

SERVICE AGREEMENT

This Service Agreement (“Agreement”) is dated June 20, 2023 and is between Turning Point of Central California, Inc., a private, non-profit, 501 (c) (3), corporation, whose address is P.O. Box 7447, Visalia, CA, 93290 (“Contractor”), and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. County, through its Department of Behavioral Health (DBH), is in need of a qualified agency to operate a Rural Full Service Partnership (FSP) program, an Intensive Case Management (ICM) program, and an Outpatient (OP) mental health program for children, adult and older adults who have serious emotional disturbance and/or serious and persistent mental illness in Pinedale, Sanger, Reedley, Selma, Kerman, Coalinga, Huron, Mendota and other rural sites as may be needed;

B. County entered into Agreement No. 18-327, effective June 12, 2018, and Amendment I to said Agreement No. 18-327-1, effective date April 28, 2020, collectively Agreement No. 18-327;

C. Changes to the agreement are necessary due the Department of Health Care Services’ implementation of California Advancing and Innovating Medi-Cal (CalAIM), which includes a new billing structure that Contractors must utilize;

D. This Agreement shall replace, restate, and supersede Agreement No. 18-327 in its entirety.

The parties therefore agree as follows:

Article 1

Contractor’s Services

1.1 **Scope of Services.** The Contractor shall perform all of the services provided in Exhibit A1 titled “Scope of Services,” and Exhibit A2 titled “Full Service Partnership Service Delivery Model.”

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

1 1.3 **Compliance with Laws.** The Contractor shall, at its own cost, comply with all
2 applicable federal, state, and local laws and regulations in the performance of its obligations
3 under this Agreement, including but not limited to workers compensation, labor, and
4 confidentiality laws and regulations.

5 Contractor shall provide services in conformance with all applicable State and Federal
6 statutes, regulations and subregulatory guidance, as from time to time amended, including but
7 not limited to:

- 8 (A) California Code of Regulations, Title 9;
- 9 (B) California Code of Regulations, Title 22;
- 10 (C) California Welfare and Institutions Code, Division 5;
- 11 (D) United States Code of Federal Regulations, Title 42, including but not limited to
12 Parts 438 and 455;
- 13 (E) United States Code of Federal Regulations, Title 45;
- 14 (F) United States Code, Title 42 (The Public Health and Welfare), as applicable;
- 15 (G) Balanced Budget Act of 1997;
- 16 (H) Health Insurance Portability and Accountability Act (HIPAA); and
- 17 (I) Applicable Medi-Cal laws and regulations, including applicable sub-regulatory
18 guidance, such as Behavioral Health Information Notices (BHINs), Mental Health and
19 Substance Use Disorder Services Information Notices (MHSUDS INs), and provisions of
20 County's, state or federal contracts governing services for persons served.

21 In the event any law, regulation, or guidance referred to in this section 1.3 is amended
22 during the term of this Agreement, the parties agree to comply with the amended authority as of
23 the effective date of such amendment without amending this Agreement.

24 Contractor recognizes that County operates its mental health programs under an
25 agreement with DHCS, and that under said agreement the State imposes certain requirements
26 on County and its subcontractors. Contractor shall adhere to all State requirements, including
27 those identified in Exhibit B, "Behavioral Health Requirements".

1 1.4 **Meetings.** Contractor shall participate in monthly, or as needed, workgroup meetings
2 consisting of staff from County’s DBH to discuss service requirements, data reporting, training,
3 policies and procedures, overall program operations and any problems or foreseeable problems
4 that may arise. Contractor shall also participate in other County meetings, such as but not
5 limited to quality improvement meetings, provider meetings, Behavioral Health Board meetings,
6 bi-monthly contractor meetings, etc. Schedule for these meetings may change based on the
7 needs of the County.

8 1.5 **Organizational Provider.** Contractor shall maintain requirements as a Mental Health
9 Plan (MHP) organizational provider throughout the term of this Agreement, as described in
10 Article 17 of this Agreement. If for any reason, this status is not maintained, County may
11 terminate this Agreement pursuant to Article 7 of this Agreement.

12 1.6 **Staffing.** Contractor agrees that prior to providing services under the terms and
13 conditions of this Agreement, Contractor shall have staff hired and in place for program services
14 and operations or County may, in addition to other remedies it may have, suspend referrals or
15 terminate this Agreement, in accordance with Article 7 of this Agreement.

16 1.7 **Credentialing and Recredentialing.** Contractor and their respective staff must
17 follow the uniform process for credentialing and recredentialing of service providers established
18 by County, including disciplinary actions such as reducing, suspending, or terminating provider’s
19 privileges. Failure to comply with specified requirements can result in suspension or termination
20 of an individual or provider.

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

24 Contractor must not employ or subcontract with providers debarred, suspended or
25 otherwise excluded (individually, and collectively referred to as “Excluded”) from participation in
26 Federal Health Care Programs, including Medi-Cal/Medicaid or procurement activities, as set
27 forth in 42 C.F.R. §438.610. See Article 12 below.

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

6 1.8 **Criminal Background Check.** Contractor shall ensure that all providers and/or
7 subcontracted providers consent to a criminal background check, including fingerprinting to the
8 extent required under state law and 42 C.F.R. § 455.434(a). Contractor shall provide evidence
9 of completed consents when requested by the County, DHCS or the US Department of Health &
10 Human Services (US DHHS).

11 1.9 **Guiding Principles.** Contractor shall align programs, services, and practices with
12 the vision, mission, and guiding principles of the DBH, as further described in Exhibit C, "Fresno
13 County Department of Behavioral Health Guiding Principles of Care Delivery".

14 1.10 **Clinical Leadership.** Contractor shall send to County upon execution of this
15 Agreement, a detailed plan ensuring clinically appropriate leadership and supervision of their
16 clinical program. Recruitment and retaining clinical leadership with the clinical competencies to
17 oversee services based on the level of care and program design presented herein shall be
18 included in this plan. A description and monitoring of this plan shall be provided.

19 1.11 **Timely Access.** It is the expectation of the County that Contractor provide timely
20 access to services that meet the State of California standards for care. Contractor shall track
21 timeliness of services to persons served and provide a monthly report showing the monitoring or
22 tracking tool that captures this data. County and Contractor shall meet to go over this monitoring
23 tool, as needed but at least on a monthly basis. County shall take corrective action if there is a
24 failure to comply by Contractor with timely access standards. Contractor shall also provide
25 tracking tools and measurements for effectiveness, efficiency, and persons served satisfaction
26 as further detailed in Exhibit A1.

27 1.12 **Electronic Health Record.** Contractor may maintain its records in County's
28 electronic health record (EHR) system in accordance with Exhibit D, "Documentation Standards

1 for Client Records”, as licenses become available. The person’s served record shall begin with
2 registration and intake, and include person served authorizations, assessments, plans of care,
3 and progress notes, as well as other documents as approved by County. County shall be
4 allowed to review records of all and any services provided. If Contractor determines to maintain
5 its records in the County’s EHR, it shall provide County’s DBH Director, or designee, with a
6 thirty (30) day notice. If at any time Contractor chooses not to maintain its records in the
7 County’s EHR, it shall provide County’s DBH Director, or designee, with thirty (30) days
8 advance written notice and Contractor will be responsible for obtaining its own system, at its
9 own cost, for electronic health records management.

10 Disclaimer

11 County makes no warranty or representation that information entered into the County’s
12 DBH EHR system by Contractor will be accurate, adequate, or satisfactory for Contractor’s own
13 purposes or that any information in Contractor’s possession or control, or transmitted or
14 received by Contractor, is or will be secure from unauthorized access, viewing, use, disclosure,
15 or breach. Contractor is solely responsible for person served information entered by Contractor
16 into the County’s DBH EHR system. Contractor agrees that all Private Health Information (PHI)
17 maintained by Contractor in County’s DBH EHR system will be maintained in conformance with
18 all HIPAA laws, as stated in section 18.1, “Health Insurance Portability and Accountability Act.”

19 1.13 **Records.** Contractor shall maintain records in accordance with Exhibit D,
20 "Documentation Standards for Client Records". All person’s served records shall be maintained
21 for a minimum of ten (10) years from the date of the end of this Agreement.

22 1.14 **Access to Records.** Contractor shall provide County with access to all
23 documentation of services provided under this Agreement for County’s use in administering this
24 Agreement. Contractor shall allow County, Centers for Medicare and Medicaid Services (CMS),
25 the Office of the Inspector General, the Controller General of the United States, and any other
26 authorized Federal and State agencies to evaluate performance under this Agreement, and to
27 inspect, evaluate, and audit any and all records, documents, and the premises, equipment and
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1 facilities maintained by the Contractor pertaining to such services at any time and as otherwise
2 required under this Agreement.

3 **1.15 Quality Improvement Activities and Participation.** Contractor shall comply with
4 the County's ongoing comprehensive Quality Assessment and Performance Improvement
5 (QAPI) Program (42 C.F.R. § 438.330(a)) and work with the County to improve established
6 outcomes by following structural and operational processes and activities that are consistent
7 with current practice standards.

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

17 **Rights of Persons Served.** Contractor shall take all appropriate steps to fully protect
18 individual's rights, as specified in Welfare and Institutions Code Sections 5325 et seq; Title 9
19 California Code of Regulations (CCR), Sections 861, 862, 883, 884; Title 22 CCR, Sections
20 72453 and 72527; and 42 C.F.R. § 438.100.

21 **2.1 Reports.** The Contractor shall submit the following reports:

22 (A) Outcome Reports

23 Contractor shall submit to County clinical program performance outcome reports,
24 as requested.

25 Outcome reports and outcome requirements are subject to change at County's
26 discretion. Contractor shall provide outcomes as stated in Exhibit A1 and E.

27 (B) Staffing Report

1 Contractor shall submit monthly staffing reports due by the tenth (10th) of each
2 month that identify all direct service and support staff by first and last name, applicable
3 licensure/certifications, and full-time hours worked to be used as a tracking tool to
4 determine if Contractor's program is staffed according to the requirements of this
5 Agreement.

6 (C) Mental Health Services Act (MHSA) Reporting

7 Contractor shall adhere to MHSA reporting including but not limited to fiscal,
8 outcomes, and demographics as described in Exhibit A1.

9 (D) FSP Data Collection and Reporting to DHCS

10 Contractor(s) shall report client/partner information and outcomes of FSP
11 program directly into the FSP Data Collection and Reporting (DCR) system. Data shall
12 be submitted through an online interface using forms set forth in Exhibit F.

13 Contractors(s) shall submit to COUNTY's DBH by the fifteenth (15th) of each
14 month all monthly activity, outcome, and budget reports for the preceding month.

15 Contractor(s) shall also provide records of rents collected from each individual
16 and include the individual's name, date of birth and social security number. All data
17 transmitted must be in strict conformance with Article 17 and Article 18 of this
18 Agreement.

19 (E) Additional Reports

20 Contractor shall also furnish to County such statements, records, reports, data,
21 and other information as County may request pertaining to matters covered by this
22 Agreement. In the event that Contractor fails to provide such reports or other information
23 required hereunder, it shall be deemed sufficient cause for County to withhold monthly
24 payments until there is compliance. In addition, Contractor shall provide written
25 notification and explanation to County within five (5) days of any funds received from
26 another source to conduct the same services covered by this Agreement.

27 2.2 **Monitoring.** Contractor agrees to extend to County's staff, County's DBH and the
28 California Department of Health Care Services (DHCS), or their designees, the right to review

1 and monitor records, programs, or procedures, at any time, in regard to persons served, as well
2 as the overall operation of Contractor's programs, in order to ensure compliance with the terms
3 and conditions of this Agreement.

4 **Article 3**

5 **County's Responsibilities**

6 3.1 The County shall provide oversight and collaborate with Contractor, 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 County shall receive and analyze statistical outcome data from Contractor throughout
11 the term of contract on a monthly basis. County shall notify the Contractor when additional
12 participation is required. The performance outcome measurement process will not be limited to
13 survey instruments but will also include, as appropriate, persons served and staff surveys, chart
14 reviews, and other methods of obtaining required information.

15 **Article 4**

16 **Compensation, Invoices, and Payments**

17 4.1 The County agrees to pay, and the Contractor agrees to receive, compensation for
18 the performance of its services under this Agreement as described in Exhibit G1, Exhibit G2,
19 and Exhibit G3 to this Agreement.

