial institutions, and government agencies.

E. Average Person Served Length of Stay:

The planned length of stay in the program shall be in accordance with the person served's assessed need, with the goal of transitioning the person served to a lower level of care within one (1) year; however, a length of stay not exceeding a maximum total of eighteen (18) months is permitted to ensure successful completion of the treatment plan and appropriate referral.

The reason for a length of stay beyond one (1) year shall be documented in the person served's case record.

F. Referral Sources and Referral Process:

County's Conservatorship Team will make all referrals to Contractor for the provision of residential services. Referrals will be made on an as needed basis and only when County's Conservatorship Team deems them necessary. Referrals shall reflect the needs of the Department, person served acuity, and placement in the least restrictive, and most geographically advantageous environment. Self-referrals or referrals from other entities to contractors will not be accepted nor reimbursed.

G. Care Coordination/Transition Plan:

1. Each program shall have an admission agreement, signed on entry by the person served or an authorized representative describing the services to be provided and the expectations and rights of the person served regarding house rules, person served involvement in the program, and fees. The person served shall receive a copy of the signed admission agreement. This admission agreement shall not supersede or modify the terms of the master agreement.
2. County may request documents for placement based on the needs of the client at any time. Proper documents should be provided within 10 business days.
3. There shall be a written assessment of each person served on admission that includes at least:

- (a) Health and psychiatric histories;
- (b) Psychosocial Skills;
- (c) Social support skills;
- (d) Current psychological, educational, vocational, and other functional limitations;
- (e) Medical needs, as reported; and,
- (f) Meal planning, shopping, and budgeting skills.

A copy of each executed assessment shall be provided to the DBH's Placement Coordinator along with monthly invoicing.

4. Program staff and person served shall work together to develop a written treatment rehabilitation plan specifying goal and objectives as well as identifying the staff and person served responsibilities for their achievement. Persons served shall be involved in an ongoing review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:
 - (a) Statement of specific rehabilitation plan at least every thirty (30) days.

- (b) Description of specific services to address identified treatment needs.
 - (c) Documentation of reviews by staff and person served of the treatment/rehabilitation plan at least every thirty (30) days.
 - (d) Anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.
- 5. If an individual treatment/rehabilitation plan requires services to be provided by another program or agency, there shall be documented evidence in the person served's case record of communication between all persons responsible for the treatment/rehabilitation plan. This can include, but is not limited to, Doctor's appointments, mental health groups, and substance use groups.
 - 6. The agency or program shall arrange for persons served to attend community programs when needs are identified in the treatment/rehabilitation plan that cannot be met by the facility but can be met in the community.
 - 7. There shall be a written discharge summary prepared by staff and the person served, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans. A copy of each discharge summary shall be provided to the DBH's Placement Coordinator along with monthly invoicing.
 - 8. The admission assessment, treatment/rehabilitation plan, and discharge summary shall be prepared by staff who has received training in the development and preparation of these documents.
 - 9. Admission and discharge criteria of all programs shall be written and shall be consistent with program goals.
 - 10. The program shall have written policies and procedures for orienting new persons served to the facility programs.
 - 11. The range of services provided shall be discussed prior to admission with the prospective person served or an authorized representative so that the program's services are clearly understood.
- H. Level of Care/Modality of Services:
Community Care Licensed ARF

Contracted provider(s) will work in collaboration with the County case manager to determine the level of treatment complexity for each referred person served. The person served complexity of service level will be reevaluated every six (6) months after admission. If there is a significant change in the level of functioning before the six (6)

month period is over, both the contracted provider(s) and County will establish a new benchmark assessment and adjust the treatment complexity level accordingly.

Examples of Level I and Level II complex care coincide with the specialized needs, reporting, and treatment requirements of the following person served populations:

1. Individuals who have severe psychiatric conditions that require additional temporary assistance in monitoring medical issues or that need continued support and education to manage chronic medical conditions such as diabetes and chronic obstructive pulmonary disease (COPD).
2. Individuals with co-occurring disorders such as substance abuse, developmental delays or physical impairments that require linkage to specialized community resources or that may need various behavioral supports, including specialized health care, frequent one-to-one supervision and prompting to maintain a community placement.
3. Individuals requiring Restricted Health Care Plans, incontinent care (urinary and fecal), Diabetes and Insulin management, Colostomy care, Vitals, Oncology treatment and support, etc. significant medication management, crushed medication orders, medication adherence precautions, treatment supports, multiple medications, and supporting refusals with medication room staff interventions.
4. Individuals released from jail requiring additional support and reporting. Mental Health Diversion, PC1001.36, Registered Sex Offenders, Court Ordered Treatment (Assisted Outpatient Treatment (AOT), Laura's Law), CARE Act, Arsonists, Electronic monitoring devices, and Probation.

Intensive Support Services (ISS) Program

5. ISS provides a higher level of care to transitional persons served, including but not limited to, higher levels of supervision, separate smaller residential wing, more intensive clinical and medication management leading to symptom stabilization, and supervised integration with other facility residents.
6. Program intended for County persons served who are discharged from Psychiatric Health Facilities, Psychiatric Hospitals, State Hospitals, Crisis Stabilization Units, and Behavioral Health Units. Program may also be beneficial to County persons served who are not thriving, relapsing or decompensating while admitted to a less intensive residential program.

Older Adult Program – Residential Care Facility for Elderly (RCFE)

1. These older adults have had extensive histories of institutionalization or at high risk for a higher level of care, hospitalizations, unplanned emergency services and at high risk for skilled nursing care. This program will provide 24-hour residential care, 24-hour

nursing, full activities of daily living (ADL) support for stable yet medically fragile older adults as well as adults.

2. Persons served will benefit from intensive case management preventing further deterioration of their condition and enhancing their capacity to remain in the least restrictive environment. The services are designed to maximize their participation in their recovery and enhance their quality of life while living in their community. If appropriate, this program will provide the setting for hospice care and end-of-life services in a dignified, safe, and supportive environment.

(a) Comprehensive Whole Health Management

- i. Providing medical and health support services not covered under traditional models, yet essential for persons to thrive in community settings.
- ii. 24 Hour nursing giving clients ability to move into an open community setting
- iii. Onsite Geriatric Nurse Practitioner
- iv. Services for medically fragile individuals
- v. Individual therapy
- vi. Full ADL support
- vii. Comprehensive psychiatric services
- viii. Fulltime Occupational Therapist

3. The RCFE program may accept or retain persons with the following allowable health conditions provided all requirements in Title 22, Article 8 are met. The facility will make an assessment of its ability to comply with each specific requirement prior to accepting or retaining a person served:

- (a) Individuals diagnosed with diabetes and requiring regular insulin-injections.
- (b) Individuals with stage 1 or 2 dermal ulcers.
- (c) Individuals with respiratory disorders requiring inhalers and other inhalation-assistive devices including C-PAP and BiPAP machines, humidifiers, dehumidifiers and nebulizers.
- (d) Individuals requiring Colostomy / ileostomy care.

- (e) Individuals with fecal impaction requiring digital removal, enemas, or suppositories.
- (f) Individuals with indwelling urinary catheter and requiring outpatient level catheter care.
- (g) Individuals with wounds that are unhealed, surgically closed and expected to heal.
- (h) Individuals with bowel and bladder incontinence.
- (i) Limited beds for non-ambulatory persons served.

I. Evidence-Based Practice(s):

1. Cognitive Behavioral Therapy (CBT) – focuses on strengthening the understanding between thoughts, emotions and behaviors, while reducing maladaptive thinking patterns that impede desirable goals.
2. Dialectical Behavioral Therapy (DBT) – focuses on similar goals as CBT and adapted for those with strong emotions. DBT assists in increasing acceptance and balancing change-oriented thinking
3. Motivational Interviewing (MI)—uses empathic listening to explore intrinsic motivation and to build on strengths.
4. Modified Therapeutic Community—use of peers and counselors as positive role models. Focuses on building self-awareness, social skills and social support.
5. Behavioral Therapy/Contingency Management—uses positive rewards/incentives. Focuses on establishing goals and rewarding small steps toward achieving goals.
6. Psychopharmacology—use of medication to stabilize symptoms.
7. Case Management—focuses on helping individuals gain and maintain linkage basic needs and community resources.
8. Matrix Model —integrates mutual self-help, CBT and Motivational therapy. Focuses on fostering strong therapeutic relationships, coping skills, social skills, abstinence from substance use and relapse prevention.

J. Contractor shall comply with all:

1. Medical Requirements

- (a) A plan for the monitoring of medications by a person licensed to prescribe or dispense prescription drugs;
- (b) Screening for medical complications which may contribute to disability conducted by a physician, nurse practitioner, or physician assistant and a plan for follow-up;

- i. The screening for medical complications shall occur within thirty (30) calendar days prior to or after admission, however Contractor will make an effort to ensure screening occurs prior to admission.
 - ii. If a person served refuses a screening for medical complications, the program shall document the refusal in the person served's case record.
- (c) Person served education, provided by licensed program staff, or licensed consultants, about the role of medications and their potential side effects, with the goal of person served becoming responsible for their own medication;
- (d) Entries in person served case records indicating all prescribed and non-prescribed medications;
- (e) Provisions for program staff to discuss medication issues with a person licensed to prescribe or dispense prescription drugs;
- (f) Provisions for secure central storage of medication, including medication requiring appropriate refrigeration when necessary; and
- (g) Encouragement to persons served, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing, and safeguarding all of their medications.
- (h) Transportation with supervision to and from doctor appointments, including dental and optometry/ophthalmology appointments.

2. Health Requirements

- (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 a year.
 - iii. For persons served forty-five (45) years and older, complete a colonoscopy and endoscopy and as ordered by a doctor;
 - iv. For women persons served forty-five (45) years and older, complete a mammogram within a year of admission, and every two (2) years thereafter;

- v. For women persons served eighteen (18) years and older, receive a gynecological exam with an OBGYN within a year, and annually thereafter; and
 - vi. Provider staff shall obtain any 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 served's most recent medical/psychiatric notes from the doctor to the DBH Conservatorship Office.
- (d) Telehealth support – All persons served shall have access to a computer (with sound) and be allowed privacy to attend psychiatry appointments and court evaluations with a doctor as necessary.
 - i. Court evaluations will be scheduled either in person or via telehealth by the DBH Conservatorship Office.
- (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 the person served's Medication Administration Record to health professionals prior to treatment.
- (h) Staff shall complete requests for packets prior to doctor evaluation appointments for court when requested by County. Packets must be completed and provided to the County within 5 business days of the request.

3. Person Served Involvement Requirements

- (a) Each person served shall be involved in the development and implementation of their treatment/rehabilitation plan.
- (b) Persons served shall be involved, depending on their capability, in the operation of the household. This shall include the participation in the formulation and monitoring of house rules, as well as in the daily operation of the facility, including but not limited to, cooking, cleaning, menu planning, and activity planning.
- (c) Persons served shall be encouraged to participate in program evaluations and reviews.

4. Physical Environment Requirements

- (a) Programs shall meet the facility requirements of Title 22, Sections 85087 through 85088 of the California Code of Regulations.
- (b) Programs shall allow for access from persons served to community resources and public transportation.

5. Administrative Policies, Procedures, and Requirements

- (a) The organizational entity legally responsible for program administration, under applicable law and regulation, shall:
- (b) Each program shall be directed by a designated individual who is responsible for its overall administration and management.
 - i. Have written policies defining the purpose, goals, and services of the organization.
 - ii. Establish and maintain financial records in accordance with generally accepted accounting principles and an annual budget.
- (c) Each residential program shall have an individual(s) designated as the administrator of the facility. The program shall identify the qualifications, experience, skills, and knowledge required of an individual who is designated the facility administrator. These requirements shall at least satisfy the minimum requirements established by the Community Care Licensing Division of the Department of Social services for this position.
- (d) The agency or program shall have a financial plan of operation that is consistent with the goals and purpose of the organization and in accordance with generally accepted accounting practices and legal requirements.
- (e) If the legal owner/administrator of the facility is a Corporation, notes from meetings may be requested by the Department of Behavioral Health and these records shall be made available to the Department of Behavioral Health to the extent possible.
- (f) Facilities shall have capabilities to transmit documents to and from the Department of Behavioral Health.
- (g) Confidentiality of persons served records shall be maintained at all times whether in written or verbal form in compliance with HIPAA and other Federal, State, or local regulations or statutes.
- (h) Facility administrator(s) shall inform the designated care managers thirty (30) days prior to the expiration of the Needs and Appraisal. The monthly invoicing that Contractor(s) submit to County shall include a due date for each person served's Needs and Appraisal.

- (i) The Facility Treatment Plan shall be developed and implemented within five (5) days after the Needs and Appraisal is updated.
- (j) The monthly summaries for each person served must include progress notes from direct care staff, licensed clinicians, and psychiatrists including medication information.
- (k) The facility shall develop and implement documentation demonstrating the person served's participation in activities provided by the facility.
- (l) The facility shall maintain record of the training provided to persons served including attendance of off-site day programs.
- (m) Training activities as outlined for persons served shall be time limited and measurable.
- (n) Training for persons served shall be developed with the goal of stabilizing the persons served in order to transition to a lower level. Any services and training provided by the facility shall be approved by the DBH designated case manager.
- (o) Documentation shall be consistent with the goals identified in the Needs/Appraisal and Facility Treatment Plan.
- (p) Monthly notes shall be made available to DBH staff for review in a reciprocal manner between DBH and the contracted facility.

6. Reporting Requirements

- (a) Programs will be required to submit periodic reports as required by the State of California.

7. Cultural and Linguistic Access Requirements

- (a) Programs will abide by regulations governed by Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C.
- (b) Section 2000 et. seq. states: "No person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
- (c) Programs will have interpreter services available to any person seeking information or receiving services in the program's facility who is limited-English proficient (LEP) or non-English speaking.

8. Additional Service Requirements

- (a) Training in hygiene and grooming may include hands-on assistance when needed.
- (b) In cases of incontinence, persons served shall be physically assisted if needed.
- (c) Training in budgeting shall include persons served keeping and maintaining records of transactions.
- (d) Persons served shall be afforded the opportunity to learn cooking skills under the direction of appropriate staff.
- (e) Persons served shall be encouraged to learn independent living skills with personal assistance when warranted.
- (f) Facilities shall provide specialized diets as prescribed by the treating physician.
- (g) Persons served shall be trained to access support systems in the community.
- (h) Facilities shall develop and implement plans for community re-integration.
- (i) Facilities shall provide individual session to assist persons served to develop appropriate skills in social interactions using “normal” settings.
- (j) Efforts shall be made to normalize the person served’s living arrangements at all times.
- (k) Training shall be provided to persons served to use transportation systems.
- (l) Training in medication shall be provided to persons served by licensed staff.
- (m) Individual sessions shall be implemented to counsel persons served to gain general insight into their mental illness by licensed staff.

K. County shall:

- 1. Provide copies of all benefit and insurance information for persons served prior to placement;
- 2. Ensure all persons served placed at the contracted facilities arrive with two weeks of medication, a physician report, and a tuberculosis (TB) test within six (6) months;
- 3. Ensure persons served will be transported by County personnel unless prior arrangements are made;
- 4. Provide the initial assessment and most recent assessment, with supporting documentation to the best of their ability;

5. Request discharge of persons served as needed. When possible, County will provide the facilities up to two (2) weeks' courtesy notice to ensure all supporting documentation is prepared in a timely manner with a safe medical, psychiatric, and therapeutic transition plan. County retains the right to waive this courtesy notice period in the case of an emergency, or if the removal of the person served is in the best interest of their treatment.
6. Assist in moving all residents that the County and/or conservator are informed will be removed from LPS Conservatorship, against the contracted program(s) opinion or advise, to an in-county placement prior to the termination of LPS.

VI. STAFFING

A. Staffing/Person Served Ratio:

A minimum staff ratio of at least one (1) full-time equivalent direct care staff for each 2.5 persons served must be maintained at all times.

Greater numbers of staff shall be present during times when there are greater numbers of persons served in programmed activities. The facility will ensure an adequate number of staff to monitor persons served during the sleep hours. When there is only one (1) staff on the premises, there needs to be staff on call who can report for duty within sixty (60) minutes after being contacted if needed.

Staff schedules shall be determined by the program based on the number of persons served in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the facility.

All scheduled hours in the facility shall be considered part of this required full-time equivalent staff ratio.

Facilities must inform Department of Behavioral Health within twenty-four (24) hours of any staff changes that may affect this agreement.

B. Staffing Plan

The program shall meet the staffing requirements of Title 22, Sections 85064 through 85066 of the California Code of Regulations. The program shall document the use of multidisciplinary professional consultation and staff when necessary to meet the specific needs and treatment of persons served. The facility shall verify the content of group or individual sessions shall be within the scope of practice of the individual providing the service.

1. Direct Clinical Services Staff:

Facilities must have psychiatric professional licensed staff either through direct employment or contracted by the facility.

All direct care staff shall have graduated from high school or possess a GED and have a minimum of one (1) year of full-time experience, or its part time equivalent, employed in a program serving people with mental disabilities relevant to, such experience must be in the direct provision of services to persons served.

2. Non-Direct Clinical Services Staff:

Paraprofessionals and persons who were past participants of mental health service programs shall be utilized as volunteers in the program when consistent with the program design and services provided.