20 4.2 **Specialty Mental Health Services Maximum Compensation.** The maximum
21 compensation payable to the Contractor under this Agreement for the period of July 1, 2023
22 through June 30, 2024 for Specialty Mental Health Services is Fifteen Million, Five Hundred Fifty
23 Thousand, Six Hundred Fifty-One and No/100 Dollars (\$15,550,651.00), which is not a
24 guaranteed sum but shall be paid only for services rendered and received. If this Agreement is
25 extended for a 12-month period, the maximum compensation payable to the Contractor under
26 this Agreement for the period of July 1, 2024 through June 30, 2025 for Specialty Mental Health
27 Services is Fifteen Million, Five Hundred Fifty Thousand, Six Hundred Fifty-One and No/100
28

1 Dollars (\$15,550,651.00), which is not a guaranteed sum but shall be paid only for services
2 rendered and received.

3 **4.3 Non Medi-Cal Supports Maximum Compensation.** The maximum compensation
4 payable to the Contractor under this Agreement for the period of July 1, 2023 through June 30,
5 2024 for Non-Medi-Cal Supports is One Hundred Fifteen Thousand, One Hundred Twenty-Two
6 and No/100 Dollars (\$115,122.00). The maximum compensation payable to the Contractor
7 under this Agreement for the period of July 1, 2024 through June 30, 2025 for Non-Medi-Cal
8 Supports is One Hundred Fifteen Thousand, One Hundred Twenty-Two and No/100 Dollars
9 (\$115,122.00).

10 **4.4 Transition Optimization Funds.** If Contractor opts to apply for transition
11 optimization funds, the maximum amount payable for transition optimization for the period of
12 July 1, 2023 through June 30, 2024 shall not exceed Two-Hundred Fifty Thousand and No/100
13 Dollars (\$250,000.00) split among all current agreements between the Contractor and the
14 County for Medi-Cal billable specialty mental health and substance use disorder services as
15 further described in the Scope of Work/Services. All final invoices for transition optimization
16 funds shall be submitted by July 15, 2024. Invoices submitted thereafter, shall not be eligible for
17 payment

18 **4.5 Total Maximum Compensation.** In no event shall the maximum contract amount for
19 all services provided by the Contractor to County under the terms and conditions of this
20 Agreement be in excess of Thirty-One Million, Five Hundred Eighty-One Thousand, Five
21 Hundred Forty-Six and No/100 Dollars (\$31,581,546.00) during the entire term of this
22 Agreement.

23 The Contractor acknowledges that the County is a local government entity and does so
24 with notice that the County's powers are limited by the California Constitution and by State law,
25 and with notice that the Contractor may receive compensation under this Agreement only for
26 services performed according to the terms of this Agreement and while this Agreement is in
27 effect, and subject to the maximum amount payable under this section. The Contractor further
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1 acknowledges that County employees have no authority to pay the Contractor except as
2 expressly provided in this Agreement.

3 The Contractor will be compensated for performance of its services under this
4 Agreement as provided in this Article. The Contractor is not entitled to any compensation except
5 as expressly provided in this Agreement.

6 4.6 **Rate Categories.** The program service components for the Contractor shall be
7 categorized under one or more of the following rate categories and as indicated on Exhibit G1
8 and Exhibit G2:

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

14 (B) Field Based: Field based programs shall be defined as programs that provide
15 more than fifty percent (50%) of services in the field.

16 (C) Full-Service Partnership/Assisted Outpatient Therapy/Therapeutic Behavioral
17 Health Services (FSP/AOT/TBS): FSP/AOT/TBS programs shall provide services in
18 accordance with level of care standards and general requirements as described in the
19 Scope of Work, Exhibit A1.

20 DBH shall continuously monitor the programs and analyze data to review accuracy of
21 rate categories assigned and may only reassign rate categories with the written agreement of
22 both parties pursuant to Article 25.

23 4.7 **Specialty Mental Health Services Claiming.** Contractor shall enter claims data into
24 the County's billing and transactional database system by the fifteenth (15th) of every month for
25 actual services rendered in the previous month. Contractor shall use Current Procedural
26 Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as
27 provided in the DHCS Billing Manual available at
28

1 <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time
2 amended.

3 Claims shall be complete and accurate and must include all required information
4 regarding the claimed services. Claims data entry into the County's electronic health record
5 system shall be the responsibility of Contractor. County shall monitor the volume of services,
6 billing amounts and service types entered into County's electronic health record/information
7 system. Any and all audit exceptions resulting from the provision and reporting of specialty
8 mental health services by Contractor shall be the sole responsibility of Contractor. Contractor
9 will comply with all applicable policies, procedures, directives, and guidelines regarding the use
10 of County's electronic health record/information system.

11 Contractor must provide all necessary data to allow County to bill Medi-Cal, and any
12 other third-party source, for services and meet State and Federal reporting requirements. The
13 necessary data can be provided by a variety of means, including but not limited to: 1) direct data
14 entry into County's electronic health record/information system; 2) providing an electronic file
15 compatible with County's electronic health record/information system; or 3) integration between
16 County's electronic health record/information system and Contractor's information system(s).
17 Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming
18 all possible Medi-Cal services and correcting denied services for resubmission as needed.

19 **4.8 Applicable Fees.** Contractor shall not charge any persons served or third-party
20 payers any fee for service unless directed to do so by the County's DBH Director, or designee,
21 at the time the individual is referred for services. When directed to charge for services,
22 Contractor shall use the uniform billing and collection guidelines prescribed by DHCS.

23 Contractor will perform eligibility and financial determinations, in accordance with DHCS'
24 Uniform Method of Determining Ability to Pay (UMDAP), for all individuals unless directed
25 otherwise by the County's DBH Director or designee.

26 Contractor shall not submit a claim to, or demand or otherwise collect reimbursement
27 from, the person served or persons acting on behalf of the person served for any specialty
28 mental health or related administrative services provided under this Contract, except to collect

1 other health insurance coverage, share of cost, and co-payments (Cal. Code Regs., tit. 9,
2 §1810.365(c). The Contractor must not bill persons served, for covered services, any amount
3 greater than would be owed if the County provided the services directly as per and otherwise
4 not bill persons served as set forth in 42 C.F.R. § 438.106.

5 If a person served has dual coverage, such as other health coverage (OHC) or Federal
6 Medicare, Contractor will be responsible for billing the carrier and obtaining a payment/denial or
7 have validation of claiming with no response for ninety (90) days after the claim was mailed
8 before the service can be entered into the County's electronic health record/information system.
9 Contractor must report all third-party collections for Medicare, third-party or client-pay or private-
10 pay in each month. A copy of explanation of benefits or CMS 1500 form is required as
11 documentation. Contractor must comply with all laws and regulations governing the Federal
12 Medicare program, including, but not limited to: 1) the requirement of the Medicare Act, 42
13 U.S.C. section 1395 et seq; and 2) the regulation and rules promulgated by the Federal Centers
14 for Medicare and Medicaid Services as they relate to participation, coverage and claiming
15 reimbursement. Contractor will be responsible for compliance as of the effective date of each
16 Federal, State or local law or regulation specified.

17 **4.9 Invoices.** The Contractor shall submit monthly invoices, in arrears by the fifteenth
18 (15th) day of each month, in the format directed by the County. The Contractor shall submit
19 invoices electronically to: 1) dbhinvoicereview@fresnocountyca.gov, 2) dbh-
20 invoices@fresnocountyca.gov; and 3) dbhcontractedservicesdivision@fresnocountyca.gov with
21 a copy to the assigned County's DBH Staff Analyst. At the discretion of County's DBH Director
22 or designee, if an invoice is incorrect or is otherwise not in proper form or substance, County's
23 DBH Director, or designee, shall have the right to withhold payment as to only the portion of the
24 invoice that is incorrect or improper after five (5) days prior notice to Contractor. Contractor
25 agrees to continue to provide services for a period of ninety (90) days after notification of an
26 incorrect or improper invoice. If after the ninety (90) day period, the invoice is still not corrected
27 to County satisfaction, County's DBH Director, or designee, may elect to terminate this
28 Agreement, pursuant to the termination provisions stated in Article 7 of this Agreement.

1 **Specialty Mental Health Services Claimable Services.** For claimable services,
2 invoices shall be based on claims entered into the County's billing and transactional database
3 system for the prior month.

4 Monthly payments for claimed services shall only be based on the units of time assigned
5 to each CPT or HCPCS code entered in the County's billing and transactional database
6 multiplied by the practitioner service rates in Exhibit G1 and Exhibit G2.

7 County's payments to Contractor for performance of claimed services are provisional
8 and subject to adjustment until the completion of all settlement activities. County's adjustments
9 to provisional payments for claimed services shall be based on the terms, conditions, and
10 limitations of this Agreement or the reasons for recoupment set forth in Article 4 and 13.

11 Any claimable services submitted beyond six (6) months from the month of service may
12 be ineligible for payment.

13 **Cost Reimbursement Based Invoices.** Invoices for cost reimbursement services shall
14 be based on actual expenses incurred in the month of service for Non Medi-Cal MHSA Direct
15 Client Support Services. Contractor shall submit monthly invoices and general ledgers to
16 County that itemize the line item charges for monthly program costs. The invoices and general
17 ledgers will serve as tracking tools to determine if Contractor's costs are in accordance with its
18 budgeted cost. Failure to submit reports and other supporting documentation shall be deemed
19 sufficient cause for County to withhold payments until there is compliance.

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

24 Travel shall be reimbursed based on actual expenditures and reimbursement shall be at
25 Contractor's adopted rate, not to exceed the Federal Internal Revenue Services (IRS) published
26 rate.

27 **Corrective Action Plans.** Contractors shall enter services into the County's billing and
28 transactional database and submit invoices in accordance with the deadlines listed above and

1 information shall be accurate. Failure to meet the requirements set forth above will result in a
2 corrective action plan at the discretion of the County's DBH Director, or designee, and may
3 result in financial penalties or termination of agreement per Article 7.

4 **4.10 Payment.** Payments shall be made by County to Contractor in arrears, for services
5 provided during the preceding month, within forty-five (45) days after the date of receipt,
6 verification, and approval by County. All final invoices and/or any final budget modification
7 requests shall be submitted by Contractor within sixty (60) days following the final month of
8 service for which payment is claimed. No action shall be taken by County on claims submitted
9 beyond the sixty (60) day closeout period. Any compensation which is not expended by
10 Contractor pursuant to the terms and conditions of this Agreement shall automatically revert to
11 County.

12 **4.11 Specialty Mental Health Services Payments.** Payment shall be made upon
13 certification and other proof satisfactory to County that services have actually been performed
14 by Contractor as specified in this Agreement and/or after receipt and verification of actual
15 services provided.

16 **4.12 Cost Reimbursement Payments.** Payment shall be made upon certification or other
17 proof satisfactory to County that services have actually been performed by Contractor as
18 specified in this Agreement and/or after receipt and verification of actual expenditures incurred
19 by Contractor for monthly program costs for Non Medi-Cal MHSA Direct Client Supports, as
20 identified in the budgets and budget narratives identified in Exhibit G3, in the performance of
21 this Agreement. County shall not be obligated to make any payments under this Agreement if
22 the request for payment is received by County more than sixty (60) days after this Agreement
23 has terminated or expired.

24 **4.13 Recoupments and Audits.** County shall recapture from Contractor the value of any
25 services or other expenditures determined to be ineligible based on the County or State
26 monitoring results. The County reserves the right to enter into a repayment agreement with
27 Contractor, with total monthly payments not to exceed twelve (12) months from the date of the
28 repayment agreement, to recover the amount of funds to be recouped. The County has the

1 discretion to extend the repayment plan up to a total of twenty-four (24) months from the date of
2 the repayment agreement. The repayment agreement may be made with the signed written
3 approval of County's DBH Director, or designee, and respective Contractor through a
4 repayment agreement. The monthly repayment amounts may be netted against the Contractor's
5 monthly billing for services rendered during the month, or the County may, in its sole discretion,
6 forego a repayment agreement and recoup all funds immediately. This remedy is not exclusive,
7 and County may seek recoupment from any other means, including, but not limited to, a separate
8 contract or agreement with Contractor.

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

18 **4.14 Incidental Expenses.** The Contractor is solely responsible for all of its costs and
19 expenses that are not specified as payable by the County under this Agreement. If Contractor
20 fails to comply with any provision of this Agreement, County shall be relieved of its obligation for
21 further compensation.

22 **4.15 Restrictions and Limitations.** This Agreement shall be subject to any restrictions,
23 limitations, and/or conditions imposed by County or state or federal funding sources that may in
24 any way affect the fiscal provisions of, or funding for this Agreement. This Agreement is also
25 contingent upon sufficient funds being made available by County, state, or federal funding
26 sources for the term of the Agreement. If the federal or state governments reduce financial
27 participation in the Medi-Cal program, County agrees to meet with Contractor to discuss
28 renegotiating the services required by this Agreement.

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

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

8 **4.16 Additional Financial Requirements.** County has the right to monitor the
9 performance of this Agreement to ensure the accuracy of claims for reimbursement and
10 compliance with all applicable laws and regulations.

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

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

18 Federal Financial Participation is not available for any amount furnished to an Excluded
19 individual or entity, or at the direction of a physician during the period of exclusion when the
20 person providing the service knew or had reason to know of the exclusion, or to an individual or
21 entity when the County failed to suspend payments during an investigation of a credible
22 allegation of fraud [42 U.S.C. section 1396b(i)(2)].