3. Program Director/Administrator:

All social rehabilitation facilities shall have a program director.

The program director shall be on the premises the number hours necessary to manage and administer the program component or the facility in compliance with applicable laws and regulations.

The program director of a certified Transitional Residential Treatment Program or a Certified Long Term Residential Treatment Program shall have the following qualifications prior to employment:

- (a) A bachelor's degree in psychology, Social Work, or any other major which includes at least 24 semester units in one or more of the following subject areas:
 - i. Psychology
 - ii. Social Work
 - iii. Sociology
 - iv. Behavioral Sciences
 - v. Psychiatric Nursing; and
- (b) One (1) year of full-time work experience in community program that serves persons served who have a mental illness. Such experience must be in the direct provision of services to persons served, of which four (4) months must be in a position of supervising direct care staff.
- (c) As an alternative to the Bachelor's Degree and experience required in paragraphs (a) and (b) of this subsection, a total of three (3) years of experience in providing direct services in the community to persons with mental illness, of which six (6) months must be in a position of supervising direct care staff, and graduation from high school or possession of a GED may be substituted.

C. Staff Training

Training required to be provided by the facility shall include:

1. Facilities must train staff to assist, as needed, with self-administration of prescription and nonprescription drugs in accordance with Title 22 Section 80075(b). Training of staff shall be by licensed professionals and shall be documented in the facility personnel files.
2. If program newly hired staff does not have required experience, the program shall document a specific plan of supervision and in-service training for the employee to perform the job. The plan should include but not be limited to the frequency and number of hours of training, the subjects to be covered, and a description of the supervision to be provided.
4. The program director must provide and document a specific plan of supervision and at least twenty (20) hours of in-service training per year for the employee to ensure the ongoing qualifications of the individual to perform the job.
5. Staff assigned to assist in physically restraining persons served must receive prior training from appropriate agencies, including training in behavioral management. When physically restraining a person served, staff must be under direct supervision of a licensed mental health professional.
6. A minimum of one hour of instruction on the development and preparation of the admission assessment.
7. A minimum of one hour of instruction on the development and preparation of the treatment/rehabilitation plan.
8. A minimum of one hour of instruction on the development and preparation of the discharge summary.

Training provided for this subsection shall consist of one or more of the following presentation methods:

1. Formal classroom instruction;
2. Oral presentation
3. Videotape, film or audiovisual presentation;
4. Audio-tape presentation; or
5. Performing the duties, on the job, under the direct supervision of the instructor

**FRESNO COUNTY
DEPARTMENT OF BEHAVIORAL HEALTH
SCOPE OF WORK**

I. PROGRAM NAME

Augmented Board and Care – Outpatient Mental Health Clinics

II. CONTRACTOR DESCRIPTION

A. Contractor/Organization:

See Exhibit A

B. Corporate Address:

See Exhibit A

C. Service Address(es):

See Exhibit A

D. Licensing Agencies

California Department of Social Services

Community Care Licensing Division (CCLD)

E. Licensing Regulations

Title 22, California Code of Regulations

Health and Safety Code Sections 1500 through 1519

Section 1500. This chapter shall be known and may be cited as the California Community Care Facilities Act.

Welfare and Institutions Code

III. BACKGROUND

Outpatient Mental Health Clinics are designed to provide Intensive Outpatient Specialty Mental Health Services, including medication support, individual therapy, group therapy, family therapy, rehabilitation, group rehabilitation, and targeted case management services. This program intends to ensure that individuals living in adult residential facilities successfully maintain their community placement by avoiding inpatient and high utilization of psychiatric hospitalizations. The clinical staff support successful transition back to their County of origin, a board and care home, independent living situation, or back to their family's home when appropriate. The goals of the program include assisting persons served to cope effectively with life challenges and attain greater autonomy in community living, experience a growing sense of trust, self-confidence and autonomy in their lives and relationships, develop innate capabilities and practical skills necessary to create and sustain a healthy lifestyle, and utilize capabilities and skills to move in a positive direction in life and to satisfy basic needs.

Success at each clinical site is measured by the number of days that individuals remain in their residences and out of locked settings, as well as helping individuals successfully transition back to their home counties. Success is also measured by ability and responsibility of attending their own psychiatric and individual therapy appointments. Other objectives the program is expected to measure and track as part of their level system include reduction in intensity and frequency of psychiatric symptoms, improvement in functioning in various life domains, including health, daily activities, social relationships, and living arrangement, and the total days of abstinence and reduction in frequency of substance use as observed and reported by residential staff to clinical staff and indicated by toxicology reports.

IV. TARGET POPULATION

Persons served must be Fresno County persons served 18 years of age or older who are diagnosed with Serious Mental Illness (SMI) and Serious Persistent Mental Illness (SPMI) whose level of functioning, symptoms, and psychiatric history necessitate service intervention to maintain the individual in community.

Persons served of the Augmented Board and Care Program are anticipated to receive Outpatient Specialty Mental Health services provided onsite by the corresponding clinic for said residential site.

Persons served of the Residential Care for the Elderly Program are anticipated to receive eight (8) to ten (10) hours a month of Outpatient Specialty Mental Health services provided onsite by the corresponding clinic.

Persons served are not required to have Medi-Cal or any other form of health insurance as a prerequisite to receiving services at contracted facility. However, persons served must have the County Uniform Method of Determining Ability to Pay (UMDAP) eligibility verified prior to admission.

V. DESCRIPTION OF SERVICES

A. Summary of Services

Outpatient clinics integrate mental health, substance abuse, and physical health treatments within one comprehensive program that is designed to enable individuals to actively participate in their recovery process by developing the skills and capabilities necessary to maintain a healthy lifestyle. Each participant is encouraged to engage in meaningful work, education, recreation, and leisure activities and to develop a capacity for independent living.

Comprehensive clinical services are aimed at helping participants to overcome the physical, emotional, cognitive, and social challenges imposed by mental illness, substance abuse, and physical illnesses. Such services include: Assertive Community Treatment, Coping Skills Training, Healthy Lifestyle Training, Social Skills Training, Supported Employment, and Specialty Mental Health Services.

B. Location of Services:

See Exhibit A

C. Hours of Operation:

24 hours a day, 7 days a week

D. Schedule of Services:

1. Services in all programs shall include but not be limited to:

- (a) Assessment: A service activity which may include a clinical analysis of the history and current status of a person served's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures. This will be completed within three (3) days.
- (b) Plan Development: Involves the development and approval of person served's care plan, problem list, and monitoring of client progress.
- (c) Therapy: Focuses primarily on symptom reduction through therapeutic interventions as a means to improve functional impairments. This service activity may be delivered to an individual or group of persons served and may also include family therapy.
- (d) Collateral: Contact with one or more significant support persons in the life of the beneficiary with the intent of improving or maintaining the mental health status of the beneficiary. Collateral services include, but are not limited to, helping significant support persons to understand and accept the beneficiary's condition and involving them in service planning and implementation of the service plan(s).
- (e) Rehabilitation: Service activity which includes, but is not limited to assistance in improving, maintaining, or restoring a person's served functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and support resources; and /or medication education. Rehabilitation activities are usually face-to-face or by telephone with the person served and may be provided in the office or in the community.
- (f) Targeted Case Management: Services provided to assist a consumer with accessing medical, educational, social, prevocational, or rehabilitative services. The service activities include interagency and intra-agency consultation, communication coordination and referral; monitoring service delivery to ensure person served access to services and service delivery system; and monitoring of the person served's progress and any plan development regarding referrals and linkage to services.
- (g) Crisis Intervention: Crisis intervention is an immediate emergency response that is intended to help the person served cope with a crisis (e.g., potential danger to self

or others, potentially life altering event; severe reaction that is above the person served's normal baseline).

- (h) Medication Support: Services that include the administering, dispensing, and monitoring of psychiatric medications provided by staff person within the scope of his/her profession; services are necessary to alleviate the symptoms of mental illness.

2. In addition to the services listed above, the facilities shall provide the following:

- (a) Recreational Activities: Tenants are encouraged to participate in recreational activities occurring on a daily basis within the main residential facility. Activities are designed to promote development of social skills, interest in hobbies and enjoyment of leisure time, while decreasing stigmatization and social isolation.
- (b) Psychosocial Rehabilitation Classes: Psycho-educational classes are wellness and recovery oriented and are designed to promote adoption of a healthy lifestyle through the development of life skills. Areas of focus include positive coping skills, effective communication, symptom management, relapse prevention, medication management and social skills.
- (c) Independent Living Skills Group Training: Tenants are encouraged to participate in independent living skills group training, which occurs daily within the main residential facility. Topics of independent living skills group training include money management, budgeting, shopping, cooking, personal health, nutrition, exercise, personal hygiene, and grooming.
- (d) Psychiatric and Medication Services: Psychiatric services are provided at Psynergy's outpatient clinic, which is located on campus adjacent to the main facility. The regularly scheduled frequency of psychiatric visits is either two times per month or once per month, depending on client need and stage of treatment. Unscheduled emergency visits with the psychiatrist may occur as needed. The duration of each regular psychiatric visit is typically 30 minutes, depending on the nature and purpose of the visit.

E. Average Person Served Length of Stay:

The planned length of stay in the program shall be in accordance with the person served's assessed need, with the goal of transitioning the person served to a lower level of care within one (1) year; however, a length of stay not exceeding a maximum total of eighteen (18) months is permitted to ensure successful completion of the treatment plan and appropriate referral.

The reason for a length of stay beyond one (1) year shall be documented in the person served's case record.

F. Referral Sources and Referral Process:

County's Conservatorship Team will make all referrals to Contractor for the provision of residential services. Referrals will be made on an as needed basis and only when County's Conservatorship Team deems them necessary. Referrals shall reflect the needs of the Department, person served acuity, and placement in the least restrictive, and most geographically advantageous environment. Self-referrals or referrals from other entities to contractors will not be accepted nor reimbursed.

G. Care Coordination/Transition Plan:

1. Each program shall have an admission agreement, signed on entry to the program by the person served or an authorized representative describing the services to be provided and the expectations and rights of the person served regarding involvement in the program and fees. The person served shall receive a copy of the signed admission agreement. This admission agreement shall not supersede or modify the terms of the master agreement.
2. County may request documents for placement based on the needs of the client at any time. Proper documents should be provided within 10 business days.
3. There shall be a written assessment of each person served on admission that includes at least:
 - (a) Health and psychiatric histories;
 - (b) Psychosocial Skills;
 - (c) Social support skills;
 - (d) Current psychological, educational, vocational, and other functional limitations;
 - (e) Medical needs, as reported; and,
 - (f) Meal planning, shopping, and budgeting skills.

A copy of each executed assessment shall be provided to the DBH's Placement Coordinator along with monthly invoicing.

4. Program staff and person served shall work together to develop a written treatment rehabilitation plan specifying goal and objectives as well as identifying the staff and person served responsibilities for their achievement. Persons served shall be involved in an ongoing review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:
 - (a) Statement of specific rehabilitation plan at least every thirty (30) days.

- (b) Description of specific services to address identified treatment needs.
 - (c) Documentation of reviews by staff and person served of the treatment/rehabilitation plan at least every thirty (30) days.
 - (d) Anticipated length of stay needed to accomplish identified goals, and methods to evaluate the achievement of these goals.
- 5. If an individual treatment/rehabilitation plan requires services to be provided by another program or agency, there shall be documented evidence in the person served's case record of communication between all persons responsible for the treatment/rehabilitation plan. This can include, but is not limited to, Doctor's appointments, mental health groups, and substance use groups.
 - 6. The agency or program shall arrange for persons served to attend community programs when needs are identified in the treatment/rehabilitation plan that cannot be met by the facility but can be met in the community.
 - 7. There shall be a written discharge summary prepared by staff and the person served, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans. A copy of each discharge summary shall be provided to the DBH's Placement Coordinator along with monthly invoicing.
 - 8. The admission assessment, treatment/rehabilitation plan, and discharge summary shall be prepared by staff who has received training in the development and preparation of these documents.
 - 9. Admission and discharge criteria of all programs shall be written and shall be consistent with program goals.
 - 10. The program shall have written policies and procedures for orienting new persons served to the facility programs.
 - 11. The range of services provided shall be discussed prior to admission with the prospective person served or an authorized representative so that the program's services are clearly understood.

H. Level of Care/Modality of Services:

Outpatient Specialty Mental Health Services

Certified as a Medi-Cal Provider by California Department of Health Care Services

All licensed, registered, and waived staff who render Specialty Mental Health Services (SMHS) must be credentialed by the County of Fresno. SMHS provided by any such staff members who have not been credentialed will not be reimbursed. A responsibly completed credentialing application must be submitted to, and approved by, the County of Fresno before any licensed, registered, and waived staff may render SMHS.

Recredentialing shall be required for all licensed, registered, and waived staff at a

frequency determined by the County. Unlicensed or unregistered staff must also be approved by the County prior to rendering SMHS.

I. Contractor shall comply with all:

1. Medical Requirements

- (e) A plan for the monitoring of medications by a person licensed to prescribe or dispense prescription drugs;
- (f) Screening for medical complications which may contribute to disability conducted by a physician, nurse practitioner, or physician assistant and a plan for follow-up;
 - i. The screening for medical complications shall occur within thirty (30) calendar days prior to or after admission, however Contractor will make an effort to ensure screening occurs prior to admission.
 - ii. If a person served refuses a screening for medical complications, the program shall document the refusal in the person served's case record.
- (g) Person served education, provided by licensed program staff, or licensed consultants, about the role of medications and their potential side effects, with the goal of person served becoming responsible for their own medication;
- (h) Entries in person served case records indicating all prescribed and non-prescribed medications;
- (i) Provisions for program staff to discuss medication issues with a person licensed to prescribe or dispense prescription drugs;
- (j) Provisions for secure central storage of medication, including medication requiring appropriate refrigeration when necessary; and
- (k) Encouragement to persons served, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing, and safeguarding all of their medications.
- (l) Transportation with supervision to and from doctor appointments, including dental and optometry/ophthalmology appointments.

2. Health Requirements

- (a) Staff shall provide a copy of the person served's most recent medical/psychiatric notes from the doctor to the DBH RISE Conservatorship Office.

- (b) Telehealth support – All persons served shall have access to a computer (with sound) and be allowed privacy to attend psychiatry appointments and court evaluations with a doctor as necessary.
 - i. Court evaluations will be scheduled either in person or via telehealth by the DBH Conservatorship Office.
- (c) Facilities that have an onsite doctor, board certified psychiatrist or psychiatric nurse practitioner shall provide medical services for all psychiatric medications.
- (d) Persons served who require adaptive devices (eyeglasses, hearing aids, dentures, wheelchairs, etc.) shall be given assistance in securing and maintaining these devices.
- (e) Staff must present a copy of the person served's Medication Administration Record to health professionals prior to treatment.
- (f) Staff shall complete requests for packets prior to doctor evaluation appointments for court when requested by County. Packets must be completed and provided to the County within 5 business days of the request.

3. Person Served Involvement Requirements

- (a) Each person served shall be involved in the development and implementation of their treatment/rehabilitation plan.
- (b) Persons served shall be involved, depending on their capability, in the operation of the household. This shall include the participation in the formulation and monitoring of house rules, as well as in the daily operation of the facility, including but not limited to, cooking, cleaning, menu planning, and activity planning.
- (c) Persons served shall be encouraged to participate in program evaluations and reviews.

4. Physical Environment Requirements

- (a) Programs shall meet the facility requirements for Fresno County Mental Health Plan Organizational Provider Site Certification.
- (b) Programs shall allow for access from persons served to community resources and public transportation.

5. Administrative Policies, Procedures, and Requirements

- (a) The organizational entity legally responsible for program administration, under applicable law and regulation, shall:

- (b) Each program shall be directed by a designated individual who is responsible for its overall administration and management.
 - i. Have written policies defining the purpose, goals, and services of the organization.
 - ii. Establish and maintain financial records in accordance with generally accepted accounting principles and an annual budget.
- (c) The agency or program shall have a financial plan of operation that is consistent with the goals and purpose of the organization and in accordance with generally accepted accounting practices and legal requirements.
- (d) If the legal owner/administrator of the facility is a Corporation, notes from meetings may be requested by the Department of Behavioral Health and these records shall be made available to the Department of Behavioral Health to the extent possible.
- (e) Facilities shall have capabilities to transmit documents to and from the Department of Behavioral Health.
- (f) Confidentiality of persons served records shall be maintained at all times whether in written or verbal form in compliance with HIPAA and other Federal, State, or local regulations or statutes.
- (g) Facility administrator(s) shall inform the designated care managers thirty (30) days prior to the expiration of the Needs and Appraisal. The monthly invoicing that Contractor(s) submit to County shall include a due date for each person served's Needs and Appraisal.
- (h) The Facility Treatment Plan shall be developed and implemented within five (5) days after the Needs and Appraisal is updated.
- (i) The monthly summaries for each person served must include progress notes from direct care staff, licensed clinicians, and psychiatrists including medication information.
- (j) The facility shall develop and implement documentation demonstrating the person served's participation in activities provided by the facility.
- (k) The facility shall maintain record of the training provided to persons served including attendance of off-site day programs.
- (l) Training activities as outlined for persons served shall be time limited and measurable.