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

26 **4.17 Contractor Prohibited from Redirection of Contracted Funds.** Contractor may
27 not redirect or transfer funds from one funded program to another funded program under which
28

1 Contractor provides services pursuant to this Agreement except through a duly executed
2 amendment to this Agreement.

3 Contractor may not charge services delivered to an eligible person served under one
4 funded program to another funded program unless the person served is also eligible for services
5 under the second funded program.

6 4.18 **Financial Audit Report Requirements for Pass-Through Entities.** If County
7 determines that Contractor is a “subrecipient” (also known as a “pass-through entity”) as defined
8 in 2 C.F.R. § 200 et seq., Contractor represents that it will comply with the applicable cost
9 principles and administrative requirements including claims for payment or reimbursement by
10 County as set forth in 2 C.F.R. § 200 et seq., as may be amended from time to time. Contractor
11 shall observe and comply with all applicable financial audit report requirements and standards.

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

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

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

24 **Article 5**

25 **Term of Agreement**

26 5.1 **Term.** This Agreement is effective on July 1, 2023, and terminates on June 30, 2024
27 except as provided in section 5.2, “Extension,” or Article 7, “Termination and Suspension,”
28 below.

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

5 6.4 **Claims Presentation.** For all claims arising from or related to this Agreement,
6 nothing in this Agreement establishes, waives, or modifies any claims presentation
7 requirements or procedures provided by law, including the Government Claims Act (Division 3.6
8 of Title 1 of the Government Code, beginning with section 810).

9 6.5 **Notification of Changes.** Contractor shall notify County in writing of any change in
10 organizational name, Head of Service or principal business at least fifteen (15) business days in
11 advance of the change. Contractor shall notify County of a change of service location at least
12 six (6) months in advance to allow County sufficient time to comply with site certification
13 requirements. Said notice shall become part of this Agreement upon acknowledgment in writing
14 by the County, and no further amendment of the Agreement shall be necessary provided that
15 such change of address does not conflict with any other provisions of this Agreement.

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

19 **Article 7**

20 **Termination and Suspension**

21 7.1 **Termination for Non-Allocation of Funds.** The terms of this Agreement are
22 contingent on the approval of funds by the appropriating government agency. If sufficient funds
23 are not allocated, then the County, upon at least thirty (30) days' advance written notice to the
24 Contractor, may:

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

26 (B) Terminate this Agreement.

27 7.2 **Termination for Breach.**

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

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

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

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

13 **7.3 Termination without Cause.** In circumstances other than those set forth above, the
14 County may terminate this Agreement by giving at least thirty (30) days advance written notice
15 to the Contractor.

16 **7.4 No Penalty or Further Obligation.** Any termination of this Agreement by the County
17 under this Article 7 is without penalty to or further obligation of the County.

18 **7.5 County's Rights upon Termination.** Upon termination for breach under this Article
19 7, the County may demand repayment by the Contractor of any monies disbursed to the
20 Contractor under this Agreement that, in the County's sole judgment, were not expended in
21 compliance with this Agreement. The Contractor shall promptly refund all such monies upon
22 demand. This section survives the termination of this Agreement.

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

1 **Article 8**

2 **Informing Materials for Persons Served**

3 8.1 **Basic Information Requirements.** Contractor shall provide information in a manner
4 and format that is easily understood and readily accessible to the persons served (42 C.F.R. §
5 438.10(c)(1)). Contractor shall provide all written materials for persons served in easily
6 understood language, format, and alternative formats that take into consideration the special
7 needs of individuals in compliance with 42 C.F.R. § 438.10(d)(6). Contractor shall inform the
8 persons served that information is available in alternate formats and how to access those
9 formats in compliance with 42 C.F.R. § 438.10.

10 Contractor shall provide the required information in this section to each individual
11 receiving SMHS under this Agreement and upon request (1915(b) Medi-Cal Specialty Mental
12 Health Services Waiver, § (2), subd. (d), at p. 26., attachments 3, 4; Cal. Code Regs., tit. 9, §
13 1810.360(e)).

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

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

19 8.2 **Electronic Submission.** Persons served information required in this section may
20 only be provided electronically by the Contractor if all of the following conditions are met:

21 (A) The format is readily accessible;

22 (B) The information is placed in a location on the Contractor's website that is
23 prominent and readily accessible;

24 (C) The information is provided in an electronic form which can be electronically
25 retained and printed;

26 (D) The information is consistent with the content and language requirements of this
27 Agreement;

1 (E) The individual is informed that the information is available in paper form without
2 charge upon request and the Contractor shall provide it upon request within five (5)
3 business days (42 C.F.R. § 438.10(c)(6)).

4 **8.3 Language and Format.** Contractor shall provide all written materials, including
5 taglines, for persons served or potential persons served in a font size no smaller than twelve
6 (12) point (42 C.F.R. 438.10(d)(6)(ii)).

7 Contractor shall ensure its written materials that are critical to obtaining services are
8 available in alternative formats, upon request of the person served or potential person served at
9 no cost.

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

14 (A) Contractor shall notify persons served, prospective persons served, and
15 members of the public that written translation is available in prevalent languages free of
16 cost and how to access those materials (42 C.F.R. § 438.10(d)(5)(i), (iii); Welfare & Inst.
17 Code § 14727(a)(1); Cal. Code Regs. tit. 9 § 1810.410, subd. (e), para. (4)).

18 Contractor shall make auxiliary aids and services available upon request and free of
19 charge to each person served (42 C.F.R. § 438.10(d)(3)-(4)).

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

23 Taglines for written materials critical to obtaining services must be printed in a
24 conspicuously visible font size, no smaller than twelve (12) point font.

25 **8.4 Beneficiary Informing Materials.** Each person served must receive and have
26 access to the beneficiary informing materials upon request by the individual and when first
27 receiving SMHS from Contractor. Beneficiary informing materials include but are not limited to:

28 (A) Consumer Handbook

- 1 (B) Provider Directory
- 2 (C) Grievance form
- 3 (D) Appeal/Expedited Appeal form
- 4 (E) Advance Directives brochure
- 5 (F) Change of Provider form
- 6 (G) Suggestions brochure
- 7 (H) Notice of Privacy Practices
- 8 (I) Notices of Adverse Benefit Determination (NOABDs – Including Denial and
- 9 Termination notices)
- 10 (J) Early & Periodic Screening, Diagnostic and Treatment (EPSDT) poster (if serving
- 11 individuals under the age of 21)
- 12 (K) Contractor shall ensure beneficiary informing material are displayed in the
- 13 threshold languages of Fresno County at all service sites, including but not limited to the
- 14 following:
- 15 (1) Consumer Handbook
- 16 (2) Provider Directory
- 17 (3) Grievance form
- 18 (4) Appeal/Expedited Appeal form
- 19 (5) Advance Directives brochure
- 20 (6) Change of Provider form
- 21 (7) Suggestions brochure

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

1 8.5 **Beneficiary Handbook.** Contractor shall provide each persons served with a
2 beneficiary handbook at the time the individual first accesses services and thereafter upon
3 request. The beneficiary handbook shall be provided to beneficiaries within fourteen (14)
4 business days after receiving notice of enrollment.

5 Contractor shall give each individual notice of any significant change to the information
6 contained in the beneficiary handbook at least thirty (30) days before the intended effective date
7 of change as per BHIN 22-060.

8 8.6 **Accessibility.** Required informing materials must be electronically available on
9 Contractor's website and must be physically available at the Contractor's facility lobby for
10 individuals' access.

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

15 Informing materials will be considered provided to the individual if Contractor does one
16 or more of the following:

17 (A) Mails a printed copy of the information to the persons served's mailing address
18 before the individual receives their first specialty mental health service;

19 (B) Mails a printed copy of the information upon the individual's request to their
20 mailing address;

21 (C) Provides the information by email after obtaining the persons served's agreement
22 to receive the information by email;

23 (D) Posts the information on the Contractor's website and advises the person served
24 in paper or electronic form that the information is available on the internet and includes
25 applicable internet addresses, provided that individuals with disabilities who cannot
26 access this information online are provided auxiliary aids and services upon request and
27 at no cost; or,
28

1 (E) Provides the information by any other method that can reasonably be expected
2 to result in the person served receiving that information. If Contractor provides informing
3 materials in person, when the individual first receives specialty mental health services,
4 the date and method of delivery shall be documented in the persons served's file.

5 **8.7 Provider Directory.** Contractor must follow the County's provider directory policy, in
6 compliance with MHSUDS IN 18-020.

7 Contractor must make available to persons served, in paper form upon request and
8 electronic form, specified information about the County provider network as per 42 C.F.R. §
9 438.10(h). The most current provider directory is electronically available on the County website
10 and is updated by the County no later than thirty (30) calendar days after information is received
11 to update provider information. A paper provider directory must be updated at least monthly as
12 set forth in 42 C.F.R. § 438.10(h)(3)(i).

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

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

17 **Article 9**

18 **Independent Contractor**

19 **9.1 Status.** In performing under this Agreement, the Contractor, including its officers,
20 agents, employees, and volunteers, is at all times acting and performing as an independent
21 contractor, in an independent capacity, and not as an officer, agent, servant, employee, joint
22 venturer, partner, or associate of the County.

23 **9.2 Verifying Performance.** The County has no right to control, supervise, or direct the
24 manner or method of the Contractor's performance under this Agreement, but the County may
25 verify that the Contractor is performing according to the terms of this Agreement.

26 **9.3 Benefits.** Because of its status as an independent contractor, the Contractor has no
27 right to employment rights or benefits available to County employees. The Contractor is solely
28 responsible for providing to its own employees all employee benefits required by law. The

1 Contractor shall save the County harmless from all matters relating to the payment of
2 Contractor's employees, including compliance with Social Security withholding and all related
3 regulations.

4 9.4 **Services to Others.** The parties acknowledge that, during the term of this
5 Agreement, the Contractor may provide services to others unrelated to the County.

6 9.5 **Operating Costs.** Contractor shall provide all personnel, supplies, and operating
7 expenses of any kind required for the performance of this Agreement.

8 9.6 **Additional Responsibilities.** The parties acknowledge that, during the term of this
9 Agreement, the Contractor will be performing hiring, training, and credentialing of staff, and
10 County will be performing additional staff credentialing to ensure compliance with State and
11 Federal regulations.

12 9.7 **Subcontracts.** Contractor shall obtain written approval from County's DBH Director,
13 or designee, before subcontracting any of the services delivered under this Agreement.
14 County's DBH Director, or designee, retains the right to approve or reject any request for
15 subcontracting services. Any transferee, assignee, or subcontractor will be subject to all
16 applicable provisions of this Agreement, and all applicable State and Federal regulations.
17 Contractor shall be held primarily responsible by County for the performance of any transferee,
18 assignee, or subcontractor unless otherwise expressly agreed to in writing by County's DBH
19 Director, or designee. The use of subcontractors by Contractor shall not entitle Contractor to
20 any additional compensation that is provided for under this Agreement.

21 Contractor shall remain legally responsible for the performance of all terms and
22 conditions of this Agreement, including, without limitation, all SMHS provided by third parties
23 under subcontracts, whether approved by the County or not.

24 **Article 10**

25 **Indemnity and Defense**

26 10.1 **Indemnity.** The Contractor shall indemnify and hold harmless and defend the
27 County (including its officers, agents, employees, and volunteers) against all claims, demands,
28 injuries, damages, costs, expenses (including attorney fees and costs), fines, penalties, and

1 liabilities of any kind to the County, the Contractor, or any third party that arise from or relate to
2 the performance or failure to perform by the Contractor (or any of its officers, agents,
3 subcontractors, or employees) under this Agreement. The County may conduct or participate in
4 its own defense without affecting the Contractor's obligation to indemnify and hold harmless or
5 defend the County.

6 10.2 **Survival.** This Article 10 survives the termination of this Agreement.

7 **Article 11**

8 **Insurance**

9 11.1 The Contractor shall comply with all the insurance requirements in Exhibit H to this
10 Agreement.

11 **Article 12**

12 **Assurances**

13 12.1 **Certification of Non-exclusion or Suspension from Participation in a Federal**
14 **Health Care Program.**

15 (A) In entering into this Agreement, Contractor certifies that it is not excluded from
16 participation in Federal Health Care Programs under either Section 1128 or 1128A of the
17 Social Security Act. Failure to so certify will render all provisions of this Agreement null
18 and void and may result in the immediate termination of this Agreement.

19 (B) In entering into this Agreement, Contractor certifies, that the Contractor does not
20 employ or subcontract with providers or have other relationships with providers excluded
21 from participation in Federal Health Care Programs, including Medi-Cal/Medicaid or
22 procurement activities, as set forth in 42 C.F.R. §438.610. Contractor shall conduct initial
23 and monthly exclusion and suspension searches of the following databases and provide
24 evidence of these completed searches when requested by County, DHCS or the US
25 Department of Health and Human Services (DHHS):

26 (1) www.oig.hhs.gov/exclusions - Office of Inspector General's List of Excluded
27 Individuals/Entities (LEIE) Federal Exclusions
28

1 (2) www.sam.gov/content/exclusions - General Service Administration (GSA)
2 Exclusions Extract www.Medi-Cal.ca.gov - Suspended & Ineligible Provider List

3 (3) <https://nppes.cms.hhs.gov/#/> - National Plan and Provider Enumeration
4 System (NPPES)

5 (4) any other database required by DHCS or US DHHS.