- (m) Training for persons served shall be developed with the goal of stabilizing the persons served in order to transition to a lower level. Any services and training provided by the facility shall be approved by the DBH designated case manager.
- (n) Documentation shall be consistent with the goals identified in the Needs/Appraisal and Facility Treatment Plan.
- (o) Monthly notes shall be made available to DBH staff for review in a reciprocal manner between DBH and the contracted facility.

6. Reporting Requirements

- (a) Programs will be required to submit periodic reports as required by the State of California.

7. Cultural and Linguistic Access Requirements

- (a) Programs will abide by regulations governed by Section 601 of Title VI of the Civil Rights Act of 1964, 42 U.S.C.
- (b) Section 2000 et. seq. states: "No person in the United States shall on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance."
- (c) Programs will have interpreter services available to any person seeking information or receiving services in the program's facility who is limited-English proficient (LEP) or non-English speaking.

8. Additional Service Requirements

- (a) Training in hygiene and grooming may include hands-on assistance when needed.
- (b) In cases of incontinence, persons served shall be physically assisted if needed.
- (c) Training in budgeting shall include persons served keeping and maintaining records of transactions.
- (d) Persons served shall be afforded the opportunity to learn cooking skills under the direction of appropriate staff.
- (e) Persons served shall be encouraged to learn independent living skills with personal assistance when warranted.
- (f) Facilities shall provide specialized diets as prescribed by the treating physician.

- (g) Persons served shall be trained to access support systems in the community.
- (h) Facilities shall develop and implement plans for community re-integration.
- (i) Facilities shall provide individual session to assist persons served to develop appropriate skills in social interactions using “normal” settings.
- (j) Efforts shall be made to normalize the person served’s living arrangements at all times.
- (k) Training shall be provided to persons served to use transportation systems.
- (l) Training in medication shall be provided to persons served by licensed staff.
- (m) Individual sessions shall be implemented to counsel persons served to gain general insight into their mental illness by licensed staff.

J. County shall:

1. Provide copies of all benefit and insurance information for persons served prior to placement;
2. Ensure all persons served placed at the contracted facilities arrive with two weeks of medication, a physician report, and a tuberculosis (TB) test within six (6) months;
3. Ensure persons served will be transported by County personnel unless prior arrangements are made;
4. Provide the initial assessment and most recent assessment, with supporting documentation to the best of their ability;
5. Request discharge of persons served as needed. When possible, County will provide the facilities up to two (2) weeks’ courtesy notice to ensure all supporting documentation is prepared in a timely manner with a safe medical, psychiatric, and therapeutic transition plan. County retains the right to waive this courtesy notice period in the case of an emergency, or if the removal of the person served is in the best interest of their treatment.
6. Assist in moving all persons served that the County and/or conservator are informed will be removed from LPS Conservatorship, against the contracted program(s) opinion or advise, to an in-county placement prior to the termination of LPS.

VI. STAFFING

A. Staffing/Person Served Ratio:

A minimum staff ratio of at least one (1) full-time equivalent direct care staff for each 2.5 persons served must be maintained at all times.

Greater numbers of staff shall be present during times when there are greater numbers of persons served in programmed activities. The facility will ensure an adequate number of staff to monitor persons served during the sleep hours. When there is only one (1) staff on the premises, there needs to be staff on call who can report for duty within sixty (60) minutes after being contacted if needed.

Staff schedules shall be determined by the program based on the number of persons served in the program during specific hours of the day, level of care provided by the program, and the range of services provided within the facility.

All scheduled hours in the facility shall be considered part of this required full-time equivalent staff ratio.

Facilities must inform Department of Behavioral Health within twenty-four (24) hours of any staff changes that may affect this agreement.

B. Staffing Plan

The program shall meet the staffing requirements of Title 9, Section 680 of the California Code of Regulations. The program shall document the use of multidisciplinary professional consultation and staff when necessary to meet the specific needs and treatment of persons served. The facility shall verify the content of group or individual sessions shall be within the scope of practice of the individual providing the service.

1. Minimum Professional Staff. Outpatient services shall be under the direction of a person who qualifies under Title 9, Sections 623 through 630 of the California Code of Regulations. In addition to the director, the minimum professional staff shall include a psychiatrist, psychologist, and social worker. In addition, the staff may include qualified registered nurses and other professional disciplines. A psychiatrist must assume medical responsibility as defined in Title 9, Section 522 of the California Code of Regulations, and be present at least half-time during which the services are provided.

2. Direct Clinical Services Staff:

Facilities must have psychiatric professional licensed staff either through direct employment or contracted by the facility.

All direct care staff shall have graduated from high school or possess a GED and have a minimum of one (1) year of full-time experience, or its part time equivalent, employed in a program serving people with mental disabilities relevant to, such experience must be in the direct provision of services to persons served.

3. Non-Direct Clinical Services Staff:

Paraprofessionals and persons who were past participants of mental health service programs shall be utilized as volunteers in the program when consistent with the program design and services provided.

C. Staff Training

Training required to be provided by the facility shall include:

1. Facilities must train staff to assist, as needed, with self-administration of prescription and nonprescription drugs in accordance with Title 22 Section 80075(b). Training of staff shall be by licensed professionals and shall be documented in the facility personnel files.
2. If program newly hired staff does not have required experience, the program shall document a specific plan of supervision and in-service training for the employee to perform the job. The plan should include but not be limited to the frequency and number of hours of training, the subjects to be covered, and a description of the supervision to be provided.
4. The program director must provide and document a specific plan of supervision and at least twenty (20) hours of in-service training per year for the employee to ensure the ongoing qualifications of the individual to perform the job.
5. Staff assigned to assist in physically restraining persons served must receive prior training from appropriate agencies, including training in behavioral management. When physically restraining a person served, staff must be under direct supervision of a licensed mental health professional.
6. A minimum of one hour of instruction on the development and preparation of the admission assessment.
7. A minimum of one hour of instruction on the development and preparation of the treatment/rehabilitation plan.
8. A minimum of one hour of instruction on the development and preparation of the discharge summary.

Training provided for this subsection shall consist of one or more of the following presentation methods:

1. Formal classroom instruction;
2. Oral presentation
3. Videotape, film or audiovisual presentation;
4. Audio-tape presentation; or
5. Performing the duties, on the job, under the direct supervision of the instructor

Fresno County Behavioral Health Requirements

I. General Requirements

- a. **Guiding Principles.** Contractor(s) shall align programs, services, and practices with the vision, mission, and guiding principles of the Department of Behavioral Health (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(s) shall post signs informing persons served of their right to file a complaint or grievance, appeals, and expedited appeals. In addition, Contractor(s) shall inform every person served of their rights as set forth in Exhibit C – Attachment B to this agreement, titled “Rights of Persons Served”.
- c. **Records.** Contractor(s) shall maintain records in accordance with Exhibit C – Attachment C to this Agreement, titled “Documentation Standards for Persons Served Records”. All records of the person served shall be maintained for a minimum of ten (10) years from the date of the end of this Agreement.
- d. **Licenses/Certificates.** Throughout the term of this Agreement, Contractor(s) and Contractor(s)’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(s) 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(s) and Contractor(s)’s staff shall comply with all applicable laws, rules or regulations, as may now exist or be hereafter changed.
- e. **Organizational Provider.** Contractor(s) shall maintain requirements as a Behavioral Health Plan (BHP) organizational provider throughout the term of this Agreement. If for any reason, this status is not maintained, County may terminate this Agreement pursuant to Article 6 of this Agreement.
- f. **Staffing.** Contractor(s) agrees that prior to providing services under the terms and conditions of this Agreement, Contractor(s) shall have staff hired and in place for

program services and operations or County may, in addition to other remedies it may have, suspend referrals or terminate this Agreement, in accordance to Article 6 of this Agreement.

- g. **Training.** Contractor(s) agrees that its employees, volunteers, interns, and student trainees or subcontractors of Contractor(s), in each case, are expected to perform professional services per an agreement with County. Contractor(s) will comply with the training requirements and expectations referenced in Exhibit C – Attachment D to this Agreement, titled “Department of Behavioral Health Contractor Training Requirements Reference Guide”.
- h. **Credentialing and Recredentialing.** Each individual Contractor(s) staff shall not provide any specialty mental health services without an approved credentialing application from County. Contractor(s) and their respective staff must follow the uniform process for credentialing and recredentialing of service providers established by County, including disciplinary actions such as reducing, suspending, or terminating provider’s credentialing privileges. Failure to comply with specified requirements can result in suspension or termination of an individual or provider.

Upon request, Contractor(s) must demonstrate to the County that each of its providers are qualified in accordance with current legal, professional, and technical standards, and that they are appropriately licensed, registered, waived, and/or certified.

Contractor(s) must not employ or subcontract with providers debarred, suspended or otherwise excluded (individually, and collectively referred to as “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. See section IV below.

Contractor(s) is required to verify and document at a minimum every three years that each network provider that delivers covered services continues to possess valid credentials, including verification of each of the credentialing requirements as per the County’s uniform process for credentialing and recredentialing. If any of the requirements are not up-to-date, updated information should be obtained from network providers to complete the re-credentialing process.

- i. **Criminal Background Check.** Contractor(s) shall ensure that all providers and/or subcontracted providers consent to a criminal background check, including fingerprinting to the extent required under state law and 42 C.F.R. § 455.434(a). Contractor(s) shall provide evidence of completed consents when requested by the County, Department of Health Care Services (DHCS) or the US Department of Health & Human Services (US DHHS).
- j. **Clinical Leadership.** Contractor(s) shall send to County upon execution of this Agreement, a detailed plan ensuring clinically appropriate leadership and supervision of their clinical program. Recruitment and retaining clinical leadership with the clinical competencies to oversee services based on the level of care and program design presented herein shall be included in this plan. A description and monitoring of this plan shall be provided.
- k. **Additional Responsibilities.** The parties acknowledge that, during the term of this Agreement, Contractor(s) will hire, train, and credential staff, and County will perform additional staff credentialing to ensure compliance with State and Federal regulations, if applicable.
- l. **Subcontracts.** Contractor(s) 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(s) 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(s) shall not entitle Contractor(s) to any additional compensation that is provided for under this Agreement.

- m. **Reports.** Contractor(s) shall submit the following reports and data:
 - i. **Outcome Data.** Contractor(s) shall submit to County program performance outcome data, as requested. Outcome data and outcome requirements are listed in Exhibit C – Attachment E to this Agreement, titled "Program Outcomes

and Performance Measurements”. Outcome data and outcome requirements are subject to change at County’s discretion.

- ii. **Additional Reports.** Contractor(s) shall also 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(s) 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(s) 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.
- n. **Timely Access.** It is the expectation of the County that Contractor(s) provide timely access to services that meet the State of California standards for care. Contractor(s) shall track timeliness of services to persons served and provide a monthly report showing the monitoring or tracking tool that captures this data. County and Contractor(s) shall meet to go over this monitoring tool, as needed but at least on a monthly basis. County shall take corrective action if there is a failure to comply by Contractor(s) with timely access standards.
- o. **Compliance with Behavioral Health Specific Laws.**
 - i. Contractor(s) 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(s) 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(s) shall adhere to all State requirements, including those identified in Exhibit C – Attachment F to this Agreement, titled "State Behavioral Health Requirements".
- p. **Meetings.** Contractor(s) 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(s) 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.
- q. **Monitoring.** Contractor(s) 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)'s programs, in order to ensure compliance with the terms and conditions of this Agreement.
- r. **Electronic Health Record.** Contractor(s) currently maintains and may continue to maintain its records in County's EHR system in accordance with Exhibit C – Attachment G, "Electronic Health Record Requirements and Service Data", free of charge, as licenses become available. The person served record shall begin with registration and intake, and include person served authorizations, assessments, plans of care, and progress notes, as well as other documents as approved by County. County shall be allowed to review

records of all and any services provided. If Contractor(s) determines to maintain its records in the County's EHR, it shall provide County's DBH Director, or designee, with a thirty (30) day notice. If at any time Contractor(s) chooses not to maintain its records in the County's EHR, it shall provide County's DBH Director, or designee, with thirty (30) days advance written notice and Contractor(s) will be responsible for obtaining its own system, at its own cost, for electronic health records management.

Disclaimer

County makes no warranty or representation that information entered into the County's DBH EHR system by Contractor(s) will be accurate, adequate, or satisfactory for Contractor(s)'s own purposes or that any information in Contractor(s)'s possession or control, or transmitted or received by Contractor(s), is or will be secure from unauthorized access, viewing, use, disclosure, or breach. Contractor(s) is solely responsible for person served information entered by Contractor(s) into the County's DBH EHR system. Contractor(s) agrees that all Private Health Information (PHI) maintained by Contractor(s) in County's DBH EHR system will be maintained in conformance with all HIPAA laws, as stated in section IX, "Federal and State Laws."

s. **Generative Artificial Intelligence Technology Use & Reporting**

- i. During the term of the Agreement, Contractor(s) must notify the County in writing if their services or any work under this Agreement includes, or makes available, any previously unreported Generative Artificial Intelligence (GenAI) technology, including GenAI from third parties or subcontractors. Contractor(s) must provide information by submitting a "Generative Artificial Intelligence (GenAI) Reporting and Factsheet (STD 1000)." In addition, Contractor(s) must notify the County of any new or previously unreported GenAI technology. At the direction of the County, Contractor(s) shall discontinue the use of any new or previously undisclosed GenAI technology that materially impacts functionality, risk or contract performance, until use of such GenAI technology has been approved by the County.
- ii. Failure to disclose GenAI use to the County and failure to submit the GenAI Reporting and Factsheet (STD 1000) may be considered a breach of this Agreement and are grounds for immediate termination in accordance with Article 6 of this Agreement.

- t. **Confidentiality.** All services performed by Contractor(s) under this Agreement shall be in strict conformance with all applicable Federal, State of California and/or local laws and regulations relating to confidentiality.
- u. **Physical Accessibility.** In accordance with the accessibility requirements of section 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor(s) must provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities.
- v. **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)'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 A 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.
- w. **Child Abuse Reporting Act.**
 - i. Contractor(s) shall establish a procedure acceptable to the County's DBH Director, or designee, to ensure that all of Contractor(s)'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)'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. Informing Materials for Persons Served

- a. Basic Information Requirements. Contractor(s) shall provide information in a manner and format that is easily understood and readily accessible to the persons served (42 C.F.R. § 438.10(c)(1)). Contractor(s) shall provide all written materials for persons served in easily understood language, format, and alternative formats that take into consideration the special needs of individuals in compliance with 42 C.F.R. § 438.10(d)(6). Contractor(s) shall inform the persons served that information is available in alternate formats and how to access those formats in compliance with 42 C.F.R. § 438.10.

Contractor(s) shall provide the required information in this section to each individual receiving Specialty Mental Health Services (SMHS) under this Agreement and upon request (1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), at p. 26., attachments 3, 4; Cal. Code Regs., tit. 9, §1810.360(e)).

Contractor(s) shall utilize the County's website that provides the content required in this section and 42 C.F.R. § 438.10 and complies with all requirements regarding the same set forth in 42 C.F.R. § 438.10.

Contractor(s) shall use the DHCS/County-developed beneficiary handbook and persons served notices (42 C.F.R. §§ 438.10(c)(4)(ii), 438.62(b)(3)).

- b. **Electronic Submission.** Persons served information required in this section may only be provided electronically by Contractor(s) if all the following conditions are met:
 - i. The format is readily accessible;
 - ii. The information is placed in a location on Contractor(s)'s website that is prominent and readily accessible;
 - iii. The information is provided in an electronic form which can be electronically retained and printed;
 - iv. The information is consistent with the content and language requirements of this Agreement;

- v. The individual is informed that the information is available in paper form without charge upon request and Contractor(s) shall provide it upon request within five (5) business days (42 C.F.R. § 438.10(c)(6)).
- c. **Language and Format.** Contractor(s) shall provide all written materials, including taglines, for persons served or potential persons served in a font size no smaller than twelve (12) point (42 C.F.R. 438.10(d)(6)(ii)). Contractor(s) shall ensure its written materials that are critical to obtaining services are available in alternative formats, upon request of the person served or potential person served at no cost.

Contractor(s) shall make its written materials that are critical to obtaining services, including, at a minimum, provider directories, beneficiary handbook, appeal and grievance notices, denial and termination notices, and Contractor(s)'s mental health education materials, available in the prevalent non-English languages in the County (42 C.F.R. § 438.10(d)(3)).

Contractor(s) notify persons served, prospective persons served, and members of the public that written translation is available in prevalent languages free of cost and how to access those materials (42 C.F.R. § 438.10(d)(5)(i), (iii); Welfare & Inst. Code § 14727(a)(1); Cal. Code Regs. tit. 9 § 1810.410, subd. (e), para. (4)). Contractor(s) shall make auxiliary aids and services available upon request and free of charge to each person served (42 C.F.R. § 438.10(d)(3)-(4)).

Contractor(s) shall make oral interpretation and auxiliary aids, such as Teletypewriter Telephone/Text Telephone (TTY/TDY) and American Sign Language (ASL), available and free of charge for any language in compliance with 42 C.F.R. § 438.10(d)(2), (4)-(5).