6 (C) In entering into this Agreement, Contractor certifies, that Contractor does not
7 employ staff or individual contractors/vendors that are on the Social Security
8 Administration's Death Master File. Contractor shall check the database prior to
9 employing staff or individual contractors/vendors and provide evidence of these
10 completed searches when requested by the County, DHCS or the US DHHS.

11 (D) Contractor is required to notify County immediately if Contractor becomes aware
12 of any information that may indicate their (including employees/staff and individual
13 contractors/vendors) potential placement on an exclusions list.

14 (E) Contractor shall screen and periodically revalidate all network providers in
15 accordance with the requirements of 42 C.F.R., Part 455, Subparts B and E.

16 (F) Contractor must confirm the identity and determine the exclusion status of all its
17 providers, as well as any person with an ownership or control interest, or who is an
18 agent or managing employee of the contracted agency through routine checks of federal
19 and state databases. This includes the Social Security Administration's Death Master
20 File, NPPES, the Office of Inspector General's LEIE, the Medi-Cal Suspended and
21 Ineligible Provider List (S&I List) as consistent with the requirements of 42 C.F.R. §
22 455.436.

23 (G) If Contractor finds a provider that is excluded, it must promptly notify the County
24 as per 42 C.F.R. § 438.608(a)(2), (4). The Contractor shall not certify or pay any
25 Excluded provider with Medi-Cal funds, must treat any payments made to an excluded
26 provider as an overpayment, and any such inappropriate payments may be subject to
27 recovery.
28

1 **Article 13**

2 **Inspections, Audits, and Public Records**

3 13.1 **Inspection of Documents.** The Contractor shall make available to the County, and
4 the County may examine at any time during business hours and as often as the County deems
5 necessary, all of the Contractor's records and data with respect to the matters covered by this
6 Agreement, excluding attorney-client privileged communications. The Contractor shall, upon
7 request by the County, permit the County to audit and inspect all of such records and data to
8 ensure the Contractor's compliance with the terms of this Agreement.

9 13.2 **State Audit Requirements.** If the compensation to be paid by the County under this
10 Agreement exceeds \$10,000, the Contractor is subject to the examination and audit of the
11 California State Auditor, as provided in Government Code section 8546.7, for a period of three
12 years after final payment under this Agreement. This section survives the termination of this
13 Agreement.

14 13.3 **Internal Auditing.** Contractors of sufficient size as determined by County shall
15 institute and conduct a Quality Assurance Process for all services provided hereunder. Said
16 process shall include at a minimum a system for verifying that all services provided and claimed
17 for reimbursement shall meet SMHS definitions and be documented accurately.

18 In addition, Contractors with medication prescribing authority shall adhere to County's
19 medication monitoring review practices. Contractor shall provide County with notification and a
20 summary of any internal audit exceptions and the specific corrective actions taken to sufficiently
21 reduce the errors that are discovered through Contractor's internal audit process. Contractor
22 shall provide this notification and summary to County as requested by the County.

23 13.4 **Confidentiality in Audit Process.** Contractor and County mutually agree to
24 maintain the confidentiality of Contractor's records and information of persons served, in
25 compliance with all applicable State and Federal statutes and regulations, including but not
26 limited to HIPAA and California Welfare and Institutions Code, Section 5328. Contractor shall
27 inform all of its officers, employees, and agents of the confidentiality provisions of all applicable
28 statutes.

1 Contractor's fiscal records shall contain sufficient data to enable auditors to perform a
2 complete audit and shall be maintained in conformance with standard procedures and
3 accounting principles.

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

8 **13.5 Reasons for Recoupment.** County will conduct periodic audits of Contractor files to
9 ensure appropriate clinical documentation, high quality service provision and compliance with
10 applicable federal, state and county regulations.

11 Such audits may result in requirements for Contractor to reimburse County for services
12 previously paid in the following circumstances:

13 (A) Identification of Fraud, Waste or Abuse as defined in federal regulation

14 (1) Fraud and abuse are defined in C.F.R. Title 42, § 455.2 and W&I Code,
15 section 14107.11, subdivision (d).

16 (2) Definitions for "fraud," "waste," and "abuse" can also be found in the Medicare
17 Managed Care Manual available at [https://www.cms.gov/Regulations-and-](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)
18 [Guidance/Guidance/Manuals](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals)

19 (B) Overpayment of Contractor by County due to errors in claiming or
20 documentation.

21 (C) Other reasons specified in the SMHS Reasons for Recoupment document
22 released annually by DHCS and posted on the DHCS BHIN website.

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

1 13.6 **Cooperation with Audits.** Contractor shall cooperate with County in any review
2 and/or audit initiated by County, DHCS, or any other applicable regulatory body. This
3 cooperation may include such activities as onsite program, fiscal, or chart reviews and/or audits.

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

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

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

14 13.7 **Single Audit Clause.** If Contractor expends Seven Hundred Fifty Thousand and
15 No/100 Dollars (\$750,000.00) or more in Federal and Federal flow-through monies, Contractor
16 agrees to conduct an annual audit in accordance with the requirements of the Single Audit
17 Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. Contractor shall
18 submit said audit and management letter to County. The audit must include a statement of
19 findings or a statement that there were no findings. If there were negative findings, Contractor
20 must include a corrective action plan signed by an authorized individual. Contractor agrees to
21 take action to correct any material non-compliance or weakness found as a result of such audit.
22 Such audit shall be delivered to County's DBH Finance Division for review within nine (9)
23 months of the end of any fiscal year in which funds were expended and/or received for the
24 program. Failure to perform the requisite audit functions as required by this Agreement may
25 result in County performing the necessary audit tasks, or at County's option, contracting with a
26 public accountant to perform said audit, or may result in the inability of County to enter into
27 future agreements with Contractor. All audit costs related to this Agreement are the sole
28 responsibility of Contractor.

1 A single audit report is not applicable if Contractor's Federal contracts do not exceed the
2 Seven Hundred Fifty Thousand and No/100 Dollars (\$750,000.00) requirement or Contractor's
3 only funding is through Drug-related Medi-Cal. If a single audit is not applicable, a program audit
4 must be performed and a program audit report with management letter shall be submitted by
5 Contractor to County as a minimum requirement to attest to Contractor solvency. Said audit
6 report shall be delivered to County's DBH Finance Division for review no later than nine (9)
7 months after the close of the fiscal year in which the funds supplied through this Agreement are
8 expended. Failure to comply with this Act may result in County performing the necessary audit
9 tasks or contracting with a qualified accountant to perform said audit. All audit costs related to
10 this Agreement are the sole responsibility of Contractor who agrees to take corrective action to
11 eliminate any material noncompliance or weakness found as a result of such audit. Audit work
12 performed by County under this paragraph shall be billed to Contractor at County cost, as
13 determined by County's Auditor-Controller/Treasurer-Tax Collector.

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

19 **13.8 Public Records.** The County is not limited in any manner with respect to its public
20 disclosure of this Agreement or any record or data that the Contractor may provide to the
21 County. The County's public disclosure of this Agreement or any record or data that the
22 Contractor may provide to the County may include but is not limited to the following:

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

26 (B) The County may voluntarily, or upon request by any member of the public or
27 governmental agency, disclose to the public or such governmental agency any record or
28

1 data that the Contractor may provide to the County, unless such disclosure is prohibited
2 by court order.

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

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

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

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

18 **13.9 Public Records Act Requests.** If the County receives a written or oral request
19 under the CPRA to publicly disclose any record that is in the Contractor's possession or control,
20 and which the County has a right, under any provision of this Agreement or applicable law, to
21 possess or control, then the County may demand, in writing, that the Contractor deliver to the
22 County, for purposes of public disclosure, the requested records that may be in the possession
23 or control of the Contractor. Within five business days after the County's demand, the
24 Contractor shall (a) deliver to the County all of the requested records that are in the Contractor's
25 possession or control, together with a written statement that the Contractor, after conducting a
26 diligent search, has produced all requested records that are in the Contractor's possession or
27 control, or (b) provide to the County a written statement that the Contractor, after conducting a
28 diligent search, does not possess or control any of the requested records. The Contractor shall

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

12 **Article 14**

13 **Right to Monitor**

14 14.1 **Right to Monitor.** County or any subdivision or appointee thereof, and the State of
15 California or any subdivision or appointee thereof, including the Auditor General, shall have
16 absolute right to review and audit all records, books, papers, documents, corporate minutes,
17 financial records, staff information, records of persons served, other pertinent items as
18 requested, and shall have absolute right to monitor the performance of Contractor in the delivery
19 of services provided under this Agreement. Full cooperation shall be given by the Contractor in
20 any auditing or monitoring conducted, according to this agreement.

21 14.2 **Accessibility.** Contractor shall make all of its premises, physical facilities,
22 equipment, books, records, documents, agreements, computers, or other electronic systems
23 pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished
24 under the terms of this Agreement, or determinations of amounts payable available at any time
25 for inspection, examination, or copying by County, the State of California or any subdivision or
26 appointee thereof, CMS, U.S. Department of Health and Human Services (HHS) Office of
27 Inspector General, the United States Controller General or their designees, and other
28 authorized federal and state agencies. This audit right will exist for at least ten (10) years from

1 the final date of the Agreement period or in the event the Contractor has been notified that an
2 audit or investigation of this Agreement has commenced, until such time as the matter under
3 audit or investigation has been resolved, including the exhaustion of all legal remedies,
4 whichever is later (42 CFR §438.230(c)(3)(I)-(ii)).

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

9 14.3 **Cooperation.** Contractor shall cooperate with County in the implementation,
10 monitoring and evaluation of this Agreement and comply with any and all reporting requirements
11 established by County. Should County identify an issue or receive notification of a complaint or
12 potential/actual/suspected violation of requirements, County may audit, monitor, and/or request
13 information from Contractor to ensure compliance with laws, regulations, and requirements, as
14 applicable.

15 14.4 **Probationary Status.** County reserves the right to place Contractor on probationary
16 status, as referenced in the Probationary Status Article, should Contractor fail to meet
17 performance requirements; including, but not limited to violations such as high disallowance
18 rates, failure to report incidents and changes as contractually required, failure to correct issues,
19 inappropriate invoicing, untimely and inaccurate data entry, not meeting performance outcomes
20 expectations, and violations issued directly from the State. Additionally, Contractor may be
21 subject to Probationary Status or termination if agreement monitoring and auditing corrective
22 actions are not resolved within specified timeframes.

23 14.5 **Record Retention.** Contractor shall retain all records and documents originated or
24 prepared pursuant to Contractor's performance under this Agreement, including grievance and
25 appeal records, and the data, information and documentation specified in 42 C.F.R. parts
26 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years from the
27 term end date of this Agreement or until such time as the matter under audit or investigation has
28 been resolved. Records and documents include but are not limited to all physical and electronic

1 records and documents originated or prepared pursuant to Contractor's or subcontractor's
2 performance under this Agreement including working papers, reports, financial records and
3 documents of account, records of persons served, prescription files, subcontracts, and any
4 other documentation pertaining to covered services and other related services for persons
5 served.

6 **14.6 Record Maintenance.** Contractor shall maintain all records and management books
7 pertaining to service delivery and demonstrate accountability for agreement performance and
8 maintain all fiscal, statistical, and management books and records pertaining to the program.
9 Records should include, but not be limited to, monthly summary sheets, sign-in sheets, and
10 other primary source documents. Fiscal records shall be kept in accordance with Generally
11 Accepted Accounting Principles and must account for all funds, tangible assets, revenue and
12 expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR),
13 Title II, Subtitle A, Chapter 11, Part 200, Uniform Administrative Requirements, Cost Principles,
14 and Audit Requirements for Federal Awards.

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

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

21 Contractor shall comply with the Article 18 and Article 1 regarding relinquishing or
22 maintaining medical records.

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

26 **14.7 Financial Reports.** Contractor shall submit audited financial reports on an annual
27 basis to the County. The audit shall be conducted in accordance with Generally Accepted
28 Accounting Principles and generally accepted auditing standards.

1 agents, and subcontractors shall attend the appropriate training within thirty (30) days of hire.
2 Each individual who is required to attend training shall certify in writing that he or she has
3 received the required training. The certification shall specify the type of training received and the
4 date received. The certification shall be provided to County's DBH Compliance Officer at 1925
5 E. Dakota Ave, Fresno, California 93726. Contractor agrees to reimburse County for the entire
6 cost of any penalty imposed upon County by the Federal Government as a result of Contractor's
7 violation of the terms of this Agreement.

8 **16.2 Compliance with State Medi-Cal Requirements.** Contractor shall be required to
9 maintain Mental Health Plan organizational provider certification by Fresno County. Contractor
10 must meet Medi-Cal organization provider standards as listed in Exhibit L, "Medi-Cal
11 Organizational Provider Standards". It is acknowledged that all references to Organizational
12 Provider and/or Provider in Exhibit L shall refer to Contractor.

13 **16.3 Medi-Cal Certification and Mental Health Plan Compliance.** Contractor will
14 establish and maintain Medi-Cal certification or become certified within ninety (90) days of the
15 effective date of this Agreement through County to provide reimbursable services to Medi-Cal
16 eligible persons served. In addition, Contractor shall work with the County's DBH to execute the
17 process if not currently certified by County for credentialing of staff. During this process, the
18 Contractor will obtain a legal entity number established by the DHCS, a requirement for
19 maintaining Mental Health Plan organizational provider status throughout the term of this
20 Agreement. Contractor will be required to become Medi-Cal certified prior to providing services
21 to Medi-Cal eligible persons served and seeking reimbursement from the County. Contractor will
22 not be reimbursed by County for any services rendered prior to certification.

23 Contractor shall provide direct specialty mental health services in accordance with the
24 Mental Health Plan. Contractor must comply with the "Fresno County Mental Health Plan
25 Compliance Program and Code of Conduct" set forth in Exhibit K.

26 Contractor may provide direct specialty mental health services using unlicensed staff as
27 long as the individual is approved as a provider by the Mental Health Plan, is supervised by
28 licensed staff, works within his/her scope and only delivers allowable direct specialty mental

1 health services. It is understood that each service is subject to audit for compliance with Federal
2 and State regulations, and that County may be making payments in advance of said review. In
3 the event that a service is disapproved, County may, at its sole discretion, withhold
4 compensation or set off from other payments due the amount of said disapproved services.
5 Contractor shall be responsible for audit exceptions to ineligible dates of services or incorrect
6 application of utilization review requirements.

7 **16.4 Network Adequacy.** The Contractor shall ensure that all services covered under this
8 Agreement are available and accessible to persons served in a timely manner and in
9 accordance with the network adequacy standards required by regulation. (42 C.F.R. §438.206
10 (a), (c)).

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

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

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

19 **16.5 Compliance Program, Including Fraud Prevention and Overpayments.**

20 Contractor shall have in place a compliance program designed to detect and prevent fraud,
21 waste and abuse, as per 42 C.F.R. § 438.608(a)(1), that must include:

22 (A) Written policies, procedures, and standards of conduct that articulate the
23 organization's commitment to comply with all applicable requirements and standards
24 under the Agreement, and all applicable federal and state requirements.

25 (B) A Compliance Office (CO) who is responsible for developing and implementing
26 policies, procedures, and practices designed to ensure compliance with the
27 requirements of this Agreement and who reports directly to the CEO and the Board of
28 Directors.

1 (C) A Regulatory Compliance Committee on the Board of Directors and at the senior
2 management level charged with overseeing the organization's compliance program and
3 its compliance with the requirements under the Agreement.

4 (D) A system for training and education for the Compliance Officer, the organization's
5 senior management, and the organization's employees for the federal and state
6 standards and requirements under the Agreement.

7 (E) Effective lines of communication between the Compliance Officer and the
8 organization's employees.

9 (F) Enforcement of standards through well-publicized disciplinary guidelines.

10 (G) The establishment and implementation of procedures and a system with
11 dedicated staff for routine internal monitoring and auditing of compliance risks, prompt
12 response to compliance issues as they are raised, investigation of potential compliance
13 problems as identified in the course of self-evaluation and audits, corrections of such
14 problems promptly and thoroughly to reduce the potential for recurrence and ongoing
15 compliance with the requirements under the Agreement.

16 (H) The requirement for prompt reporting and repayment of any overpayments
17 identified.

18 16.6 **Reporting.** Contractor must have administrative and management arrangements or
19 procedures designed to detect and prevent fraud, waste and abuse of federal or state health
20 care funding. Contractor must report fraud and abuse information to the County including but
21 not limited to:

22 (A) Any potential fraud, waste, or abuse as per 42 C.F.R. § 438.608(a), (a)(7),

23 (B) All overpayments identified or recovered, specifying the overpayment due to
24 potential fraud as per 42 C.F.R. § 438.608(a), (a)(2),

25 (C) Information about changes in a persons served's circumstances that may affect
26 the person served's eligibility including changes in their residence or the death of the
27 person served as per 42 C.F.R. § 438.608(a)(3).
28

1 (D) Information about a change in the Contractor's circumstances that may affect the
2 network provider's eligibility to participate in the managed care program, including the
3 termination of this Agreement with the Contractor as per 42 C.F.R. § 438.608(a)(6).

4 Contractor shall implement written policies that provide detailed information about the
5 False Claims Act ("Act") and other federal and state laws described in section 1902(a)(68) of the
6 Act, including information about rights of employees to be protected as whistleblowers.

7 Contractor shall make prompt referral of any potential fraud, waste or abuse to County or
8 potential fraud directly to the State Medicaid Fraud Control Unit.

9 16.7 **Overpayments.** County may suspend payments to Contractor if DHCS or County
10 determine that there is a credible allegation of fraud in accordance with 42 C.F.R. §455.23. (42
11 C.F.R. §438.608 (a)(8)).

12 Contractor shall report to County all identified overpayments and reason for the
13 overpayment, including overpayments due to potential fraud. Contractor shall return any
14 overpayments to the County within sixty (60) calendar days after the date on which the
15 overpayment was identified. (42 C.F.R. § 438.608 (a)(2), (c)(3)).

16 **Article 17**

17 **Property of County**

18 17.1 **Applicability.** Article 16 shall only apply to the program components and services
19 provided under operational costs.

20 17.2 **Fixed Assets.** County and Contractor recognize that fixed assets are tangible and
21 intangible property obtained or controlled under County for use in operational capacity and will
22 benefit County for a period more than one (1) year.

23 17.3 **Agreement Assets.** Assets shall be tracked on an agreement by agreement basis.
24 All of these assets shall fall into the "Equipment" category unless funding source allows for
25 additional types of assets. At a minimum, the following types of items are considered to be
26 assets:

27 (A) Computers (desktops and laptops)*

28 (B) Copiers, cell phones, tablets, and other devices with any HIPAA data

1 (C) Modular furniture

2 (D) Any items over \$500 or more with a lifespan of at least two (2) years:

3 (1) Televisions

4 (2) Washers/Dryers

5 (3) Printers

6 (4) Digital Cameras

7 (5) Other equipment/furniture

8 (6) Items in total when purchased or used as a group fall into one or more of the
9 above categories

10 (E) Items of sensitive nature shall be purchased and allocated to a single agreement.

11 All items containing HIPAA data are considered sensitive.

12 Contractor shall ensure proper tracking for contact assets that include the following
13 asset attributes at a minimum:

14 (A) Description of the asset;

15 (B) The unique identifier of the asset if applicable, i.e., serial number;

16 (C) The acquisition date;

17 (D) The quantity of the asset;

18 (E) The location of the asset or to whom the asset is assigned;

19 (F) The cost of the asset at the time of acquisition;

20 (G) The source of grant funding if applicable;

21 (H) The disposition date, and

22 (I) The method of disposition (surplus, transferred, destroyed, lost)

23 All Contract assets shall be returned to the Department at the end of the agreement
24 period.

25 **17.4 Retention and Maintenance.** Assets shall be retained by County, as County
26 property, in the event this Agreement is terminated or upon expiration of this Agreement.
27 Contractor agrees to participate in an annual inventory of all County fixed and inventoried
28 assets. Upon termination or expiration of this Agreement, Contractor shall be physically present

1 when fixed and inventoried assets are returned to County possession. Contractor is responsible
2 for returning to County all County owned undepreciated fixed and inventoried assets, or the
3 monetary value of said assets if unable to produce the assets at the expiration or termination of
4 this Agreement. Contractor further agrees to the following:

5 Maintain all items of equipment in good working order and condition, normal wear and
6 tear excepted;

7 Label all items of equipment with County assigned program number, to perform periodic
8 inventories as required by County and to maintain an inventory list showing where and how the
9 equipment is being used in accordance with procedures developed by County. All such lists
10 shall be submitted to County within ten (10) days of any request therefore; and

11 Report in writing to County immediately after discovery, the loss or theft of any items of
12 equipment. For stolen items, the local law enforcement agency must be contacted, and a copy
13 of the police report submitted to County.

14 **17.5 Equipment Purchase.** The purchase of any equipment by Contractor with funds
15 provided hereunder shall require the prior written approval of County's DBH Director, or
16 designee, shall fulfill the provisions of this Agreement as appropriate, and must be directly
17 related to Contractor's services or activity under the terms of this Agreement. County may
18 refuse reimbursement for any costs resulting from equipment purchased, which are incurred by
19 Contractor, if prior written approval has not been obtained from County.

20 **17.6 Modification.** Contractor must obtain prior written approval from County's DBH
21 whenever there is any modification or change in the use of any property acquired or improved,
22 in whole or in part, using funds under this Agreement. If any real or personal property acquired
23 or improved with said funds identified herein is sold and/or is utilized by Contractor for a use
24 which does not qualify under this Agreement, Contractor shall reimburse County in an amount
25 equal to the current fair market value of the property, less any portion thereof attributable to
26 expenditures of funds not provided under this Agreement. These requirements shall continue in
27 effect for the life of the property. In the event this Agreement expires, the requirements for this
28

1 Article shall remain in effect for activities or property funded with said funds, unless action is
2 taken by the State government to relieve County of these obligations.

3 **Article 18**

4 **Federal and State Laws**

5 18.1 **Health Insurance Portability and Accountability Act.** County and Contractor each
6 consider and represent themselves as covered entities as defined by the U.S. Health Insurance
7 Portability and Accountability Act of 1996, Public Law 104-191(HIPAA) and agree to use and
8 disclose Protected Health Information (PHI) as required by law.

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

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

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

20 18.2 **Physical Accessibility.** In accordance with the accessibility requirements of section
21 508 of the Rehabilitation Act and the Americans with Disabilities Act of 1973, Contractor must
22 provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal
23 beneficiaries with physical or mental disabilities.

24 **Article 19**

25 **Data Security**

26 19.1 **Data Security Requirements.** Contractor shall comply with data security
27 requirements in Exhibit M to this Agreement.

1 **Article 20**

2 **Publicity Prohibition**

3 20.1 **Self-Promotion.** None of the funds, materials, property, or services provided directly
4 or indirectly under this Agreement shall be used for Contractor’s advertising, fundraising, or
5 publicity (i.e., purchasing of tickets/tables, silent auction donations, etc.) for the purpose of self-
6 promotion.

7 20.2 **Public Awareness.** Notwithstanding the above, publicity of the services described in
8 Article 1 of this Agreement shall be allowed as necessary to raise public awareness about the
9 availability of such specific services when approved in advance by County’s DBH Director, or
10 designee, for such items as written/printed materials, the use of media (i.e., radio, television,
11 newspapers), and any other related expense(s). Communication products must follow DBH
12 graphic standards, including typefaces and colors, to communicate our authority and project a
13 unified brand. This includes all media types and channels and all materials on and offline that
14 are created as part of DBH’s efforts to provide information to the public.

15 **Article 21**

16 **Disclosure of Self-Dealing Transactions**

17 21.1 **Applicability.** This Article 20 applies if the Contractor is operating as a corporation,
18 or changes its status to operate as a corporation.

19 21.2 **Duty to Disclose.** If any member of the Contractor’s board of directors is party to a
20 self-dealing transaction, he or she shall disclose the transaction by completing and signing a
21 “Self-Dealing Transaction Disclosure Form” (Exhibit N) and submitting it to the County before
22 commencing the transaction or immediately after.

23 21.3 **Definition.** “Self-dealing transaction” means a transaction to which the Contractor is
24 a party and in which one or more of its directors, as an individual, has a material financial
25 interest.

26 **Article 22**

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

1 22.1 **Applicability.** This provision is only applicable if Contractor is disclosing entities,
2 fiscal agents, or managed care entities, as defined in Code of Federal Regulations (C.F.R.),
3 Title 42 §§ 455.101, 455.104 and 455.106(a)(1),(2).

4 22.2 **Duty to Disclose.** Contractor must disclose the following information as requested in
5 the Provider Disclosure Statement, Disclosure of Ownership and Control Interest Statement,
6 Exhibit O:

7 (A) Disclosure of five percent (5%) or More Ownership Interest:

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

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

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

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

23 (B) Disclosures Related to Business Transactions:

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

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

(C) Disclosures Related to Persons Convicted of Crimes:

(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

1 convicted of a criminal offense related to that person's involvement in any
2 program under the Medicare, Medicaid, or the Title XXI services program since
3 the inception of those programs. (42 C.F.R. § 455.106.)