- d. **Beneficiary Informing Materials.** Each person served must receive and have access to the beneficiary informing materials upon request by the individual and when first receiving SMHS from Contractor(s). Beneficiary informing materials include but are not limited to:

- i. Consumer Handbook
- ii. Provider Directory
- iii. Grievance form
- iv. Appeal/Expedited Appeal form
- v. Advance Directives brochure

- vi. Change of Provider form
- vii. Suggestions brochure
- viii. Notice of Privacy Practices
- ix. Notice of Adverse Benefit Determination (NOABDs – Including Denial and Termination notices)
- x. Early & Periodic Screening, Diagnostic and Treatment (EPSDT) poster (if serving individuals under the age of 21)
- xi. Contractor(s) shall ensure beneficiary informing materials are displayed in the threshold languages of Fresno County at all service sites, including but not limited to the following:
 - 1. Consumer Handbook
 - 2. Provider Directory
 - 3. Grievance form
 - 4. Appeal/Expedited Appeal form
 - 5. Advance Directives brochure
 - 6. Change of Provider form
 - 7. Suggestions brochure

All beneficiary informing written materials will use easily understood language and format (i.e. material written and formatted at a 6th grade reading level), and will use a font size no smaller than twelve (12) point. All beneficiary informing written materials shall inform beneficiaries of the availability of information in alternative formats and how to make a request for an alternative format. Inventory and maintenance of all beneficiary informing materials will be maintained by the County's DBH Plan Administration Division. Contractor(s) will ensure that its written materials include taglines or that an additional taglines document is available.

- e. **Beneficiary Handbook.** Contractor(s) shall provide each person served with a beneficiary handbook at the time the individual first accesses services and thereafter upon request. The beneficiary handbook shall be provided to beneficiaries within fourteen (14) business days after receiving notice of enrollment. Contractor(s) shall give each individual notice of any significant change to the information contained in the beneficiary handbook at least thirty (30) days before the intended effective date of change as per BHIN 22-060.

- f. **Accessibility.** Required informing materials must be electronically available on Contractor(s)'s website and must be physically available at Contractor(s)'s facility lobby for individuals' access.

Informing materials must be made available upon request, at no cost, in alternate formats (i.e., Braille or audio) and auxiliary aids (i.e., California Relay Service (CRS) 711 and American Sign Language) and must be provided to persons served within five (5) business days. Large print materials shall be in a minimum of eighteen (18) point font size.

Informing materials will be considered provided to the individual if Contractor(s) does one or more of the following:

- i. Mails a printed copy of the information to the persons served's mailing address before the individual receives their first specialty mental health service;
 - ii. Mails a printed copy of the information upon the individual's request to their mailing address;
 - iii. Provides the information by email after obtaining the agreement of the person served to receive the information by email;
 - iv. Posts the information on Contractor(s)'s website and advises the person served in paper or electronic form that the information is available on the internet and includes applicable internet addresses, provided that individuals with disabilities who cannot access this information online are provided auxiliary aids and services upon request and at no cost; or,
 - v. Provides the information by any other method that can reasonably be expected to result in the person served receiving that information. If Contractor(s) provides informing materials in person, when the individual first receives specialty mental health services, the date and method of delivery shall be documented in the file of the person served.
- g. **Provider Directory.** Contractor(s) must follow the County's provider directory policy, in compliance with MHSUDS IN 18-020.

Contractor(s) must make available to persons served, in paper form upon request and electronic form, specified information about the County provider network as per 42 C.F.R. §438.10(h). The most current provider directory is electronically

available on the County website and is updated by the County no later than thirty (30) calendar days after information is received to update provider information. A paper provider directory must be updated at least monthly as set forth in 42 C.F.R. § 438.10(h)(3)(i).

Any changes to information published in the provider directory must be reported to the County within two (2) weeks of the change.

Contractor(s) will only need to report changes/updates to the provider directory for licensed, waived, or registered mental health providers.

III. **Assurances**

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

- a. In entering into this Agreement, Contractor(s) 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(s) certifies, that Contractor(s) 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(s) 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(s) certifies, that Contractor(s) 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(s) 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(s) 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(s) finds a provider that is excluded, it must promptly notify the County as per 42 C.F.R. § 438.608(a)(2), (4). Contractor(s) 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.

IV. Inspection and Audit Requirements

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

Contractor(s) 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)'s internal audit process.

Contractor(s) shall provide this notification and summary to County as requested by the County.

- b. **Access to Records.** Contractor(s) shall provide County with access to all documentation of services provided under this Agreement for County's use in administering this Agreement. Contractor(s) 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 Contractor(s) pertaining to such services at any time and as otherwise required under this Agreement.

V. **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(s) in the delivery of services provided under this Agreement. Full cooperation shall be given by Contractor(s) in any auditing or monitoring conducted, according to this Agreement.
- b. **Accessibility.** Contractor(s) 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 Contractor(s) 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 Contractor(s) at any time if there is a reasonable possibility of fraud or similar risk. The Department's inspection shall occur at Contractor(s)'s place of business, premises, or physical facilities (42 CFR §438.230(c)(3)(iv))

- c. **Cooperation.** Contractor(s) 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(s) to ensure compliance with laws, regulations, and requirements, as applicable.

- d. **Probationary Status.** County reserves the right to place Contractor(s) on probationary status, as referenced in the Probationary Status Article, should Contractor(s) 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(s) 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(s) shall retain all records and documents originated or prepared pursuant to Contractor(s)'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)'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(s) 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(s).
- 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(s) has not performed satisfactorily.
- h. **Site Inspection.** Without limiting any other provision related to inspections or audits otherwise set forth in this Agreement, Contractor(s) 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(s) 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 Contractor(s).

VI. **Complaint Logs and Grievances**

- a. **Documentation.** Contractor(s) shall log complaints and the disposition of all complaints from a person served or their family. Contractor(s) 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(s) 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(s) is notified by a person served or their representative of a discrimination grievance, Contractor(s) shall report discrimination grievances to the County within 24 hours. Contractor(s) shall not require a person served or their representative to file a Discrimination Grievance with the County 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(s) 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. Contractor(s) shall ensure that its subcontractors comply with all applicable patients' rights laws and regulations.
- c. **Incident Reporting.** Contractor(s) shall file an incident report for all incidents involving persons served, following County DBH's Incident Reporting protocol.

VII. **Compliance Requirements**

- a. **Internal Monitoring and Auditing**
 - i. Contractor(s) 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(s) shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
 2. Contractor(s) shall bill only for those eligible services actually rendered which are also fully documented.
 3. Contractor(s) 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(s) identify improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), Contractor(s) shall take prompt steps to correct said problem(s). Contractor(s) 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(s) 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(s) 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)'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 Contractor(s)'s compliance program and compliance with the requirements of this account. The committee shall be accountable to Contractor(s)'s Board of Directors.

iii. Policies and Procedures

1. Contractor(s) shall have written policies and procedures that articulate Contractor(s)'s commitment to comply with all applicable Federal and State standards. Contractor(s) 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(s) 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(s) shall implement and maintain written policies for all County DBH-funded employees, and of any Contractor(s) 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(s) shall maintain documentation, verification or acknowledgement that Contractor(s)'s employees, subcontractors, interns, volunteers, and members of Board of Directors are aware of these Policies and Procedures and Contractor(s)'s Compliance Program.
- vii. Contractor(s) shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor(s) has the option to develop its own or adopt County DBH's Compliance Plan. Should Contractor(s) develop its own Plan, Contractor(s) 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(s) shall comply with the provisions of Title 42 CFR Sections 438.604, 438.606, 438.608 and 438.610. Contractor(s) 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(s) identifies an issue or receives notification of a complaint concerning an incident of possible fraud, waste, or abuse, Contractor(s) 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)'s internal investigation concludes that fraud or abuse has occurred or is suspected, the issue if egregious, or beyond the scope of Contractor(s)'s ability to pursue, Contractor(s) shall immediately report to the County DBH Compliance Office for investigation, review and/or disposition.
- iv. Contractor(s) shall immediately report to DBH any overpayments identified or recovered, specifying the overpayments due to potential fraud.
- v. Contractor(s) shall immediately report any information about changes in the 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.
- vi. Contractor(s) shall immediately report any information about a change in Contractor(s)'s or Contractor(s)'s staff circumstances that may affect eligibility to participate in the behavioral health program.
- vii. Contractor(s) understands DBH, CMS, or the HHS Inspector General may inspect, evaluate, and audit Contractor(s) at any time if there is a reasonable possibility of fraud or similar risk.

d. Code of Conduct

- i. Contractor(s) 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(s) shall ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.
 - iii. Contractor(s) shall bill only for eligible services actually rendered and fully documented.
 - iv. Contractor(s) shall act promptly to investigate and correct problems if errors in claims or billing are discovered.
 - v. Contractor(s) shall comply with County's Code of Conduct and Ethics and the County's Compliance Program in accordance with Exhibit C – Attachment H to this Agreement, titled "Fresno County Mental Health Compliance Program".
- e. **Network Adequacy.** Contractor(s) shall ensure that all services covered under this Agreement are available and accessible to persons served in a timely manner and in accordance with the network adequacy standards required by regulation. (42 C.F.R. §438.206(a), (c)).

Contractor(s) shall submit, when requested by County and in a manner and format determined by the County, network adequacy certification information to the County, utilizing a provided template or other designated format.

Contractor(s) shall submit updated network adequacy information to the County any time there has been a significant change that would affect the adequacy and capacity of services.

To the extent possible and appropriately consistent with CCR, Title 9, §1830.225 and 42 C.F.R. §438.3 (l), Contractor(s) shall provide a person served the ability to choose the person providing services to them.

VIII. Federal and State Laws.

- a. **Health Insurance Portability and Accountability Act.** County and Contractor(s) 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(s) acknowledge that the exchange of PHI between them is only for treatment, payment, and health care operations.

County and Contractor(s) 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(s) 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(s) 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 Contractor(s) is a "Business Associate," as these terms are defined by 45 CFR 160.103. As a Business Associate, Contractor(s) agrees to comply with the terms of Exhibit C – Attachment I to this Agreement, titled "Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement".

IX. Quality Management Requirements.

a. Reporting.

- i. Outcomes Reports. Contractor(s) 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(s) 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(s) 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(s) shall measure, monitor, and annually report to the County on its performance.

X. Cultural and Linguistic Competency

- a. **General.** All services, policies and procedures shall be culturally and linguistically appropriate. Contractor(s) 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 J to this Agreement, titled “National Standards on Culturally and Linguistically Appropriate Services”. Contractor(s) 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(s) 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 person served, training of staff on the policies and procedures, and monitoring its language assistance program. Contractor(s)'s policies and procedures shall ensure compliance of any subcontracted providers with these requirements.
- c. **Interpreter Services.** Contractor(s) 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(s) shall avoid relying on an adult or minor child accompanying the person served to interpret or facilitate communication; however, if

the person refuses language assistance services, Contractor(s) must document the offer, refusal, and justification in the file of the person served.

- d. **Interpreter Qualifications.** Contractor(s) 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(s); (2) have demonstrated proficiency in the language of the person served; (3) can effectively communicate any specialized terms and concepts specific to Contractor(s)'s services; and (4) adheres to generally accepted interpreter ethic principles. As requested by County, Contractor(s) shall identify all who interpret for or provide direct communication to any program person served in a language other than English and identify when Contractor(s) last monitored the interpreter for language competence.
- e. **CLAS Standards.** Contractor(s) shall submit to County for approval, within ninety (90) days from date of contract execution, Contractor(s)'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 J, “National Standards on Culturally and Linguistically Appropriate Services”. As the CLAS standards are updated, Contractor(s)'s plan must be updated accordingly. As requested by County, Contractor(s) 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(s) 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(s) 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(s) shall create and sustain a forum that includes staff at all agency levels to discuss cultural responsiveness. Contractor(s) shall designate a representative from Contractor(s)'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 PERSON SERVED

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 MHP 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 MHP 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)

Provider Problem Resolution and Appeals Process

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

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 MHP address (listed above).

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 MHP payment authorization, or the process or payment of a provider's claim to the MHP.

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

The MHP shall have 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 MHP 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 30 calendar days of receipt of the decision.

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 MHP. The provider will receive a written response from the MHP within 60 calendar days of receipt of the complaint. The decision rendered by the MHP is final.

DOCUMENTATION STANDARDS FOR PERSON SERVED RECORDS

The documentation standards are described below under key topics related to care for persons served. All standards must be addressed in the record of each person served; however, there is no requirement that the record have a specific document or section addressing these topics. All medical records shall be maintained for a minimum of 10 years from the date of the end of the Agreement.

A. Assessments

1. The following areas will be included as a part of a comprehensive record for each person served:

- Presenting problems, including impairments in function, and current mental status exam.
- Traumatic incidents which include trauma exposures, trauma reactions, trauma screenings, and systems involvement if relevant
- Behavioral health history including mental health history, substance use/abuse, and previous services
- Medical history including physical health conditions, medications, and developmental history
- Psychosocial factors including family, social and life circumstances, cultural considerations
- Strengths, risks, and protective factors, including safety planning
- Clinical summary, treatment recommendations, and level of care determination including diagnostic and clinical impression with a diagnosis
- The assessment shall include a typed or legibly printed name, signature of the service provider and date of signature.

2. Timeliness/Frequency Standard for Assessment

- The time period to complete an initial assessment and subsequent assessments for specialty mental health services (SMHS) is up to clinical discretion.
- Assessments shall be completed within a reasonable time and in accordance with generally accepted standards of practice.

B. Problem list

The use of a Problem List has largely replaced the use of treatment plans and is therefore required to be part of the record for each person served. The problem list shall be updated on an ongoing basis to reflect the current presentation of the person in care.

The problem list shall include, but is not limited to, the following:

- Diagnoses identified by a provider acting within their scope of practice
- Problems identified by a provider acting within their scope of practice
- Problems or illnesses identified by the person in care and/or significant support person if any

- The name and title of the provider that identified, added, or removed the problem, and the date the problem was identified, added, or removed

C. Treatment and Care Plan Requirements

1. Targeted Case Management

- Specifies the goals, treatment, service activities, and assistance to address the negotiated objectives of the plan and the medical, social, educational, and other services needed by the person in care
- Identifies a course of action to respond to the assessed needs of the person in care
- Includes development of a transition plan when the person in care has achieved the goals of the care plan
- Peer support services must be based on an approved care plan
- Must be provided in a narrative format in the person's progress notes
- Updated at least annually

2. Services requiring Treatments Plans

- Therapeutic Behavioral Services (TBS)
- Must have specific observable and/or specific quantifiable goals
- Must identify the proposed type(s) of intervention
- Must be signed (or electronic equivalent) by:
 - the person providing the service(s), or
 - a person representing a team or program providing services, or
 - a person representing the MHP providing services when the plan for a person served is used to establish that the services are provided under the direction of an approved category of staff, and if the below staff are not the approved category,
 - a physician
 - a licensed/ "waivered" psychologist
 - a licensed/ "associate" social worker
 - a licensed/ registered/marriage and family therapist or
 - a registered nurse
- In addition,
 - Plans for each person served will be consistent with the diagnosis, and the focus of intervention will be consistent with the plan goals for the person served, and there will be documentation that the person served participated in and agreed with the plan. Examples of the documentation include, but are not limited to, reference to the participation by the person served and agreement by the person served in the body of the plan, the signature of the person served on the plan, or a description of the participation by the person served and agreement by the person served in progress notes.
 - The signature on the plan by the person served will be used as the means by which Contractor(s) documents the participation of the person served. When

the signature of the person served is required on the plan for the person served and the person served refuses or is unavailable for signature, the plan for the person served plan will include a written explanation of the refusal or unavailability.

- Contractor(s) will give a copy of the plan for the person served to the person served on request.

D. Progress Notes

1. Providers shall create progress notes for the provision of all SMHS. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description. Progress notes shall include:

- The type of service rendered.
- A narrative describing the service, including how the service addressed the beneficiary's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time.
- Location of the beneficiary at the time of receiving the service.
- A typed or legibly printed name, signature of the service provider and date of signature.
- ICD 10 code
- Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- Next steps including, but not limited to, planned action steps by the provider or by the beneficiary, collaboration with the beneficiary, collaboration with other provider(s) and any update to the problem list as appropriate.

2. Timeliness/Frequency of Progress Notes

- Progress notes shall be completed within 3 business days of providing a service, except for notes for crisis services, which shall be completed within 24 hours.
- A note must be completed for every service contact



Fresno County Department of Behavioral Health Contractor Training Requirements Reference Guide

Contractor(s) must consider and include sufficient time and funds for required trainings.

This Training Requirements Reference Guide identifies the required trainings that Contractor(s) is responsible for offering to all employees, volunteers, interns, and student trainees of Contractor(s) 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(s), and those are identified within this document. The remaining trainings are the responsibility of Contractor(s) to provide and cover associated costs. The expectations for Contractor(s) staff attending County-offered trainings are included within this guide.

I. Trainings Provided by County DBH

DBH Annual General Compliance Refresher Training

Duration: 60 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(s) shall be assigned this training in Quarter 4 of each calendar year.

An announcement from the Department of Behavioral Health (DBH) Compliance Program, DBH Staff Development, or your Contract Analyst regarding this training will be made prior to the assignment of this training. Contractor(s) will have the option to complete the training either through the Relias Learning Management System (LMS) or through Department of Behavioral Health's website. Contractor(s) are given approximately a 60-day window to complete this training from the training announcement date.