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

8 22.3 Contractor must provide disclosure upon execution of Contract, extension for
9 renewal, and within 35 days after any change in Contractor ownership or upon request of
10 County. County may refuse to enter into an agreement or terminate an existing agreement with
11 Contractor if Contractor fails to disclose ownership and control interest information, information
12 related to business transactions and information on persons convicted of crimes, or if Contractor
13 did not fully and accurately make the disclosure as required.

14 22.4 Contractor must provide the County with written disclosure of any prohibited
15 affiliations under 42 C.F.R. § 438.610. Contractor must not employ or subcontract with providers
16 or have other relationships with providers Excluded from participation in Federal Health Care
17 Programs, including Medi-Cal/Medicaid or procurement activities, as set forth in 42 C.F.R.
18 §438.610.

19 22.5 **Reporting.** Submissions shall be scanned pdf copies and are to be sent via email to
20 DBHContractedServices@fresnocountyca.gov. County may deny enrollment or terminate this
21 Agreement where any person with five percent (5%) or greater direct or indirect ownership
22 interest in Contractor has been convicted of a criminal offense related to that person's
23 involvement with the Medicare, Medicaid, or Title XXI program in the last ten (10) years. County
24 may terminate this Agreement where any person with five percent (5%) or greater direct or
25 indirect ownership interest in the Contractor did not submit timely and accurate information and
26 cooperate with any screening method required in CFR, Title 42, Section 455.416

27 **Article 23**
28 **Disclosure of Criminal History and Civil Actions**

1 23.1 **Applicability.** Contractor is required to disclose if any of the following conditions
2 apply to them, their owners, officers, corporate managers, or partners (hereinafter collectively
3 referred to as “Contractor”):

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

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

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

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

11 or

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

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

15 23.2 **Duty to Disclose.** Disclosure of the above information will not automatically
16 eliminate Contractor from further business consideration. The information will be considered as
17 part of the determination of whether to continue and/or renew this Agreement and any additional
18 information or explanation that Contractor elects to submit with the disclosed information will be
19 considered. If it is later determined that the Contractor failed to disclose required information,
20 any contract awarded to such Contractor may be immediately voided and terminated for
21 material failure to comply with the terms and conditions of the award.

22 Contractor must sign a “Certification Regarding Debarment, Suspension, and Other
23 Responsible Matters – Primary Covered Transactions” in the form set forth in Exhibit P.
24 Additionally, Contractor must immediately advise the County in writing if, during the term of the
25 Agreement: (1) Contractor becomes suspended, debarred, excluded or ineligible for
26 participation in Federal or State funded programs or from receiving federal funds as listed in the
27 excluded parties list system (<http://www.epls.gov>); or (2) any of the above listed conditions
28 become applicable to Contractor. Contractor shall indemnify, defend, and hold County

1 harmless for any loss or damage resulting from a conviction, debarment, exclusion, ineligibility,
2 or other matter listed in the signed Certification Regarding Debarment, Suspension, and Other
3 Responsibility Matters.

4 **Article 24**

5 **Cultural and Linguistic Competency**

6 24.1 **General.** All services, policies and procedures must be culturally and linguistically
7 appropriate. Contractor must participate in the implementation of the most recent Cultural
8 Competency Plan for the County and shall adhere to all cultural competency standards and
9 requirements. Contractor shall participate in the County's efforts to promote the delivery of
10 services in a culturally competent and equitable manner to all individuals, including those with
11 limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and
12 regardless of gender, sexual orientation, or gender identity including active participation in the
13 County's Diversity, Equity and Inclusion Committee.

14 24.2 **Policies and Procedures.** Contractor shall comply with requirements of policies and
15 procedures for ensuring access and appropriate use of trained interpreters and material
16 translation services for all limited and/or no English proficient beneficiaries, including, but not
17 limited to, assessing the cultural and linguistic needs of the beneficiaries, training of staff on the
18 policies and procedures, and monitoring its language assistance program. Contractor's policies
19 and procedures shall ensure compliance of any subcontracted providers with these
20 requirements.

21 24.3 **Interpreter Services.** Contractor shall notify its beneficiaries that oral interpretation
22 is available for any language and written translation is available in prevalent languages and that
23 auxiliary aids and services are available upon request, at no cost and in a timely manner for
24 limited and/or no English proficient beneficiaries and/or beneficiaries with disabilities. Contractor
25 shall avoid relying on an adult or minor child accompanying the beneficiary to interpret or
26 facilitate communication; however, if the beneficiary refuses language assistance services, the
27 Contractor must document the offer, refusal, and justification in the beneficiary's file.

1 **24.4 Interpreter Qualifications.** Contractor shall ensure that employees, agents,
2 subcontractors, and/or partners who interpret or translate for a beneficiary or who directly
3 communicate with a beneficiary in a language other than English (1) have completed annual
4 training provided by County at no cost to Contractor; (2) have demonstrated proficiency in the
5 beneficiary's language; (3) can effectively communicate any specialized terms and concepts
6 specific to Contractor's services; and (4) adheres to generally accepted interpreter ethic
7 principles. As requested by County, Contractor shall identify all who interpret for or provide
8 direct communication to any program beneficiary in a language other than English and identify
9 when the Contractor last monitored the interpreter for language competence.

10 **24.5 CLAS Standards.** Contractor shall submit to County for approval, within ninety (90)
11 days from date of contract execution, Contractor's plan to address all fifteen (15) National
12 Standards for Culturally and Linguistically Appropriate Service (CLAS), as published by the
13 Office of Minority Health and as set forth in Exhibit Q "National Standards on Culturally and
14 Linguistically Appropriate Services". As the CLAS standards are updated, Contractor's plan
15 must be updated accordingly. As requested by County, Contractor shall be responsible for
16 conducting an annual CLAS self-assessment and providing the results of the self-assessment to
17 the County. The annual CLAS self-assessment instruments shall be reviewed by the County
18 and revised as necessary to meet the approval of the County.

19 **24.6 Training Requirements.** Cultural competency training for Contractor staff should be
20 substantively integrated into health professions education and training at all levels, both
21 academically and functionally, including core curriculum, professional licensure, and continuing
22 professional development programs. As requested by County, Contractor shall report on the
23 completion of cultural competency trainings to ensure direct service providers are completing a
24 minimum of twelve (12) hours of annual cultural competency training.

25 **24.7 Continuing Cultural Competence.** Contractor shall create and sustain a forum that
26 includes staff at all agency levels to discuss cultural competence. Contractor shall designate a
27 representative from Contractor's team to attend County's Diversity, Equity and Inclusion
28 Committee.

1 **Article 25**

2 **General Terms**

3 25.1 **Modification.** Except as provided in Article 7, "Termination and Suspension," this
4 Agreement may not be modified, and no waiver is effective, except by written agreement signed
5 by both parties. The Contractor acknowledges that County employees have no authority to
6 modify this Agreement except as expressly provided in this Agreement.

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

14 (B) In addition, changes to line items and expense category subtotals, as set forth in
15 Exhibit G3, that when added together during the term of the agreement do not exceed
16 ten percent (10%) of the total maximum compensation payable to Contractor, may be
17 made with the written approval of Contractor and County's DBH Director, or designee.
18 Changes to service rates on Exhibit G1 and Exhibit G2 that do not exceed three percent
19 (3%) of the approved rate, or that are needed to accommodate state-mandated rate
20 increases, may be made with the written approval of the DBH Director, or designee.
21 These rate changes may not add or alter any other terms or conditions of the
22 Agreement. Said modifications shall not result in any change to the maximum
23 compensation amount payable to Contractor, as stated herein.

24 25.2 **Non-Assignment.** Neither party may assign its rights or delegate its obligations
25 under this Agreement without the prior written consent of the other party.

26 25.3 **Governing Law.** The laws of the State of California govern all matters arising from
27 or related to this Agreement.
28

1 25.4 **Jurisdiction and Venue.** This Agreement is signed and performed in Fresno
2 County, California. Contractor consents to California jurisdiction for actions arising from or
3 related to this Agreement, and, subject to the Government Claims Act, all such actions must be
4 brought and maintained in Fresno County.

5 25.5 **Construction.** The final form of this Agreement is the result of the parties' combined
6 efforts. If anything in this Agreement is found by a court of competent jurisdiction to be
7 ambiguous, that ambiguity shall not be resolved by construing the terms of this Agreement
8 against either party.

9 25.6 **Days.** Unless otherwise specified, "days" means calendar days.

10 25.7 **Headings.** The headings and section titles in this Agreement are for convenience
11 only and are not part of this Agreement.

12 25.8 **Severability.** If anything in this Agreement is found by a court of competent
13 jurisdiction to be unlawful or otherwise unenforceable, the balance of this Agreement remains in
14 effect, and the parties shall make best efforts to replace the unlawful or unenforceable part of
15 this Agreement with lawful and enforceable terms intended to accomplish the parties' original
16 intent.

17 25.9 **Nondiscrimination.** During the performance of this Agreement, the Contractor shall
18 not unlawfully discriminate against any employee or applicant for employment, or recipient of
19 services, because of race, religious creed, color, national origin, ancestry, physical disability,
20 mental disability, medical condition, genetic information, marital status, sex, gender, gender
21 identity, gender expression, age, sexual orientation, military status or veteran status pursuant to
22 all applicable State of California and federal statutes and regulation.

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

1 25.10 **No Waiver.** Payment, waiver, or discharge by the County of any liability or obligation
2 of the Contractor under this Agreement on any one or more occasions is not a waiver of
3 performance of any continuing or other obligation of the Contractor and does not prohibit
4 enforcement by the County of any obligation on any other occasion.

5 25.11 **Entire Agreement.** This Agreement, including its exhibits, is the entire agreement
6 between the Contractor and the County with respect to the subject matter of this Agreement,
7 and it supersedes all previous negotiations, proposals, commitments, writings, advertisements,
8 publications, and understandings of any nature unless those things are expressly included in
9 this Agreement. If there is any inconsistency between the terms of this Agreement without its
10 exhibits and the terms of the exhibits, then the inconsistency will be resolved by giving
11 precedence first to the terms of this Agreement without its exhibits, and then to the terms of the
12 exhibits.

13 25.12 **No Third-Party Beneficiaries.** This Agreement does not and is not intended to
14 create any rights or obligations for any person or entity except for the parties.

15 25.13 **Authorized Signature.** The Contractor represents and warrants to the County that:

16 (A) The Contractor is duly authorized and empowered to sign and perform its
17 obligations under this Agreement.

18 (B) The individual signing this Agreement on behalf of the Contractor is duly
19 authorized to do so and his or her signature on this Agreement legally binds the
20 Contractor to the terms of this Agreement.

21 25.14 **Electronic Signatures.** The parties agree that this Agreement may be executed by
22 electronic signature as provided in this section.

23 (A) An "electronic signature" means any symbol or process intended by an individual
24 signing this Agreement to represent their signature, including but not limited to (1) a
25 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
26 electronically scanned and transmitted (for example by PDF document) version of an
27 original handwritten signature.

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

6 (C) The provisions of this section satisfy the requirements of Civil Code section
7 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3,
8 Part 2, Title 2.5, beginning with section 1633.1).

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

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

16 25.15 **Counterparts.** This Agreement may be signed in counterparts, each of which is an
17 original, and all of which together constitute this Agreement.

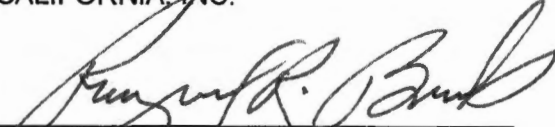
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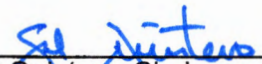
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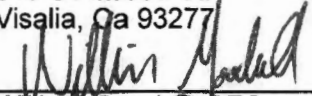
The parties are signing this Agreement on the date stated in the introductory clause.

TURNING POINT OF CENTRAL CALIFORNIA, INC.

COUNTY OF FRESNO


Raymond Banks, CEO


Sal Quintero, Chairman of the Board of Supervisors of the County of Fresno

615 S Atwood St.
Visalia, Ca 93277

William Goodall, CFO

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

615 S Atwood St.
Visalia, Ca 93277

By: 
Deputy

For accounting use only:

Org No.: 56304528 (OP/ICM)
56304529 (FSP)
Account No.: 7295
Fund No.: 0001
Subclass No.: 10000

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**Rural Mental Health Services
Full Service Partnership (FSP) Program
Outpatient (OP) and Intensive Case Management (ICM)
Scope of Work & Transition Optimization Opportunity**

ORGANIZATION: Turning Point of Central California, Inc.

CORPORATE ADDRESS: P.O. Box 7447, Visalia CA 93290

SERVICE ADDRESSES: Pinedale: 34 & 40 East Minarets, Pinedale, CA 93650
Reedley: 1131 11th Street, Reedley, CA 93654
Sanger: 225 Academy, Sanger, CA 93657
Selma: 3400 McCall Avenue, Selma, CA 93662
Kerman: 275 S. Madera Street, Suite 404, Kerman, CA 93630
Coalinga: 380 Coalinga Plaza, Coalinga, CA 93210
Huron: 36618 Lassen Ave, Huron, CA 93234
Mendota: 121 Belmont Ave, Mendota, CA 93640

CONTACTS: Sharon Ross, Chief Operating Officer
sross@tpocc.org

Ryan Banks, Chief Executive Officer Elect
ryanbanks@tpocc.org

David Tan, Regional Director
dtan@tpocc.org

Karina Hernandez, Program Manager
khernandez@tpocc.org

CONTRACT PERIOD: July 1, 2023 – June 30, 2024
July 1, 2024 – June 30, 2025 (possible 12-month extension based on satisfactory performance)

BACKGROUND:

The Rural Mental Health Services program includes three (3) distinct levels of care - Full Service Partnership (FSP), Intensive Case Management (ICM), and Outpatient (OP) services. These programs are designed to serve individuals within Fresno County rural areas that have a severe mental illness (for example, schizophrenia, major depression with psychotic features or bi-polar disorder) and are in need of on-going community-based services. CONTRACTOR's rural mental health services program will provide the services described below.

TARGET POPULATION:

The FSP program will serve an estimated 84 un-duplicated persons served at any given time.

FSP services will be provided with a focus on recovery, resiliency, and wellness. The target population includes adults and youth that live in rural Fresno County and have been assessed and determined to be in need of FSP level of mental health services. This population includes adults with severe mental illness,

youth with serious emotional disturbance, and those adults and/or youth who have had recent admissions to the County's crisis intervention services, acute inpatient or have been incarcerated.

The ICM and OP programs combined will serve approximately 3,200 persons served on an annual basis.

The Outpatient population includes those who are Medi-Cal eligible and meet the State Department of Health Care Services medical necessity criteria. CONTRACTOR will provide office-based outpatient mental services to include individual, group and family therapy and medication support services. CONTRACTOR's staff will provide short-term psychotherapy and medication support services. For individuals who need medications only and do not require mental health specialty services, CONTRACTOR will work with United Health Centers or other like agencies to develop a collaborative agreement for the provision of primary care services.

The Intensive Case Management population includes adults with severe mental illness and youth with serious emotional disturbance who are in need of on-going community-based services.

For those persons served who have been assessed and determined in need of Rural Mental Health services, services will be provided at eight (8) established rural service sites including: Pinedale, Reedley, Sanger, Selma, Kerman, Coalinga, Huron, and Mendota. In addition, those rural persons served that do not reside in one of the rural service cities identified will be sought for delivery of services and/or for transportation to services at one of the established rural sites.

DESCRIPTION OF SERVICES:

Full Service Partnership

CONTRACTOR's case management and crisis outreach services will be available 24 hours a day, 7 days a week both telephonically and in person. CONTRACTOR shall provide a minimum of three (3) face to face contacts a week with each person served. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.

CONTRACTOR shall provide the following specific FSP services as it relates to mental health:

1. Provide the following:
 - Staffing ratio of not more than 1 staff to 15 persons served.
 - Assist persons served in accessing all entitlements or benefits for which they are eligible (i.e., Medi-Cal, SSI, Section 8 vouchers etc.).
 - Develop family support and involvement whenever possible
 - Develop and maintenance access to supported education and employment opportunities.
 - Develop and maintain a "representative payee" service to those persons served who could benefit from this service.
 - Develop and provide transportation to enable persons served to access health care, mental health services and education, recreational or peer support services in the community.
2. Provide Medication Evaluation either in person or via telepsychiatry.
3. Provide Peer Support services.

4. Provide Supported Independent Permanent Housing (including locating residences and assisting persons served to successfully live in the community).
5. Provide services for co-occurring substance use disorders.
 - Identify alcohol, tobacco and drug abuse effects and patterns.
 - Education regarding the interaction of alcohol, tobacco and drug use with psychiatric symptoms and medications.
 - Developing motivation for decreasing alcohol, tobacco, and drug use.
 - Achieving periods of abstinence and stability.
 - Use of clinical interventions and peer support recovery groups and activities.
 - Assisting persons served to achieve an alcohol, tobacco and drug free lifestyle.
 - Education regarding relapse prevention.
6. Develop person served self-directed plan of care/wellness and recovery plan.
7. Provide education and training in independent living skills to include.
 - Carry out personal hygiene tasks.
 - Perform household chores, including cooking, laundry, and shopping.
 - Development of money management skills.
 - Use of community transportation.
8. Transport persons served to and from rural service sites, as needed.
9. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
10. Outreach to rural persons served who are unserved and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

Intensive Case Management

CONTRACTOR's case management and community-based crisis intervention services shall be available 8 hours a day/ 5 days a week. There shall be a minimum of one (1) face to face contact a week with persons served. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.

CONTRACTOR shall provide the following specific Intensive Case Management services as it relates to mental health:

1. Provide the following:
 - Assist persons served with accessing all entitlements or benefits for which they are eligible (i.e., Medi-Cal, SSI, Section 8 vouchers etc.).

- Develop family support and involvement whenever possible.
 - Refer persons served to supported education and employment opportunities.
 - Provide transportation service when it is critical to initially access a support service or gain entitlements or benefits.
 - Provide and services to enable persons served to access peer support activities.
2. Provide Medication Evaluation either in person or via telepsychiatry.
 3. Assist persons served to locate appropriate housing in the community.
 4. Refer or provide peer support activities.
 5. Provide services for co-occurring substance use disorders.
 - Identify alcohol, tobacco and drug abuse effects and patterns.
 - Education regarding the interaction of alcohol, tobacco and drug use with psychiatric symptoms and medications.
 - Developing motivation for decreasing alcohol, tobacco and drug use.
 - Achieving periods of abstinence and stability.
 - Use of clinical interventions and peer support recovery groups and activities.
 - Assisting persons served to achieve an alcohol, tobacco and drug free lifestyle.
 - Education regarding relapse prevention.
 6. Develop person served self-directed plan of care.
 7. Transport persons served to and from rural service sites as needed.
 8. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
 9. Outreach to rural persons served who are unserved and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

Outpatient

CONTRACTOR shall provide mental health outpatient services (including individual, group and family therapy, and medication support) to adult persons served. Services include, but may not be limited to: case management, crisis services, medication support, collateral, plan development, assessment, and rehabilitation services as needed.

CONTRACTOR shall provide the following specific Outpatient services as it relates to mental health:

1. Ensure CONTRACTOR staff provides appropriate age, culture, gender and language services and accommodations for physical disability(s) to persons served.

2. Make appropriate referrals and linkages to addiction services that are beyond that of the rural outpatient mental health services program to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.
3. Provide support to the individuals family and other members of their social network to help them manage the symptoms and illness of the person served and reduce the level of family and social stress associated with the illness.
4. Coordinate services with other community mental health and non-mental health providers, as well as other medical professionals. Methods for service coordination and communication between the CONTRACTOR and other service providers serving the same persons served shall be developed and implemented consistent with Fresno County confidentiality rules.
5. CONTRACTOR shall maintain an up-to-date caseload record of all persons served enrolled in services, and provide person served, programmatic, and other demographic information to the County. Reports are to be submitted to the DBH Contracted Services Division Manager or assigned Staff Analyst on a monthly basis.
6. CONTRACTOR shall compile quarterly reports indicating the total number of persons served in a particular Fiscal Year.
7. Ensure billable Mental Health Specialty Services meet any/all County, State, Federal regulations including any utilization review and quality assurance standards. Provide all pertinent and appropriate information in a timely manner to County to bill Medi-Cal for services rendered.
8. Transport persons served to and from rural service sites as needed.
9. Collaborate with local communities to provide additional services at their locations, as well as establishing new rural sites as circumstances and needs warrant.
10. Outreach to rural persons served who are unserved and/or underserved to improve rural penetration rates, with an emphasis on the penetration rates of rural Hispanics. Penetration rates should improve by a minimum of 20% in the first term, and by at least 10% per subsequent term.

STAFFING:

CONTRACTOR's staff shall be trained in the purpose, mission, philosophy, and method of the FSP Program during their new hire orientation and annually throughout the course of their employment. Ongoing training shall include topics such as clinical, administrative, operational, human resource, cultural, and information technology areas. Additionally, cultural competency, motivational interviewing, WRAP skills, Criminogenic Risk Factors, and specialized clinical training shall also be utilized.

Specific FSP service delivery training shall include:

- Trauma Informed and Trauma Responsive Methods and Processes
- Cultural Awareness and Responsiveness
- Strength Based, Individual Driven Plan Development and Natural Support Inclusion
- Health and Wellness Promotion, Illness and Harm Prevention, and Stigma Reduction

HOURS OF OPERATION:

CONTRACTOR shall provide direct service appointments at all rural locations within the following schedule:

Monday - Friday: 8:00 am – 5:00 pm

Additionally, CONTRACTOR shall provide operational and clinical services in the field as needed, and temporarily extend office hours in order to accommodate and increase timeliness of services. CONTRACTOR staff shall be available to provide crisis services to persons served 24 hours per day, seven (7) days per week. CONTRACTOR shall respond within one (1) hour of initial inquiry from persons served.

AVERAGE PERSON SERVED LENGTH OF STAY:

The average length of stay for persons served shall be approximately 2.5 years for the FSP Program, 0.5 years for the ICM Program, and 2 years for the OP Program.

COUNTY RESPONSIBILITIES:

COUNTY shall:

1. Provide oversight (through the County DBH Contracted Services Division or designees) of the CONTRACTOR'S Rural FSP and OP/ICM programs. In addition to contract monitoring of program, oversight includes, but not limited to, coordination with the State Department of Health Care Services regarding program administration and outcomes.
2. Assist the CONTRACTOR in making linkages with the total mental health system. This will be accomplished through regularly scheduled meetings as well as formal and informal consultation,
3. Participate in evaluating the progress of the overall program and the efficiency of collaboration with CONTRACTOR's staff and will be available to the contractor for ongoing consultation.
4. Receive and analyze statistical data outcome information from the CONTRACTOR throughout the term of contract on a monthly basis. DBH will notify CONTRACTOR when additional participation is required. The performance outcome measurement process will not be limited to survey instruments but will also include, as appropriate, person served and staff interviews, chart reviews, and other methods of obtaining required information.
5. Recognize that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally unique needs. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective. To assist the CONTRACTOR, efforts towards cultural and linguistic competency, DBH shall provide the following at no cost to CONTRACTOR:
 - A. Technical assistance to CONTRACTOR regarding cultural competency requirements and sexual orientation training.
 - B. Mandatory cultural competency training including sexual orientation and sensitivity training for DBH and CONTRACTOR's personnel, at minimum once per year. County will provide mandatory training regarding the special needs of this diverse population and will be included in the cultural competence training(s). Sexual orientation and sensitivity to gender differences is a basic cultural

competence principle and shall be included in the cultural competency training. Literature suggests that the mental health needs of lesbian, gay, bisexual, transgender, queer and other (LGBTQ+) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation.

- C. Technical assistance for CONTRACTOR in translating behavioral health and substance abuse services information into DBH's threshold languages (Spanish, Laotian, Cambodian and Hmong). Translation services and costs associated will be the responsibility of the CONTRACTOR.

PROGRAM OBJECTIVES AND OUTCOMES

CONTRACTOR shall utilize a computerized tracking system with which performance and outcome measures and other relevant person served data, such as demographics, will be maintained. The data tracking system may be incorporated into CONTRACTOR's electronic health records (EHR) system or be a stand-alone database. DBH must be afforded read-only access to the data tracking system. The following items listed below represent program goals to be tracked and achieved by the CONTRACTOR during the contract terms.

Full Service Partnership:

1. Effectiveness

- a. **Psychiatric Hospitalizations** – To assess the degree of effectiveness for FSP level services, CONTRACTOR will track decreases in the number of days hospitalized post-enrollment and compare to the total number of days spent in the psychiatric setting 12 months prior to program enrollment.
- b. **Incarcerations** – To reduce the total number of days spent confined in a jail or prison setting, CONTRACTOR will track decreases and compare to the total number of days spent incarcerated 12 months prior to program enrollment
- c. **Homelessness** – To reduce the total number of days spent homeless, CONTRACTOR will track decreases and compare to the total number of days spent homeless 12 months prior to program enrollment.
- d. **Medical Hospitalizations** – To reduce the total number of days spent in a hospital or emergency department setting, CONTRACTOR will track decreases and compare to the total number of days hospitalized 12 months prior to program enrollment.
- e. **Housing** – Persons served in independent housing will develop a plan for assisting in paying their own housing costs. Persons served will assume responsibility for housing costs when deemed ready and appropriate.
- f. **Supplemental Security Income** – Within six (6) months of enrollment, ninety-nine percent (99%) of persons served without SSI will have made SSI applications. CONTRACTOR shall provide a written report regarding these goals on a semi-annual basis.
- g. **Productivity** – Direct service productivity rate shall be a minimum of sixty-five percent (65%).