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 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(s) 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(s) 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(s) 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.

DBH New Hire General Compliance Training

Duration: 40 Minutes

Contractor(s) 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 30 business days of hire or effective date of this Agreement, per Compliance Exhibit C, Attachment H. 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 Department of Behavioral Health's 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(s) 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.

Invoicing Training

Duration: To be Confirmed

Contractor(s) shall be responsible for collection and managing data in a manner to be determined by the California Department of Health Care Services (DHCS) and Mental 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)'s staff responsible for checking Medi-Cal eligibility shall attend DBH's Finance Division training on equipment reporting for assets, intangible and sensitive minor assets, DBH's EHR system and related cost reporting.

SmartCare Full Electronic Health Record New User Mental Health Training*

Duration: 4 Hours

This is a basic training for new users who are direct clinical service providers employed by Contractor(s) that will be using SmartCare as their full EHR. Participants will have the opportunity to apply the California Mental Health Services Authority's (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(s) at no cost and highly recommended. Although this training is not required, selected Contractor(s) is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

SmartCare Electronic Health Record New User Front Desk Training*

Duration: 4 Hours

This is a basic training for new users who are employed by Contractor(s) that 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(s) at no cost and highly recommended. Although this training is not required, selected Contractor(s) is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

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

Duration: Time may vary

This training is for select Contractor(s) 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 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(s) at no cost and highly recommended. Although this training is not required, selected Contractor(s) is responsible for understanding and utilizing SmartCare as indicated once contracted with County DBH.

II. Trainings for Specialty MH Providers by Specialization

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.

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

Duration: 6 Hours 30 Minutes

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 6 and youth up to age 20, and family information to inform planning, support decisions, and monitor outcomes.

DBH provides this training to prepare attendees for certification testing and use of the tool. For any questions about the training or assistance with registration, please contact DBHStaffDevelopment@fresnocountyca.gov.

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

CalAIM Behavioral Health Quality Improvement Program (BHQIP) Training

Any contracted clinical provider is required to complete the California Advancing and Innovating Medi-Cal (CalAIM) BHQIP Modules in CalMHSA's web-based training

system, Moodle. Providers are expected to complete training within 60 days of beginning employment.

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

Cultural Responsiveness Trainings

Duration: May vary based on Contractor(s)'s training preference

Contracted Provider Organization shall have DBH-funded providers complete annual trainings on cultural competency, awareness, and diversity as identified by Contractor(s), and/or via the County's eLearning system. Contractor(s)'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(s), 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, they are to contact their assigned contract analyst.

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

- Technical assistance regarding culturally responsive training requirements.
- Mandatory cultural responsiveness training for Contractor(s)'s DBH-funded staff if training capacity allows.
- Technical assistance for translating information into County's threshold languages (currently Spanish and Hmong and subject to change). Selected Contractor(s) is responsible for securing translation services and all associated costs.

Health Insurance Portability and Accountability Act (HIPAA) Training

Duration: May vary based on selected 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 30 days of contract execution or hire and annually thereafter.

Language Assistance Program Training

Contractor(s) 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 vendor(s) procedures shall include ensuring compliance of any sub-contracted providers with these requirements.

IV. Training Expectations for Contractor(s) Employees when Attending County-provided Training

Expectations for Attendees:

- 1) 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.
- 2) Interested attendees shall register at least one week in advance of the training date.
- 3) 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.
- 4) Attendees who arrive 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 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.
- 5) 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 the trainer, attendees shall be asked to leave the training and return to their work site. Organization will be notified.

- 6) 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, and certification, and training credit, if applicable.
- 7) Attendees shall be expected to complete pre- and/or post-training evaluations, when available.
- 8) 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.

Use of DBH Training Facilities

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.

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.

Exhibit C - Attachment E
Specialty Mental Health (Non-Psychiatric) Services Outcomes

Contractor shall adhere to the following outcome elements. Items below indicated with a single asterisk (*) will be collected via the Department of Behavioral Health's (DBH's) electronic health record (EHR). Items indicated with a double asterisk (**) will be collected via DBH's EHR for full users only. Contractors who opt to not fully utilize DBH's EHR will be responsible for collecting and reporting these additional data points. The Department of Behavioral Health (DBH) will assist Contractor in reviewing the requirements below no more than once every quarter.

Quality of Service

1. Network Adequacy: Timeliness to Service
 - 1.1 Timeliness from the initial urgent/non-urgent request for services until the first service offered by the Program*
 - 1.2 Timeliness from the initial urgent/non-urgent request for services until the first service rendered by the Program*
 - 1.3 Timeliness from the first service until the first follow-up service offered by the Program*
 - 1.4 Timeliness from the first service until the first follow-up service rendered by the Program*
 - 1.5 Follow-up from the emergency department for behavioral health visits for individuals who are currently enrolled with the Program*
 - 1.6 Follow-up from inpatient hospitalization for behavioral health visits for individuals who are currently enrolled with the Program*
2. Enrollment and Discharge
 - 2.1 The length of stay for individuals receiving services with the Program*
 - 2.2 The reason for discharge for individuals discharging from the Program*
3. No-Shows and Cancellations
 - 3.1 The count of services that resulted in a no-show (i.e., less than 24 hours' notice) by the person served**
 - 3.2 The count of services that resulted in a cancellation (i.e., more than 24 hours' notice) by the person served**
 - 3.3 The count of services that resulted in a cancellation by the service provider**

Quality of Clinical Care

1. Service Delivery
 - 1.1 Average number of services provided to an individual by the Program per week*
 - 1.2 Average duration of services provided to an individual by the Program*
 - 1.3 Utilization of clinical tools, when appropriate**
 - 1.4 Utilization of evidence-based practices, when appropriate**
2. Care Coordination
 - 2.1 Referrals received by the Program from DBH and community partner agencies
 - 2.1.1 Agency sending referral
 - 2.1.2 Date of referral, date received, and date accepted/denied
 - 2.1.3 Disposition/outcomes of referral, including date of first offered service
 - 2.2 Referrals written by the Program to DBH and community partner agencies
 - 2.2.1 Agency receiving referral
 - 2.2.2 Reason for referral

Exhibit C - Attachment E
Specialty Mental Health (Non-Psychiatric) Services Outcomes

Safety of Clinical Care

1. Grievances
 - 1.1 The count, category, and trends of grievances shall be submitted by individuals regarding services at the Program in accordance with current state requirements
2. Incident Reporting
 - 2.1 The count, category, and trends of incidents reported regarding individuals served by the Program

Member Experience

1. Consumer Perception Survey
 - 1.1 Contractor shall comply with annual Consumer Perception Survey requirements
2. Feedback and Improvement Groups
 - 2.1 Contractor shall, in coordination with the DBH Planning and Quality Management Division, offer persons served the opportunity to participate in member experience focus groups

Population Description

1. Date of Birth/Age*
2. Race/Ethnicity*
3. Primary Language*
4. Gender Identity*
5. Sex Assigned at Birth*
6. Sexual Orientation*
7. Diagnosis*
8. Food Insecurity*
9. Criminal Justice Involvement*
10. Housing Status*
11. Educational Attainment*

Notwithstanding changes and timelines implemented by legislation or Behavioral Health Information Notices, DBH may also add additional required data elements with thirty (30) days' notice to the Program.

Additional Requirements

In addition to the above, Contractor shall adhere to the following:

1. Performance Standards:
 - a. PHF readmission rate < 10% within 30 days
 - b. Residential placement stability ≥ 85% at 6 months
 - c. Outpatient missed appointment rate ≤ 15%
2. Monthly reporting on demographics, service hours, school attendance, and placement stability.
3. Quarterly analysis of CANS (Child and Adolescent Needs & Strengths) metrics
4. Annual program evaluation with youth and family satisfaction surveys

Exhibit C - Attachment E
Specialty Mental Health (Non-Psychiatric) Services Outcomes

5. Maintain a record on each resident including their admission assessment, diagnosis and personal services plan, monthly review(s), progress note(s) and discharge summary.
6. Report all incidents to the County liaison representative immediately.
7. Written incident reports will be done in cases where persons served engage in illegal activity, self-injury, or property destruction or violence toward others. Said incident reports shall be communicated to the DBH Placement Coordinator in a format that is mutually agreed upon. Incident reports shall be provided to the DBH Placement Coordinator monthly along with invoicing.
8. Complete daily census records will be maintained and sent to the liaison representative monthly. Requested documents should be provided within 10 business days.
9. Prepare such reports in accordance to the terms of this Agreement. Other reports may be required to fulfill the terms of the Agreement. These may include but are not limited to:
 - a) Quarterly reports of accomplishments of objectives;
 - b) Demographic profiles as requested;
 - c) Behavioral notes, participation notes/logs, and ADLs notes/logs; these should include both positive and negative outcomes.
 - d) Other reports as requested.

STATE BEHAVIORAL HEALTH REQUIREMENTS

1. CONTROL REQUIREMENTS

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

2. 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.

3. CONFIDENTIALITY

Contractor(s) 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.

4. NON-DISCRIMINATION

A. Eligibility for Services

Contractor(s) 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(s) 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.

5. **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

1. **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.)

2. **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.
- b. Establish a Drug-Free Awareness Program to inform employees about:
 - 1) the dangers of drug abuse in the workplace;
 - 2) the person's or organization's policy of maintaining a drug-free workplace;
 - 3) any available counseling, rehabilitation and employee assistance programs; and,
 - 4) penalties that may be imposed upon employees for drug abuse violations.
- c. Every employee who works on this Agreement will:
 - 1) receive a copy of the company's drug-free workplace policy statement; and,
 - 2) 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: Contractor(s) has made false certification, or violated the certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. **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.)

4. **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 lessor 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.

5. **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.

6. **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 Contractor(s)'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 Contractor(s)'s compliance with the requirements under paragraph (a).
7. **DOMESTIC PARTNERS:** For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code Section 10295.3.
8. **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.

1. **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.

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

- a). 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.
- b). No officer or employee shall contract on their own behalf as an independent Contractor with any state agency to provide goods or services.

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

- a). 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.

- b). 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))

- 2. **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)
- 3. **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.)
- 4. **CONTRACTOR NAME CHANGE:** An amendment is required to change Contractor(s)'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.
- 5. **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 Contractor(s) 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.

6. **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.
7. **AIR OR WATER POLLUTION VIOLATION:** Under the State laws, Contractor(s) 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.
8. **PAYEE DATA RECORD FORM STD. 204:** This form shall be completed by all Contractors that are not another state agency or other governmental entity.
9. **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.

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 Contractor(s) 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**

1. SERVICES AND ACCESS PROVISIONS

a. CERTIFICATION OF ELIGIBILITY

- i. Contractor will, in cooperation with County, comply with Section 14705.5 of California Welfare and Institutions Code to obtain a certification of an individual's eligibility for Specialty Mental Health Services (SMHS) under Medi-Cal.

b. ACCESS TO SPECIALTY MENTAL HEALTH SERVICES

- i. In collaboration with the County, Contractor will work to ensure that individuals to whom Contractor(s) provides SMHS meet access criteria, as per Department of Health Care Services (DHCS) guidance specified in Behavioral Health Information Notice (BHIN) 21-073. Specifically, Contractor(s) will ensure that the clinical record for each individual includes information as a whole indicating that individual's presentation and needs are aligned with the criteria applicable to their age at the time of service provision as specified below.
- ii. For enrolled individuals under 21 years of age, Contractor shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled individuals who meet either of the following criteria, (I) or (II) below. If an individual under age 21 meets the criteria as described in (I) below, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (b) below.
 1. The individual has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

 2. The individual has at least one of the following:
 - a. A significant impairment
 - b. A reasonable probability of significant deterioration in an important area of life functioning
 - c. A reasonable probability of not progressing developmentally as appropriate.
 - d. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.

AND the individual's condition as described in subparagraph (II a-d) above is due to one of the following:

- a. A diagnosed mental health disorder, according to the criteria in the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and Related Health Problems (ICD).
 - b. A suspected mental health disorder that has not yet been diagnosed.
 - c. Significant trauma placing the individual at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
 - iii. For individuals 21 years of age or older, Contractor shall provide covered SMHS for persons served who meet both of the following criteria, (a) and (b) below:
 - 1. The individual has one or both of the following:
 - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b. A reasonable probability of significant deterioration in an important area of life functioning.
 - 2. The individual's condition as described in paragraph (a) is due to either of the following:
 - a. A diagnosed mental health disorder, according to the criteria in the current editions of the DSM and ICD.
 - b. A suspected mental disorder that has not yet been diagnosed.
- c. ADDITIONAL CLARIFICATIONS
 - i. Criteria
 - 1. A clinically appropriate and covered mental health prevention, screening, assessment, treatment, or recovery service listed within Exhibit A of this Agreement can be provided and submitted to the County for reimbursement under any of the following circumstances:
 - a. The services were provided prior to determining a diagnosis, including clinically appropriate and covered services provided during the assessment process;
 - b. The service was not included in an individual treatment plan; or
 - c. The individual had a co-occurring substance use disorder.
 - ii. Diagnosis Not a Prerequisite
 - 1. Per BHIN 21-073, a mental health diagnosis is not a prerequisite for access to covered SMHS. This does not eliminate the requirement that all Medi-Cal claims, including SMHS claims, include a current Centers for

Medicare & Medicaid Services (CMS) approved ICD
diagnosis code

d. MEDICAL NECESSITY

- i. Contractor will ensure that services provided are medically necessary in compliance with BHIN 21-073 and pursuant to Welfare and Institutions Code section 14184.402(a). Services provided to a person served shall be medically necessary and clinically appropriate to address the individual's presenting condition. Documentation in each individual's chart as a whole will demonstrate medical necessity as defined below, based on the age of the individual at the time of service provision.
- ii. For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5.
- iii. For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code.

e. COORDINATION OF CARE

- i. Contractor shall ensure that all care, treatment and services provided pursuant to this Agreement are coordinated among all providers who are serving the individual, including all other SMHS providers, as well as providers of Non-Specialty Mental Health Services (NSMHS), substance use disorder treatment services, physical health services, dental services, regional center services and all other services as applicable to ensure a person served-centered and whole-person approach to services.
- ii. Contractor shall ensure that care coordination activities support the monitoring and treatment of comorbid substance use disorder and/or health conditions.
- iii. Contractor shall include in care coordination activities efforts to connect, refer and link individual s to community-based services and supports, including but not limited to educational, social, prevocational, vocational, housing, nutritional, criminal justice, transportation, childcare, child development, family/marriage education, cultural sources, and mutual aid support groups.
- iv. Contractor shall engage in care coordination activities beginning at intake and throughout the treatment and discharge planning processes.
- v. To facilitate care coordination, Contractor will request a HIPAA and California law compliant person served authorization to share the individual's information with and among all other providers involved in the individual's care, in satisfaction of state and federal privacy laws and regulations.

f. CO-OCCURRING TREATMENT AND NO WRONG DOOR

- i. Per BHIN 22-011, Specialty and Non-Specialty Mental Health Services can be provided concurrently, if those services are clinically appropriate, coordinated, and not duplicative. When a person served meets criteria for both NSMHS and SMHS, the individual should receive services based on individual clinical need and established therapeutic relationships. Clinically appropriate and covered SMHS can also be provided when the individual has a co-occurring mental health condition and substance use disorder.
- ii. Under this Agreement, Contractor will ensure that individual s receive timely mental health services without delay. Services are reimbursable to Contractor by County even when:
 - 1. Services are provided prior to determination of a diagnosis, during the assessment or prior to determination of whether SMHS access criteria are met, even if the assessment ultimately indicates the individual does not meet criteria for SMHS.
 - 2. If Contractor is serving a individual receiving both SMHS and NSMHS, Contractor holds responsibility for documenting coordination of care and ensuring that services are non-duplicative.

2. AUTHORIZATION AND DOCUMENTATION PROVISIONS

a. SERVICE AUTHORIZATION

- i. Contractor will collaborate with County to complete authorization requests in line with County and DHCS policy.
- ii. Contractor shall have in place, and follow, written policies and procedures for completing requests for initial and continuing authorizations of services, as required by County guidance.
- iii. Contractor shall respond to County in a timely manner when consultation is necessary for County to make appropriate authorization determinations.
- iv. County shall provide Contractor with written notice of authorization determinations within the timeframes set forth in BHINs 22-016 and 22-017, or any subsequent DHCS notices.
- v. Contractor shall alert County when an expedited authorization decision (no later than 72 hours) is necessary due to an individual's specific needs and circumstances that could seriously jeopardize the individual s life or health, or ability to attain, maintain, or regain maximum function.

b. DOCUMENTATION REQUIREMENTS

- i. Contractor will follow all documentation requirements as specified in Article 4.2-4.8 inclusive in compliance with federal, state and County requirements.
- ii. All Contractor documentation shall be accurate, complete, and legible, shall list each date of service, and include the face-to-face time for each service. Contractor shall document travel and documentation time for each service separately from face-to-face

time and provide this information to County upon request. Services shall be identified as provided in-person, by telephone, or by telehealth.

- iii. All services shall be documented utilizing County-approved templates and contain all required elements. Contractor agrees to satisfy the chart documentation requirements set forth in BHIN 22-019 and the contract between County and DHCS. Failure to comply with documentation standards specified in this Article require corrective action plans.

c. ASSESSMENT

- i. Contractor shall ensure that all individuals' medical records include an assessment of each individual's need for mental health services.
- ii. Contractor will utilize the seven uniform assessment domains and include other required elements as identified in BHIN 22-019 and document the assessment in the individual's medical record.
- iii. For individual s aged 6 through 20, the Child and Adolescent Needs and Strengths (CANS), and for individual s aged 3 through 18, the Pediatric Symptom Checklist-35 (PSC-35) tools are required at intake, every six months during treatment, and at discharge, as specified in DHCS MHSUDS INs 17-052 and 18-048.
- iv. The time period for providers to complete an initial assessment and subsequent assessments for SMHS are up to clinical discretion of County; however, Contractor's providers shall complete assessments within a reasonable time and in accordance with generally accepted standards of practice.

d. ICD-10

- i. Contractor shall use the criteria set forth in the current edition of the DSM as the clinical tool to make diagnostic determinations.
- ii. Once a DSM diagnosis is determined, Contractor(s) shall determine the corresponding mental health diagnosis in the current edition of ICD. Contractor shall use the ICD diagnosis code(s) to submit a claim for SMHS to receive reimbursement from County.
- iii. The ICD Tabular List of Diseases and Injuries is maintained by CMS and may be updated during the term of this Agreement. Changes to the lists of ICD diagnoses do not require an amendment to this Agreement, and County may implement these changes as provided by CMS

e. PROBLEM LIST

- i. Contractor will create and maintain a Problem List for each individual served under this Agreement. The problem list is a list of symptoms, conditions, diagnoses, and/or risk factors identified through assessment, psychiatric diagnostic evaluation, crisis encounters, or other types of service encounters.

- ii. Contractor shall document a problem list that adheres to industry standards utilizing at minimum current SNOMED International, Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT®) U.S. Edition, September 2022 Release, and ICD-10-CM 2023.
- iii. A problem identified during a service encounter may be addressed by the service provider during that service encounter and subsequently added to the problem list.
- iv. The problem list shall include, but is not limited to, all elements specified in BHIN 22-019.
- v. County does not require the problem list to be updated within a specific timeframe or have a requirement about how frequently the problem list should be updated after a problem has initially been added. However, Contractor shall update the problem list within a reasonable time such that the problem list reflects the current issues facing the person served, in accordance with generally accepted standards of practice and in specific circumstances specified in BHIN 22-019.

f. TREATMENT AND CARE PLANS

- i. Contractor is not required to complete treatment or care plans for persons served under this Agreement, except in the circumstances specified in BHIN 22-019 and additional guidance from DHCS that may follow after execution of this Agreement.

g. PROGRESS NOTES

- i. Contractor shall create progress notes for the provision of all SMHS services provided under this Agreement.
- ii. Each progress note shall provide sufficient detail to support the service code selected for the service type as indicated by the service code description.
- iii. Progress notes shall include all elements specified in BHIN 22-019, whether the note be for an individual or a group service.
- iv. Contractor shall complete progress notes within three business days of providing a service, with the exception of notes for crisis services, which shall be completed within 24 hours.
- v. Providers shall complete a daily progress note for services that are billed on a daily basis, such as residential and day treatment services, if applicable.

h. TRANSITION OF CARE TOOL

- i. Contractor shall use a Transition of Care Tool for any individual whose existing services will be transferred from Contractor to an Medi-Cal Managed Care Plan (MCP) provider or when NSMHS will be added to the existing mental health treatment provided by Contractor, as specified in BHIN 22-065, in order to ensure continuity of care.
- ii. Determinations to transition care or add services from an MCP shall be made in alignment with County policies and via a person-centered, shared decision-making process.

- iii. Contractor may directly use the DHCS-provided Transition of Care Tool, found at <https://www.dhcs.ca.gov/Pages/Screening-and-Transition-of-Care-Tools-for-Medi-Cal-Mental-Health-Services.aspx>, or obtain a copy of that tool provided by the County. Contractor may create the Transition of Care Tool in its Electronic Health Record (EHR). However, the contents of the Transition of Care Tool, including the specific wording and order of fields, shall remain identical to the DHCS provided form. The only exception to this requirement is when the tool is translated into languages other than English.

i. **TELEHEALTH**

- i. Contractor may use telehealth, when it deems clinically appropriate, as a mode of delivering behavioral health services in accordance with all applicable County, state, and federal requirements, including those related to privacy/security, efficiency, and standards of care. Such services will conform to the definitions and meet the requirements included in the Medi-Cal Provider Manual: Telehealth, available in the DHCS Telehealth Resources page at: <https://www.dhcs.ca.gov/provgovpart/Pages/TelehealthResources.aspx>.
- ii. All telehealth equipment and service locations shall ensure that person served confidentiality is maintained.
- iii. Licensed providers and staff may provide services via telephone and telehealth as long as the service is within their scope of practice.
- iv. Medical records for individuals served by Contractor under this Agreement shall include documentation of written or verbal consent for telehealth or telephone services if such services are provided by Contractor. Such consent shall be obtained at least once prior to initiating applicable health care services and consent shall include all elements as specified in BHIN 22-019.
- v. County may at any time audit Contractor's telehealth practices, and Contractor shall allow access to all materials needed to adequately monitor Contractor's adherence to telehealth standards and requirements.

3. 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 Department of Behavioral Health (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 Contractor(s) 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. Contractor(s) 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) (I), (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).)

4. 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. Contractor(s) shall assess individual/family satisfaction by:
 - 1. Surveying person served/family satisfaction with Contractor(s)’s services at least annually.

2. Evaluating person served's grievances, 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. Contractor(s) shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by Contractor(s) 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 Contractor(s)'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)

b. **TIMELY ACCESS**

- i. Timely access standards include:
 1. Contractor shall have hours of operation during which services are provided to Medi-Cal individuals that are no less than the hours of operation during which the provider offers services to non-Medi-Cal individuals. If Contractor(s)'s provider only serves Medi-Cal beneficiaries, the provider shall provide hours of operation comparable to the hours the provider makes available for Medi-Cal services that are not covered by the Agreement or another County.
 2. Appointments data, including wait times for requested services, shall be recorded and tracked by Contractor, and submitted to the County on a monthly basis in a format

specified by the County. Appointments' data should be submitted to the County's Planning and Quality Management Division or other designated persons.

3. Urgent care appointments for services that do not require prior authorization shall be provided to individuals within 48 hours of a request. Urgent appointments for services that do require prior authorization shall be provided to persons served within 96 hours of request.
4. Non-urgent non-psychiatry mental health services, including, but not limited to Assessment, Targeted Case Management, and Individual and Group Therapy appointments (for both adult and children/youth) shall be made available to Medi-Cal individuals within 10 business days from the date the individual or a provider acting on behalf of the individual, requests an appointment for a medically necessary service. Non-urgent psychiatry appointments (for both adult and children/youth) shall be made available to Medi-Cal individuals within 15 business days from the date the person served or a provider acting on behalf of the individual, requests an appointment for a medically necessary service.
5. Applicable appointment time standards may be extended if the referring or treating provider has determined and noted in the individual's record that a longer waiting period will not have a detrimental impact on the health of the individual.
6. Periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of their practice.

c. PROVIDER APPLICATION AND VALIDATION FOR ENROLLMENT (PAVE)

- i. Contractor shall ensure that all of its required clinical staff, who are rendering SMHS to Medi-Cal individuals on behalf of Contractor, are registered through DHCS' Provider Application and Validation for Enrollment (PAVE) portal, pursuant to BHIN 20-071 requirements, the 21st Century Cures Act and the CMS Medicaid and Children's Health Insurance Program (CHIP) Managed Care Final Rule.
- ii. SMHS licensed individuals required to enroll via the "Ordering, Referring and Prescribing" (ORP) PAVE enrollment pathway (i.e. PAVE application package) available through the DHCS PED Pave Portal, include: Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Professional Clinical Counselor (LPCC), Psychologist, Licensed Educational Psychologist, Physician (MD and DO), Physician Assistant, Registered Pharmacist/Pharmacist, Certified Pediatric/Family Nurse Practitioner, Nurse Practitioner,

Occupational Therapist, and Speech-Language Pathologist.
Interns, trainees, and associates are not eligible for enrollment.

d. PHYSICIAN INCENTIVE PLAN

- i. If Contractor wants to institute a Physician Incentive Plan, Contractor shall submit the proposed plan to the County which will in turn submit the Plan to the State for approval, in accordance with the provisions of 42 C.F.R. § 438.6(c).

5. 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.

6. 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.

Electronic Health Record Requirements and Service Data

Contractor(s) will provide accurate and timely input of services provided in the County's Electronic Health Record (EHR). The current EHR is a web-based application and requires a computer with a minimum of 16 GB RAM using either Edge or Chrome as the browser, and a stable high speed internet connection. Additional drivers may be needed to scan documents into the EHR. Contractor(s) will be responsible for equipment to support the use of the EHR. Contractor(s) may be required to utilize data entry forms, portals, or related systems for compliance with County data reporting requirements during the duration of this Agreement.

Data entry shall be the responsibility of Contractor(s). The County shall monitor the number and amount of services entered into the EHR. Any and all audit exceptions resulting from the provision and billing of Medi-Cal services by the Contractor shall be the sole responsibility of Contractor(s).

Contractor(s) will utilize the County's EHR for all Behavioral Health Plan billing and reporting functions and may elect to utilize the County's EHR for all clinical documentation, at no additional cost to Contractor(s).

If Contractor(s) elects to not use the County's EHR for all clinical documentation, Contractor(s) must ensure all necessary requirements involving electronic health information exchange between Contractor(s) and the County will be met.

Fresno County Mental Health Plan Compliance Program

CODE OF CONDUCT:

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

1. Read, acknowledge, and abide by this Code of Conduct.
2. 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.
3. 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 their 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.
4. Practice good faith in transactions occurring during the course of business and never use or exploit professional relationships or confidential information for personal purposes.
5. 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.
6. Comply with not only the letter of Compliance Program and mental 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.
7. 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.
8. Comply with all applicable laws, regulations, rules, guidelines, and County policies and procedures when providing and billing mental 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.
9. 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

1. The County is a “Covered Entity,” and the 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 the Contractor will create and/or receive Protected Health Information (“PHI”) from or on behalf of the 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.

2. 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.

3. Except as otherwise provided in this Agreement, the Contractor, as a business associate of the County, may use or disclose Protected Health Information (“PHI”) to perform functions, activities or services for or on behalf of the 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 the County, as the “Covered Entity” under the HIPAA Rules, except as authorized for management, administrative or legal responsibilities of the Contractor.

4. 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.

5. 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.

6. 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.

7. 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.

8. 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 Department of Behavioral Health's (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
Department of Public Health
HIPAA Representative
(559) 600-6439
P.O. Box 11867
Fresno, California 93775

County of Fresno
Department of Public Health
Privacy Officer
(559) 600-6405
P.O. Box 11867
Fresno, California 93775

County of Fresno
Department of Internal
Services
Information Security Officer
(559) 600-5800
2048 North Fine Street
Fresno, California 93727

9. 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 the Contractor on behalf of County, available to the United States Department of Health and Human Services upon demand.

10. 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.

11. 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.

12. 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.

13. 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 the County by Contractor.

14. 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.

15. 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.

16. 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?vl=1&vlid=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

Fresno County Department of Behavioral Health is committed to ensuring timely and accurate compensation for the delivery of services in our communities and fulfilling all associated responsibilities of the funding sources related to this Agreement. This document provides guidance on this Agreement's financial terms and conditions, responsibilities of each party, which includes but not limited to, maximum compensation, compensation structure, invoicing, payments, billing, recoupments, audits, reviews, examinations, and other fiscal related requirements.

Compensation

The County agrees to pay, and Contractor(s) agrees to receive, compensation for the performance of its services as described below.

1.1 Maximum Compensation.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2025 through June 30, 2026 is Two Million Four Hundred Thousand and No/100 Dollars (\$2,400,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2026 through June 30, 2027 is Two Million Four Hundred Thousand and No/100 Dollars (\$2,400,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2027 through June 30, 2028 is Two Million Four Hundred Thousand and No/100 Dollars (\$2,400,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2028 through June 30, 2029 for is Two Million Four Hundred Thousand and No/100 Dollars (\$2,400,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

The maximum compensation payable to Contractor(s) under this Agreement for the period of July 1, 2029 through June 30, 2030 is Two Million Four Hundred Thousand and No/100 Dollars (\$2,400,000.00), which is not a guaranteed sum but shall be paid only for services rendered and received.

1. Total Maximum Compensation.

In no event shall the maximum contract amount for all the services provided by Contractor(s) to County under the terms and conditions of this Agreement be in excess of Twelve Million and No/100 Dollars (\$12,000,000.00) during the entire term of this Agreement.

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.

Contractor(s) acknowledges that the County is a local government entity and does so with notice that the County's powers are limited by the California Constitution and by State law, and with notice that Contractor(s) may receive compensation under this Agreement only for services performed according to the terms of this Agreement and while this Agreement is in effect, and subject to the maximum amount payable under this section.

Contractor(s) further acknowledges that County employees have no authority to pay Contractor(s) except as expressly provided in this Agreement.

2. Rates.

A. Specialty Mental Health Services (SMHS)

The Specialty Mental Health Services (SMHS) provided by Contractor(s) under this Agreement shall be reimbursed according to the SMHS rate schedule as indicated in Exhibit D – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement. The Outpatient services provided by Contractor(s) under this Agreement shall be categorized as Short-Doyle Medi-Cal (SD/MC) Based and Contractor(s) shall be compensated according to the SD/MC Based rate schedule as indicated on Exhibit D – Attachment A, attached hereto and incorporated herein by reference and made part of this Agreement:

- (A) Clinic-Site Based: Clinic-Site Based programs shall be defined as programs who provide less than fifty percent (50%) of services in the field. In the field services are those services that do not occur through telehealth and do not occur in designated sites in which Contractor(s) is afforded regular access. Designated sites shall be identified by Contractor(s) and approved by County's DBH Director or designee in writing. Only billable services will be considered for the purpose of this calculation.

1.2 Clinic-Sites Based locations are defined as the following SmartCare (EHR) Locations (CMS Places of Service) for this Agreement and will be utilized to calculate the ratio of Clinic-Site Bases to Field Based services: Office, Telehealth Provided Other than in Patient's Home, Telehealth Provided in Patient's Home, Psychiatric Residential Treatment Center, Community Mental Health Center, etc.

The County agrees to pay, and Contractor(s) agrees to receive, compensation for SMHS provided to authorized persons served placed by County residing in an Augmented Board and Care whether or not the person served has Medi-Cal, private insurance, or has no other coverage, according to the SD/MC Based rate schedule as indicated on Exhibit D – Attachment A.

B. Residential Services

Residential services provided by Contractor(s) under this agreement shall be reimbursed according to the rates indicated in Contractor's Exhibit D subpart, attached hereto and incorporated herein by reference and made part of this Agreement. Residential services provided by Contractor(s) under this agreement shall be categorized as a combined rate consisting of a negotiated Residential Day Rate service rate and a prorated/daily Supplemental Security Income (SSI)/ State Supplementary Payment (SSP) amount for Basic Services which includes the following components: Room and Board and Care and Supervision (Maximum) and shall be determined by the Federal SSI Administration and the State of California Department of

Health Care Services (DHCS) and may be subject to adjustment by the SSI Administration or DHCS, as appropriate during each term of this Agreement.

The County agrees to pay, and Contractor(s) agrees to receive, compensation for each day authorized persons served placed by County reside in an Augmented Board and Care 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 the combined rate(s) set within each Contractor(s)' respective Exhibit D subpart.

1.3 Supplemental Security Income/ State Supplementary Payment: County agrees to pay, and Contractor(s) agree to receive, compensation for each day authorized persons served placed by County reside in an Augmented Board and Care whether or not the person served receives SSI/SSP funds, has Medi-Cal, private insurance, or has no other coverage. County shall reimburse Contractor(s) the uniform statewide daily reimbursement rate as published annually by the Federal SSI Administration and DHCS incorporated in Exhibit D – Attachment B.

Pursuant to California Code of Regulations (CCR), Title 22, Division 6, Chapter 1, Article 1, Section 80001, "Basic Rate" means the rate charged by a facility to provide basic services. For SSI/SSP recipients, the basic rate means the established nonmedical out-of-home care rate which includes any exempt income allowance but does not include that amount allocated for the recipient's personal and incidental needs. "Basic Services" means those services required by applicable law and regulation to be provided by the licensee in order to obtain and maintain a community care facility license. The amount defined in Exhibit D – Attachment B as "Amount Payable for Basic Services" is the basic rate for daily services for all persons served residing in Contractor(s)'s facility(ies). It is acknowledged by all parties that any/all rates may be changed by the Federal SSI Administration and/or DHCS during the term of this Agreement and such rate changes shall become part of this Agreement. County agrees to pay Contractor(s) the adjusted SSI/SSP amount after the effective date of the adjustment is authorized by the Federal SSI Administration or DHCS, as appropriate, and Contractor(s) agree to accept such reimbursement as of the effective date of such adjustment, whether or not the cost of providing such services shall have exceed the amount of the payments hereunder. County shall notify Contractor(s) in writing of any rate change within thirty (30) days of County receiving notice of any rate change from the SSI Administration or DHCS. Notice(s) of these rate changes can be found at <https://www.cdss.ca.gov/infosources/community-care-licensing/policy/provider-informationnotices/adult-senior-care>. Any/all rate adjustments shall not result in an increase to the maximum compensation of this Agreement.

All parties agree there will be no SSI/SSP payments whatsoever provided to Contractor(s) by the County's Public Guardian Office (PGO) for authorized persons served who are eligible for augmented board and care services regardless of whether or not the person receives SSI/SSP benefits. Contractor(s) shall seek payment of the equivalent of SSI for Room and Board and Care and Supervision services through this Agreement. The parties acknowledge that said equivalent SSI monies to be paid to Contractor(s) for SSI recipients are not part of funds provided from the County's PGO.

In the event that a person served passes away while residing under the care of Contractor(s), 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.

1.4 For purposes 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.

1.5 Third Party. If a 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, said 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 from a third-party source, 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 all persons served who have third-party resources.

1.6 Residential Day Rate: Rate setting for Residential Day Rate 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.

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. The 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. 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, the County agrees to pay, and Contractor(s) agree to receive compensation for delivering specialized services authorization (SSA) services to augmented 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-1, Scope of Work for Residential Services, of this 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 day rate(s) identified in Contractor's 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(s) 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(s) shall submit SSA Forms to County's DBH electronically via email to: DBHLPSConservatorship@fresnocountyca.gov.

Invoices

Contractor(s) shall submit monthly invoices, in arrears by the fifteenth (15th) day of each month, in the format directed by the County. Contractor(s) shall submit invoices electronically to:

- 1) dbhinvoicereview@fresnocountyca.gov;
- 2) dbh-invoices@fresnocountyca.gov; and
- 3) the assigned County's DBH Staff Analyst.

At the discretion of County's DBH Director or designee, if an invoice is incorrect or is otherwise not in proper form or substance, County's DBH Director, or designee, shall have the right to withhold payment as to only the portion of the invoice that is incorrect or improper after five (5) days prior notice to Contractor(s). Contractor(s) agrees to continue to provide services for a period of ninety (90) days after notification of an incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not corrected to County's satisfaction, County's DBH Director, or designee, may elect to terminate this Agreement, pursuant to the termination provisions stated in Article 6 of this Agreement. If County's DBH does not provide notice of incorrect or otherwise improper invoices and causes delay in the reimbursement process, Contractor(s) will follow the escalation process through the County's DBH Finance Division's Invoice Review Team, up to the DBH Finance Division Manager, and including the County's DBH Director and/or designee for the timely reimbursement of payment to Contractor(s).

Withholdings to an invoice by County's DBH shall be addressed by Contractor(s) and/or Contractor(s) shall communicate any delays in resolving the incorrect or improper form with County's DBH within ninety (90) days of receiving notice or the withholdings will stand in perpetuity, or subject to County's discretion.

All final invoices for any fiscal year shall be submitted by Contractor(s) within one hundred and twenty (120) days following the final month for which payment is claimed in that fiscal year. No action may be taken by County on any invoices submitted after one hundred and twenty (120) days of the end of the fiscal year where services are performed.

1. Specialty Mental Health Claimable Services Invoices.

For specialty mental health services, invoices shall be based on claims entered into the County's electronic health record (EHR) for the prior month.

Monthly payments for claimable services shall only be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the practitioner service rates in Exhibit D – Attachment A.

Any claimable services pending determination from Medicare, OHC, and any other third-party source will not be reimbursed until Explanation of Benefits (EOB) are processed and the

balance is transferred to the Medi-Cal coverage plan, and ready to claim to the Medi-Cal coverage plan, or the appropriate coverage plan(s), as deemed appropriate by the Agreement's funding resources or approval by County's DBH. Claimable services that are pending determinations must be addressed and invoiced to County's DBH within one hundred and twenty (120) days following the month of service. Any delays to invoicing must be communicated to and approved by County's DBH within one hundred and twenty (120) days following the month of service or the services may be ineligible for payment at County's discretion.

County's payments to Contractor(s) for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth herein.

Any claimable services entered into the County's EHR beyond four (4) months from the month of service may be ineligible for payment, subject to the determination of the County.

1.7 Residential Services Invoices.

Invoices for residential services shall be based for each day authorized persons served placed by County reside in Contractor(s)'s facility(ies) in the month of service. Contractor(s) 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.

Contractor(s) must report all revenue collected from a third-party, client-pay or private-pay in each monthly invoice. In addition, Contractor(s) shall submit monthly invoices for reimbursement that equal the amount due less any revenue collected and/or unallowable cost such as lobbying or political donations from the monthly invoice reimbursements.

2. Corrective Action Plans.

Contractor(s) shall enter services into the County's EHR/billing and transactional database and submit invoices in accordance with the specified deadlines, ensuring all information is accurate. Failure to meet the requirements set forth above will result in the implementation of a corrective action plan at the discretion of the County's DBH Director, or designee, and may result in financial penalties or termination of Agreement per Article 6 of this Agreement.

Payment

Payments shall be made by County to Contractor(s) in arrears, for services provided during the preceding month, within forty-five (45) days after the date of receipt, verification, and approval by County. All final invoices shall be submitted by Contractor(s) within one hundred and twenty (120) days following the final month of service for which payment is claimed for each fiscal year. No action shall be taken by County on claims submitted beyond the one hundred and twenty (120) day closeout period of each fiscal year. Any compensation which is not

expended by Contractor(s) pursuant to the terms and conditions of this Agreement shall automatically revert to County.

Payments shall be made upon certification or other proof satisfactory to the County that services have been performed or actual expenditures incurred by Contractor(s), as specified in this Agreement.

1. Incidental Expenses.

Contractor(s) is solely responsible for all of its costs and expenses that are not specified as payable by the County under this Agreement. If Contractor(s) fails to comply with any provision of this Agreement, County shall be relieved of its obligation for further compensation.

2. Applicable Fees.

Contractor(s) shall not charge any persons served or third-party payers any fee for service unless directed to do so by the County's DBH Director or designee at the time the individual is referred for services. When directed to charge for services, Contractor(s) shall use the uniform billing and collection guidelines prescribed by DHCS.

Contractor(s) will perform eligibility and financial determinations, in accordance with DHCS' Uniform Method of Determining Ability to Pay (UMDAP), see BHIN 98-13, available at dhcs.ca.gov, for all individuals unless directed otherwise by the County's DBH Director or designee.

Contractor(s) shall not submit a claim to, or demand or otherwise collect reimbursement from, the person served or persons acting on behalf of the person served for any specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments (California Code of Regulations, Title 9, §1810.365(c)).

Contractor(s) must not bill persons served, for covered services, any amount greater than would be owed if the County provided the services directly and otherwise not bill persons served as set forth in 42 C.F.R. § 438.106.

Specialty Mental Health Services Claiming Responsibilities

Contractor(s) shall enter claims data into the County's EHR/billing and transactional database system using the California Mental Health Services Authority (CalMHSA) Smart Care Procedure Codes (available at <https://2023.calmhsa.org/procedure-code-definitions/>) by the fifteenth (15th) of every month for actual services rendered in the previous month. County's EHR/billing and transactional database system will convert the CalMHSA Procedure Codes to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.

Claims shall be complete and accurate and must include all required information regarding the claimed services. Claims data entry into the County's EHR system shall be the responsibility of Contractor(s). County shall monitor the volume of services, billing amounts and service types entered into County's EHR system. Any and all audit exceptions resulting from the

provision and reporting of specialty mental health services by Contractor(s) shall be the sole responsibility of Contractor(s). Contractor(s) will comply with all applicable policies, procedures, directives, and guidelines regarding the use of County's EHR/information system.

Contractor(s) must provide all necessary data to allow County to bill Medi-Cal for services and meet State and Federal reporting requirements. The necessary data can be provided by a variety of means, including but not limited to:

If a person served has dual coverage, such as other health coverage (OHC) or Federal Medicare, Contractor(s) will be responsible for billing the carrier and obtaining a payment/denial or have validation of claiming with no response for ninety (90) days after the claim was mailed. Contractor(s) must report all third-party collections for Medicare, third-party or client-pay or private-pay in each month. A copy of an explanation of benefits or CMS 1500 form (if no response is received from the carrier after 90 days from date of submission of the CMS 1500) is required as documentation. Contractor(s) must comply with all laws and regulations governing the Federal Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers for Medicare and Medicaid Services as they relate to participation, coverage and claiming reimbursement. To the extent they are applicable, Contractor(s) will be responsible for compliance as of the effective date of each Federal, State or local law or regulation specified.

Recoupments, Audits, Reviews, and Examinations

County shall recapture from Contractor(s) the value of any services or other expenditures determined to be ineligible based on the County or State monitoring results. The County reserves the right to enter into a repayment agreement with Contractor(s), with the term of the repayment agreement not to exceed twelve (12) months from the date of the repayment agreement, to recover the amount of funds to be recouped. The County has the discretion to extend the term of repayment plan up to a total of twenty-four (24) months from the date of the repayment agreement. The repayment agreement may be made with the signed written approval of County's DBH Director, or designee, and respective Contractor(s) through a repayment agreement. The monthly repayment amounts may be netted against Contractor(s)'s monthly billing for services rendered during the month, or the County may, in its sole discretion, forego a repayment agreement and recoup all funds immediately. This remedy is not exclusive, and County may seek recoupment from any other means, including, but not limited to, a separate contract or agreement with Contractor(s).

Contractor(s) shall be held financially liable for any and all future disallowances/audit exceptions due to Contractor(s)'s deficiency discovered through the State audit process and County utilization review for services provided during the course of this Agreement. At County's election, the disallowed amount will be remitted within forty-five (45) days to County upon notification or shall be withheld from subsequent payments to Contractor(s). Contractor(s) shall not receive reimbursement for any units of services rendered that are disallowed or denied by the Fresno County MHP utilization review process or claims review process or through the State of California DHCS audit and review process, cost report audit settlement if applicable, for Medi-Cal eligible beneficiaries.

1. Reasons for Recoupment.

County will conduct periodic audits of Contractor(s) files to ensure appropriate clinical documentation, that original third-party source documents support costs invoiced under hybrid

or cost reimbursement agreements, high quality service provision and compliance with applicable federal, state and county or other funding source regulations.

Such audits may result in requirements for Contractor(s) to reimburse County for services previously paid in the following circumstances:

- (A) Identification of Fraud, Waste or Abuse as defined in federal regulation
 - (1) Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code, section 14107.11, subdivision (d).
 - (2) Definitions for “fraud,” “waste,” and “abuse” can also be found in the Medicare Managed Care Manual available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals>
- (B) Overpayment of Contractor(s) by County due to errors in claiming or documentation.
- (C) Other reasons specified in the SMHS Reasons for Recoupment document released annually by DHCS and posted on the DHCS BHIN website.

Contractor(s) shall reimburse County for all overpayments identified by Contractor(s), County, and/or state or federal oversight agencies as an audit exception within the timeframes required by law or Country or state or federal agency. Funds owed to County will be due within forty-five (45) days of notification by County, or County shall withhold future payments until all excess funds have been recouped by means of an offset against any payments then or thereafter owing to County under this or any other Agreement between the County and Contractor(s).

2. Internal Audits/Reviews.

Contractor(s) is responsible for ensuring the accuracy of all claims submitted for reimbursement. This includes, but is not limited to, verifying that the services billed are properly documented, correctly coded, and align with applicable SMHS definitions and standards. Contractor(s) must also ensure that all supporting documentation is accurate, complete, and reflects the services actually rendered.

In addition, Contractor(s) with medication prescribing authority shall adhere to County’s medication monitoring review practices. 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)’s internal audit process. Contractor(s) shall provide this notification and summary to County as requested by the County.

3. Confidentiality in Audit/Review Process.

Contractor(s) and County mutually agree to maintain the confidentiality of Contractor(s)’s records and information of persons served, in compliance with all applicable State and Federal statutes and regulations, including but not limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor(s) shall inform all of its officers, employees, and agents of the confidentiality provisions of all applicable statutes.

Contractor(s)’s fiscal records shall contain sufficient data to enable auditors to perform a complete audit and shall be maintained in conformance with standard procedures and accounting principles.

Contractor(s)'s records shall be maintained as required by DBH and DHCS on forms furnished by DHCS or the County. All statistical data or information requested by the County's DBH Director or designee shall be provided by Contractor(s) in a complete and timely manner.

4. Cooperation with Audits/Reviews.

Contractor(s) shall cooperate with County in any review and/or audit initiated by County, DHCS, or any other applicable regulatory body. This cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

In addition, Contractor(s) shall comply with all requests for any documentation or files including, but not limited to, files for persons served and personnel files.

Contractor(s) shall notify the County of any scheduled or unscheduled external evaluation or site visits when it becomes aware of such visit. County shall reserve the right to attend any or all parts of external review processes.

Contractor(s) shall allow inspection, evaluation and audit of its records, documents and facilities for ten (10) years from the term end date of this Agreement or in the event Contractor(s) has been notified that an audit or investigation of this Agreement has been commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies, whichever is later pursuant to 42 C.F.R. §§ 438.3(h) and 438.230I(3)(i-iii).

5. Single Audit Clause.

If Contractor(s) expends Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, Contractor(s) agrees to conduct an annual audit in accordance with the requirements of the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. Contractor(s) shall submit said audit and management letter to County. The audit must include a statement of findings or a statement that there were no findings. If there were negative findings, Contractor(s) must include a corrective action plan signed by an authorized individual. Contractor(s) agrees to take action to correct any material non-compliance or weakness found as a result of such audit. Such audit shall be delivered to County's DBH Finance Division for review within nine (9) months of the end of any fiscal year in which funds were expended and/or received for the program. Failure to perform the requisite audit functions as required by this Agreement may result in County performing the necessary audit tasks, or at County's option, contracting with a public accountant to perform said audit, or may result in the inability of County to enter into future agreements with Contractor(s). All audit costs related to this Agreement are the sole responsibility of Contractor(s).

A single audit report is not applicable if Contractor(s)'s Federal contracts do not exceed the Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or Contractor(s)'s only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit must be performed and a program audit report with management letter shall be submitted by Contractor(s) to County as a minimum requirement to attest to Contractor(s) solvency. Said audit report shall be delivered to County's DBH Finance Division for review no later than nine (9) months after the close of the fiscal year in which the funds supplied through this Agreement are expended. Failure to comply with this Act may result in County performing the necessary audit tasks or contracting with a qualified accountant to perform said audit. All

audit costs related to this Agreement are the sole responsibility of Contractor(s) who agrees to take corrective action to eliminate any material noncompliance or weakness found as a result of such audit. Audit work performed by County under this paragraph shall be billed to Contractor(s) at County cost, as determined by County's Auditor-Controller/Treasurer-Tax Collector.

Contractor(s) shall make available all records and accounts for inspection by County, the State of California, if applicable, the Controller General of the United States, the Federal Grantor Agency, or any of their duly authorized representatives, at all reasonable times for a period of at least three (3) years following final payment under this Agreement or the closure of all other pending matters, whichever is later.

6. Financial Audit Report Requirements for Pass-Through Entities

If County determines that Contractor(s) is a "subrecipient" (also known as a "pass-through entity") as defined in 2 C.F.R. § 200 et seq., Contractor(s) represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. Contractor(s) shall observe and comply with all applicable financial audit report requirements and standards.

Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor(s) 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(s) must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

In the event this Agreement is terminated, Contractor(s) shall be entitled to compensation for all Specialty Mental Health Services (SMHS) satisfactorily provided pursuant to the terms and conditions of this Agreement through and including the effective date of termination. This provision shall not limit or reduce any damages owed to the County due to a breach of this Agreement by Contractor(s).

Other Financial Requirements

1. Notification of Changes.

Contractor(s) shall notify County in writing of any change in organizational name, Head of Service or principal business at least fifteen (15) business days in advance of the change. Contractor(s) shall notify County of a change of service location at least six (6) months in advance to allow County sufficient time to comply with site certification requirements. Said notice shall become part of this Agreement upon acknowledgment in writing by the County, and

no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

Contractor(s) must immediately notify County of a change in ownership, organizational status, licensure, or ability of Contractor(s) to provide the quantity or quality of the contracted services in no event more than 15 days of the change.

2. Record Maintenance.

Contractor(s) shall maintain all records and management books pertaining to service delivery and demonstrate accountability for agreement performance and maintain all fiscal, statistical, and management books and records pertaining to the program. Records should include, but not be limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

All records shall be complete and current and comply with all requirements in this Agreement. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of this Agreement.

Contractor(s) shall maintain records of persons served and community service in compliance with all regulations set forth by local, state, and federal requirements, laws, and regulations, and provide access to clinical records by County staff.

Contractor(s) shall comply with all local, state, and federal laws and regulations regarding relinquishing or maintaining medical records.

Contractor(s) shall agree to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until audit findings are resolved, whichever is later.

3. Financial Reports.

Contractor(s) shall submit audited financial reports on an annual basis to the County. The audit shall be conducted in accordance with Generally Accepted Accounting Principles and generally accepted auditing standards.

4. Agreement Termination.

In the event this Agreement is terminated, ends its designated term, or Contractor(s) ceases operation of its business, Contractor(s) shall deliver or make available to County all financial records that may have been accumulated by Contractor(s) or subcontractor(s) under this Agreement, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

5. Restrictions and Limitations.

This Agreement shall be subject to any restrictions, limitations, and/or conditions imposed by County or state or federal funding sources that may in any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also contingent upon sufficient funds being made available by County, state, or federal funding sources for the term of this Agreement. If the federal or state governments reduce financial participation in the Medi-Cal program, County agrees to meet with Contractor(s) to discuss renegotiating the services required by this Agreement.

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

6. Additional Financial Requirements

County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor(s) must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States Department of Health and Human Services may specify.

Contractor(s) agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.

Federal Financial Participation is not 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 had reason to know 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 [42 U.S.C. section 1396b(i)(2)].

Contractor(s) must maintain financial records for a minimum period of ten (10) years or until any dispute, audit or inspection is resolved, whichever is later. Contractor(s) will be responsible for any disallowances related to inadequate documentation.

7. Contractor Prohibited from Redirection of Contracted Funds

Contractor(s) may not redirect or transfer funds from one funded program to another funded program under which Contractor(s) provides services pursuant to this Agreement except through a duly executed amendment to this Agreement.

Contractor(s) may not charge services delivered to an eligible person served under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

FEE-FOR-SERVICE RATE(S)

****Fee-for-Service rates are established by the Department of Health Care Services. Contractor(s) acknowledges that the provider rates in the table below are all-inclusive rates which account for program operating expenses. This includes, but is not limited to, staff time spent on direct patient care, staff time not spent on direct patient care (e.g. time spent on documentation, travel, and paid time off), total staff compensation (e.g., salaries and wages, benefits, bonuses, and other incentives), vehicle expenses (e.g. gas, maintenance, insurance), training, assets/capital assets, utilities, and any direct and indirect overhead and operating costs. Indirect cost expenses shall be determined by Contractor(s) under the Fee-for-Service reimbursement structure.**

Clinic/Site Based (less than 50% of services are provided in the field)	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$969.97
Physicians Assistant	\$435.02
Nurse Practitioner	\$482.34
RN	\$393.99
Certified Nurse Specialist	\$482.34
LVN	\$206.97
Pharmacist	\$464.30
Licensed Psychiatric Technician	\$177.43
Psychologist/Pre-licensed Psychologist	\$390.09
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$252.44
Occupational Therapist	\$336.04
Mental Health Rehab Specialist	\$189.92
Peer Recovery Specialists	\$199.42
Community Health Worker	\$194.68
Medical Assistant	\$142.28
Other Qualified Providers - Other Designated MH staff that bill medical	\$189.92

Flat Rate Type	Unit	Maximum Units That Can Be Billed	Rate
Interactive Complexity	15 min per unit	1 per allowed procedure per provider per person served	\$18.89
Sign Language/Oral Interpretive Services	15 min per unit	Variable	\$31.88



JENNIFER TROIA
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

November 18, 2024

PIN 24-13-CCLD

TO: ALL RESIDENTIAL COMMUNITY CARE PROVIDERS

FROM: ***Original signed by Kevin Gaines***
KEVIN GAINES, Deputy Director
Community Care Licensing Division

SUBJECT: **ESTIMATED SSI/SSP PAYMENT STANDARDS EFFECTIVE
JANUARY 1, 2025**

Provider Information Notice (PIN) Summary

PIN 24-13-CCLD releases the updated estimated Supplemental Security Income (SSI) and State Supplementary Payment (SSP) payment standards effective January 1, 2025, for Non-Medical Out-of-Home Care (NMOHC) - Licensed Facility or Without In-Kind Room and Board.

The attached chart presents a summary of the SSI/SSP Payment Standards, and the specific components thereof, effective January 1, 2025.

The Evaluator Manual, Appendix C - SSI/SSP Payment Standards Effective 1/1/2025 has been revised to incorporate the new SSI/SSP Payment Standards.

If you have any questions, please contact your local Regional Office:

- [Adult and Senior Care Program Regional Office](#)
- [Children's Residential Program Regional Office](#)

Non-Medical Out-of-Home Care (NMOHC)
 Payment Standard for Individuals-Licensed Facility or
 Without In-Kind Room and Board
 Effective January 1, 2025

Source	Amount
Supplemental Security Income (SSI)	\$ 967.00
State Supplementary Payment (SSP)	<u>\$ 632.07</u>
Total NMOHC Payment Standard	\$ 1,599.07*

The NMOHC Payment Standard includes the following components:

Component	Amount
Room and Board	\$ 694.07
Care and Supervision (maximum)	<u>\$ 726.00</u>
Amount Payable for Basic Services	<u>\$1,420.07¹</u>
Personal and Incidental Needs Allowance (minimum) (Must be provided to the recipient)	<u>\$ 179.00</u>
Total NMOHC Payment Standard	\$1,599.07*

*This total NMOHC payment standard is doubled for SSI/SSP couples

¹NOTE: Recipients who have income in addition to their SSI/SSP check (for example, a pension, Social Security retirement, or disability benefits) can be charged the \$1,420.07 amount for basic services plus an additional \$20. Because federal rules do not count the first \$20 of a recipient's income against his/her SSI/SSP grant, an SSI/SSP recipient with other income has an extra \$20 that people who receive only an SSI/SSP check do not have. Neither federal nor state law restricts the recipient in how this additional \$20 amount is spent. Thus, if the recipient agrees in the admission agreement to pay the additional \$20 for basic services, the facility may charge the additional amount.

Exhibit D, Attachment C-1
Short Doyle Medi-Cal County Contract Rates Fiscal Year 2025-26
Residential and Specialty Mental Health Services

Billing Address:

Psynergy Programs, Inc.
2433 Mariner Square Loop, Suite 208
Alameda, California 94501

Psynergy Programs, Inc. ("Contractor") utilizes a braided funding approach to maximize local resources when serving consumers in residential settings. We co-locate our licensed residential facilities adjacent or close to our outpatient clinics. These modified therapeutic communities allow for client-centered treatment in healing environments.

Rate for Outpatient Mental Health Services (Specialty Mental Health Services Rates)

County will pay Contractor for Medi-Cal allowable services provided to persons served as appropriate for the required level of care as indicated in Exhibit D – Attachment A of this Agreement.

Residential Services & Supports

Supplemental Rates for Augmented/Enhanced Board and Care Programs, ARF/RCFE

For individuals with legal restrictions, LPS/ SB43 Conservatorship, CARE Act, AOT, MH Diversion, Complex and Co-occurring disorders, SUD & Addiction disorders.

General community services and supports for individuals living in a residential setting diagnosed with SPMI (Severe Persistent Mental Illness) Dual Diagnosis Substance Use, or Co-Morbid Illnesses.

For Medi-Cal/Medicare Benefited Persons Served:

Level of Services	Day Rate	Social Security Services Daily Room and Board and Care and Supervision Rate	Total Daily Rate
Complexity Level I	\$183.83	\$46.69	\$230.52
Complexity Level II	\$153.39	\$46.69	\$200.08
Intensive Support Services	\$304.27	\$46.69	\$350.96

For Non-Medi-Cal/Medicare Benefited Persons Served:

Level of Services – Bundled Services	Day Rate	Social Security Services Daily Room and Board and Care and Supervision Rate	Total Daily Rate
Complexity Level I	\$339.83	\$46.69	\$386.52
Complexity Level II	\$309.39	\$46.69	\$356.08
Intensive Support Services	\$502.77	\$46.69	\$548.96

For Vista Esperanza RCFE – All Inclusive Program Rates:

Level of Services – Bundled Services	Day Rate	Social Security Services Daily Room and Board and Care and Supervision Rate	Total Daily Rate
Inclusive Whole Person Care	\$258.48	\$46.69	\$305.17
Bundled Inclusive Whole Person Care for Non-Medi-Cal/Medicare Benefited Persons Served	\$414.48	\$46.69	\$461.17

Enhanced Support and Supervision*

\$60.00 per hour/15-minute increments

Isolation Support Services**

\$103.50 per day

Bed Hold***

***Enhanced Support and Supervision:** Contractor will provide individual support and supervision with prior authorization from County, in a format determined by County. Examples include, but are not limited to:

Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment. Stand by assistance for chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.

Individual support (1:1) for persons served diagnosed with SPMI and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors. Extra support for hygiene and ADL's if required.

For the safety of residents and staff, standby support on an individual basis for a persons served that is to be moved to a higher level of support but is awaiting the transfer or bed opening. Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.

**** Isolation Support Services:** Applicable if a resident has been ordered to stay in their room due to transmissible disease or diagnosis, precautions, or exposure for room support, bed side support, medication delivery, 1:1 support as needed. This allows the facility to bring in temporary and on-call staff for support and supervision.

Bed Hold

*******The Bed Hold rate will be the day rate of the level of service of the persons served or all-inclusive day rate, when they left for the Bed Hold, Level I or Level II.

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.

Insurance Requirements

1. Required Policies

Without limiting the County's right to obtain indemnification from Contractor(s) 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. Contractor(s) 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 Contractor(s)'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) Contractor(s) 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 Contractor(s) 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 Contractor(s).

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 Contractor(s)’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 Contractor(s)’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 Contractor(s)’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

2. Additional Requirements

- (A) **Verification of Coverage.** Within 30 days after Contractor(s) signs this Agreement, and at any time during the term of this Agreement as requested by the County, Contractor(s) shall deliver, or cause its broker or producer to deliver, to the County of Fresno, Department of Behavioral Health – Attention Plan Administration, 1925 E Dakota Ave, Fresno, CA 93726, or electronically to DBHPlanAdmin@fresnocountyca.gov with a copy to the assigned County’s Department of Behavioral Health (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, Contractor(s) 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, Contractor(s) 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, Contractor(s) 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 Contractor(s) 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 Contractor(s) 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, Contractor(s) 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) **Waiver of Subrogation.** Contractor(s) waives any right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under the policy of worker's compensation insurance required by this Agreement. Contractor(s) is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but Contractor(s)'s waiver of subrogation under this paragraph is effective whether or not Contractor(s) obtains such an endorsement.
- (F) **County's Remedy for Contractor's Failure to Maintain.** If Contractor(s) 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 Contractor(s). The County may offset such charges against any amounts owed by the County to Contractor(s) under this Agreement.
- (G) **Subcontractors.** Contractor(s) shall require and verify that all subcontractors used by Contractor(s) to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize Contractor(s) to provide services under this Agreement using subcontractors.

Data Security

1. Definitions

Capitalized terms used in this Exhibit have the meanings set forth in this section 1.

- (A) **“Authorized Employees”** means Contractor(s)’s employees who have access to Personal Information.
- (B) **“Authorized Persons”** means: (i) any and all Authorized Employees; and (ii) any and all of Contractor(s)’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to Contractor(s), 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 Contractor(s) 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 Contractor(s)’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable Contractor(s) 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 Contractor(s) (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 3(C) of this Exhibit.

- (I) **“Security Breach”** means (i) any act or omission that compromises either the security, confidentiality, value, 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.

2. Standard of Care

- (A) Contractor(s) acknowledges that, in the course of its engagement by the County under this Agreement, Contractor(s), or any Authorized Persons, may Use Personal Information only as permitted in this Agreement.
- (B) Contractor(s) 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, Contractor(s), or any Authorized Persons. Contractor(s) 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 Contractor(s)'s, or any Authorized Person's, Use of that Personal Information.
- (C) Contractor(s) agrees and covenants in favor of the County that Contractor(s) shall:
 - (i) keep and maintain all Personal Information in strict confidence, using such degree of care under this section 2 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 Contractor(s) pursuant to the terms of this Exhibit;
 - (iii) not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for Contractor(s)'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 Contractor(s) 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 Contractor(s), 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 Contractor(s) 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 Contractor(s) shall cooperate with the County to minimize the scope of such disclosure of such Personal Information.

- (E) Contractor(s) 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 Contractor(s)'s own actions and omissions.

3. Information Security

- (A) Contractor(s) covenants, represents and warrants to the County that Contractor(s)'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 Contractor(s) Uses credit, debit or other payment cardholder information, Contractor(s) 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 Contractor(s)'s sole cost and expense.
- (B) Contractor(s) covenants, represents and warrants to the County that, as of the effective date of this Agreement, Contractor(s) 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 Contractor(s)'s obligations under section 3(A) of this Exhibit, Contractor(s)'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 Contractor(s)'s and Authorized Persons' technical and administrative personnel who are necessary for Contractor(s)'s, or Authorized Persons', Use of the Personal Information pursuant to this Agreement;
 - (ii) ensuring that all of Contractor(s)'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 Contractor(s), including any Authorized Person, or anyone with whom Contractor(s) 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 Contractor(s), Contractor(s) shall cause such Authorized Employees to abide strictly by Contractor(s)'s obligations under this Exhibit. Contractor(s) shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.
- (E) Contractor(s) shall, in a secure manner, backup daily, or more frequently if it is Contractor(s)'s practice to do so more frequently, Personal Information received from the County, and the County shall have immediate, real-time access, at all times, to such backups via a secure, remote access connection provided by Contractor(s), through the Internet.
- (F) Contractor(s) 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 Contractor(s) and shall be

available to assist the County twenty-four (24) hours per day, seven (7) days per week as a contact in resolving Contractor(s)'s and any Authorized Persons' obligations associated with a Security Breach or a Privacy Practices Complaint.

- (G) Contractor(s) 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.

4. Security Breach Procedures

- (A) Immediately upon Contractor(s)'s awareness or reasonable belief of a Security Breach, Contractor(s) 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 Contractor(s)), 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 Contractor(s)'s notification to the County of a Security Breach, as provided pursuant to section 4(A) of this Exhibit, the Parties shall coordinate with each other to investigate the Security Breach. Contractor(s) 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 Contractor(s)'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, Contractor(s) 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 Contractor(s) shall provide a written report of the investigation and reporting required to the Director within 30 days after Contractor(s)'s discovery of the Security Breach.

- (C) County shall promptly notify Contractor(s) of the Director's knowledge, or reasonable belief, of any Privacy Practices Complaint, and upon Contractor(s)'s receipt of that notification, Contractor(s) shall promptly address such Privacy Practices Complaint, including taking any corrective action under this Exhibit, all at Contractor(s)'s sole expense, in accordance with applicable privacy rights, laws, regulations and standards.

In the event Contractor(s) discovers a Security Breach, Contractor(s) shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of Contractor(s)'s receipt of notification of such Privacy Practices Complaint, Contractor(s) 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) Contractor(s) 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 Contractor(s)'s sole expense, in accordance with applicable privacy rights, laws, regulations and standards. Contractor(s) 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 4(E) of this Exhibit.
- (E) Contractor(s) 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.

5. Oversight of Security Compliance

- (A) Contractor(s) shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of Contractor(s)'s operations and the nature and scope of its activities.
- (B) Upon the County's written request, to confirm Contractor(s)'s compliance with this Exhibit, as well as any applicable laws, regulations and industry standards, Contractor(s) 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 Contractor(s)'s physical and technical environment in relation to all Personal Information that is Used by Contractor(s) pursuant to this Agreement. Contractor(s) 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 Contractor(s) for Personal Information pursuant to this Agreement. In addition, Contractor(s) shall provide the County with the results of any audit by or on behalf of Contractor(s) that assesses the effectiveness of Contractor(s)'s information security program as relevant to the security and confidentiality of Personal Information Used by Contractor(s) or Authorized Persons during the course of this Agreement under this Exhibit.
- (C) Contractor(s) shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit that apply to Contractor(s) with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between Contractor(s) and such Authorized Persons, or amending any written agreements to provide same.

6. Return or Destruction of Personal Information. Upon the termination of this Agreement, Contractor(s) 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 Contractor(s) 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. Contractor(s) 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, Contractor(s) shall notify the County according, specifying the reason, and continue to extend the protections of this Exhibit to all such Personal Information and copies of Personal Information. Contractor(s) shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 6. Contractor(s)'s obligations under this section 6 survive the termination of this Agreement and apply to all Personal Information that Contractor(s) retains if return or disposal is not feasible and to all Personal Information that Contractor(s) may later discover.

7. Equitable Relief. Contractor(s) 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.

8. Indemnity. Contractor(s) 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 Contractor(s)'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 Contractor(s)'s failure to comply with any of its obligations under this section 8. The provisions of this section 8 do not apply to the acts or omissions of the County. The provisions of this section 8 are cumulative to any other obligation of Contractor(s) to, defend, indemnify, or hold harmless any County Indemnitee under this Agreement. The provisions of this section 8 shall survive the termination of this Agreement.

9. Survival. The respective rights and obligations of Contractor(s) and the County as stated in this Exhibit shall survive the termination of this Agreement.

10. 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 Contractor(s) and their respective successors or assignees, any rights, remedies, obligations or liabilities whatsoever.

11. No County Warranty. The County does not make any warranty or representation whether any Personal Information in Contractor(s)'s (or any Authorized Person's) possession or control, or Use by Contractor(s) (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.

- 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?

YES NO
☐ ☐
- 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?

☐ ☐
- 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)

☐ ☐

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 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)