2. Efficiency

- a. **Cost Per Person served** – CONTRACTOR will efficiently use resources and maintain or minimize costs per person served. Costs include all staffing and overhead costs associated with program operations.

3. Access

- a. **Length of Time from Referral to First Contact** – CONTRACTOR will provide timely service for persons served requesting services. The goal wait time from referral to first contact is within three (3) business days.

- b. **Length of Time from Referral to First Intake/Assessment Appointment** – The goal wait time from referral to first intake/assessment appointment is within ten (10) business days.
 - c. **Length of Time from Referral to First Psychiatry Appointment** – The goal wait time from referral to first psychiatry appointment is within fifteen (15) business days.
4. Satisfaction
- a. **Consumer Perception Survey** – CONTRACTOR will gauge satisfaction of persons served and collect data for service planning and quality improvement. The surveys are conducted every six (6) months over a week period. Program beneficiaries are encouraged to participate in completing the survey. The goal is for 75% of persons served to be satisfied for each domain.

Intensive Case Management / Outpatient

1. Effectiveness
- a. **Psychiatric Hospitalization** – To prevent hospitalizations and re-admissions for persons served, CONTRACTOR will provide effective preventive interventions and provide timely post-hospitalization follow-up services. The goal expectancy is for 10% or less of OP/ICM persons served to experience a psychiatric hospitalization. Post-hospitalization follow-up services will occur within ten (10) days or less.
 - b. **Inpatient Crisis Stabilization Services** – To prevent crisis stabilization services and re-occurrence of crisis stabilization services, CONTRACTOR will provide effective preventative interventions and timely post-crisis stabilization follow up services. The goal is for ten percent (10%) or less of OP/ICM persons served to experience a crisis stabilization service.
 - c. **Compliance** – CONTRACTOR will comply with all requirements of the DBH Managed Care Organizational Provider Manual.
 - d. **Supplemental Security Income** – Within six (6) months of enrollment, ninety-nine percent (99%) of persons served without SSI will have made SSI applications. CONTRACTOR shall provide a written report regarding these goals on a semi-annual basis.
 - e. **Productivity** – Direct service productivity rate shall be a minimum of sixty-five percent (65%).
2. Efficiency
- a. **Cost Per Person served** – CONTRACTOR will efficiently use resources and maintain or minimize costs per person served.
3. Access
- a. **Length of Time from Referral to First Contact** – CONTRACTOR will provide timely service for individuals requesting services. The goal wait time from referral to first contact is within three (3) business days.

- b. **Length of Time from Referral to First Intake/Assessment Appointment** – The goal wait time from referral to first intake/assessment appointment is within ten (10) business days.
 - c. **Length of Time from Referral to First Psychiatry Appointment** – The goal wait time from referral to first psychiatry appointment is within fifteen (15) business days.
4. Satisfaction
- a. **Consumer Perception Survey** – CONTRACTOR will gauge satisfaction of persons served and collect data for service planning and quality improvement. The surveys are conducted every six (6) months over a week period. Program beneficiaries are encouraged to participate in completing the survey. The goal is for 75% of persons served to be satisfied for each domain.

Additional Reporting Requirements for FSP program

CONTRACTOR(s) will be responsible for meeting with DBH on a monthly basis, or more often as agreed upon between DBH and CONTRACTOR(s), for contract and performance monitoring. CONTRACTOR(s) will be required to submit monthly reports to the COUNTY that will include, but not be limited to: dollars billed for Medi-Cal and MHSA (non-Medi-Cal) persons served; actual expenses; the number of persons served served/anticipated to be served; utilization of services by persons served; and staff composition. These reports will be due within thirty (30) days after the last day of the previous month or payments may be delayed.

Additional reporting is required for FSPs by DHCS. DHCS uses the FSP Data Collection and Reporting (DCR) system to ensure adequate research and evaluation, regarding the effectiveness of services being provided and the achievement of the outcome measures. CONTRACTOR(s) will need to report individual/partner information and outcomes of the FSP program directly into the DCR system. Data will be submitted through an online interface using specific forms. The Partnership Assessment Form gathers baseline information about the partner and is completed once the partnership is established. Key Event Tracking provides a snapshot of changes in key quality of life areas and is tracked on a continuous basis throughout the course of the FSP. The Quarterly Assessment collects updated information about changes in quality of life areas and is completed every three (3) months from the date the partnership is established.

“Continuous improvement is a core tenant of the Department and MHSA. Over the past few years, County DBH participated in a statewide FSP evaluation project. The result of the project required that DBH and CONTRACTOR(S) should add another question to the State required DCR data as follows:

New question added to the DCR effective July 1, 2023:

Question: "How often do you get the social and emotional support that you need?"

Answer: Response options will be; always, usually, sometimes, rarely, or never.

In addition to the requirements set above, the following items listed below represent program goals to be achieved by CONTRACTOR(s). The CONTRACTOR(s) programs' success will be based on the number of goals it can achieve, resulting from performance outcomes. CONTRACTOR(s) will utilize a computerized tracking system with which outcome measures and other relevant client data, such as demographics, will be maintained.

Regarding Crisis Interventions and Recidivism:

Each enrollee will have no more than six (6) key events (specifically incarceration, homelessness, and crisis or inpatient hospitalization admission) during the first six (6) months in the adult FSP programs. There will be a reduction of key events for enrollees tracked as:

- No more than three (3) key events (incarceration, homelessness, and crisis or inpatient hospitalization admission) during months six to twelve (6-12) of enrollment in program.
 - No more than one (1) key event (incarceration, homelessness, and crisis or inpatient hospitalization admission) during months thirteen to eighteen (13-18) of enrollment in program.
- A. FSP program sites will show zero percent (0%) days of homelessness after being enrolled in the program unless individual declined housing assistance. CONTRACTOR(s) shall notify DBH of individual's decline and document accordingly. CONTRACTOR(s) must have clear documentation of efforts to house individuals in appropriate setting.

- B. FSP program sites will show a ninety percent (90%) reduction in individual's days in inpatient psychiatric hospitalizations after being enrolled in FSP compared to the year before being enrolled in the FSP.
- C. FSP program sites will show a ninety percent (90%) reduction in individual's days incarcerated after being enrolled in FSP compared to the year before being enrolled in the FSP.

Regarding Linkages and Referrals:

- A. Within ninety (90) days of being enrolled in the FSP, one hundred percent (100%) of individuals who did not have SSI will have made applications completed to receive SSI. CONTRACTOR(s) will provide this data as requested.
- B. Within six (6) months of being enrolled in the FSP, one hundred percent (100%) of individuals will have linkages to and documentation of a Primary Care Physician.
- C. Within thirty (30) days of enrollment, one hundred percent (100%) of individuals will have participated in forming their Individualized Service Plan.
- D. Within one hundred twenty (120) days of enrollment, one hundred percent (100%) of individuals will be provided/linked to job coaching activities.
- E. Where appropriate, within ninety (90) days of enrollment, at least seventy-five percent (75%) of applicable individuals will have been offered the opportunity to participate in Supportive Education and Employment Services. Within one hundred twenty (120) days of enrollment, at least ninety-five percent (95%) of applicable individuals will have been offered the opportunity to participate in Supportive Education and Employment Services.

Outcomes will be monitored to see if the individual has meaningful use of their time, maintains employment, and hospitalizations and incarcerations are reduced as well as homelessness. COUNTY's DBH will use State criteria for measuring these outcomes. CONTRACTOR(s) FSP program sites will be monitored regarding services delivered and if they meet the goals of MHSA.

The FSP program sites will use an effective method likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards (as defined by current MHSA regulations):

- Evidence-based practice standard
- Promising practice standard
- Community and or practice-based evidence standard

Transition Optimization Opportunities

One-time Transition Optimization Funds will be available to specialty mental health providers and Drug Medi-Cal providers within FY 2023-24 to encourage Contractors to identify and implement organization changes during the first year of CalAIM Payment Reform to improve outcomes for persons served and create operational efficiencies. Contractor is expected to utilize the strategies, tools and knowledge learned to their programming and continue to improve services for the population served.

Drug Medi-Cal Transition Optimization funds will be provided through County Realignment.

a. Funding Allocation Methodology

- i. Each participating contractor is eligible to apply for an allocation of Transition Optimization Funds up to the maximum amounts stated in Article 4 of the Agreement and further described below. Transition optimization funds will only be available from July 1, 2023 through June 30, 2024 and payments shall be on a quarterly basis.
- ii. Payments will be disbursed upon review and approval by DBH of each deliverable described below. Quarterly progress reports shall be submitted to DBH in order to show progress as outlined in the submitted plans and deliverables.
- iii. Payments will be dependent on Contractor demonstrating progress toward meeting deliverables described in this exhibit. Contractors who fail to submit progress reports by stated deadlines, or who do not demonstrate adequate progress made, may be determined ineligible for that quarter's payment at the sole discretion of the County.
- iv. All invoices will be submitted on a quarterly basis within fifteen (15) days following the end of the quarter. Invoices submitted thereafter may not be eligible for payment.

b. Responsibilities

i. Letter of Intent

Contractor shall submit a letter of intent to DBH by July 31, 2023 identifying the selected Transition Optimization Activity(ies) and commitment to meet the deliverable deadlines as described below. The letter shall include all current Medi-Cal billable specialty mental health and substance use disorder services agreements the Contractor has with the County.

The County shall respond to the Contractor's letter of intent within 30 days. The County's response shall include a breakdown of anticipated payments, as determined by the County, depending on the Transition Optimization Activity(ies) chosen and depending on the number of current Medi-Cal billable specialty mental health and substance use disorder services agreements the Contractor has with the County.

ii. Quarterly Reports

Contractor shall submit quarterly progress reports and invoices. Reports shall be submitted on the dates indicated in the Schedule of Deliverables below. Invoices are due 15 days after the end of each quarter. All activities shall be completed by June 30, 2024. The report shall include updated plans/tools and progress Contractor has made toward the Transition Optimization Activity(ies) described in each Contractors' letter of intent.

iii. Schedule of Deliverables: Equity Gap Analysis, Fiscal Monitoring Tool, and Electronic Health Record

1. Q1 Reports: July-Sept:
 - a. Letter of Intent: Due July 31, 2023

- b. Fiscal Monitoring Tool, Equity Gap Analysis, and Electronic Health Record Implementation Plans (if applicable): Due September 30, 2023
- c. Fiscal Monitoring Tool Identified Practices and Strategies (if applicable): Due September 30, 2023
- 2. Q2 Report: Oct-Dec: Due January 15, 2024
- 3. Q3 Report: Jan-Mar: Due April 15, 2024
- 4. Q4 Report: Apr-June: Due July 15, 2024

iv. All deliverables will be reviewed and approved by DBH prior to payment.

c. **Eligible Transition Optimization Activities**

i. **Fiscal Monitoring Tools:** Contractor shall submit to DBH a draft of their fiscal monitoring tool that shall be used monthly on an ongoing basis to evaluate fiscal health of the organization. Tools shall, at a minimum, monitor costs, productivity targets and identify one or more practice pattern(s) the organization is employing to increase direct care time to the Medi-Cal population.

1. **Fiscal Monitoring Tools and Implementation Plan:** Contractor shall develop fiscal monitoring tools that will be used monthly to ensure their organizational fiscal health and implementation plan. Fiscal monitoring tools drafts and implementation plan shall be submitted to DBH by September 30, 2023.

a. **Identified Practice:** Identify at least one process improvement that shall be modified by September 30, 2023.

b. **Quarterly Progress Reports:** Quarterly progress reports shall be submitted including but not limited to a narrative of progress, obstacles, alternative solutions and outcomes.

c. Funding for this activity shall be available up to \$25,000 for the initial agreement with Contractor and up to another \$10,000 for each additional agreement. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

ii. **Equity Gap Analysis:** Contractor shall produce a report identifying the race/ethnicity of population served in fiscal year 2022-23 compared to the County's population as provided by the County. Contractor shall identify key disparities in both persons served and amount of services and frequency of transitions to other levels of care received. Contractor shall identify three (3) strategies they shall employ during FY 2023-24 to reduce the disparities among underserved population.

1. **Report on Underserved Population:** Contractor shall submit an Equity Gap Report to the Department containing including, but not limited to, the following:

a. Identify if it serves specific population within its program(s) and identify whom the program(s) currently served based on data.

b. Staffing/workforce information and demographics. Report the staffing/workforce supporting the different programs and populations served by the provider in Fresno County. This data is to evaluate how the staffing reflects the populations it is serving.

c. Comparison of the county penetration rates to the demographics of persons served by the Contractor and program(s) under agreement with DBH.

d. Data on retention of persons served by demographics. Total persons served and the average length of stay by demographics of the persons served in programs.

Furthermore, a standardized EHR will improve continuity of care, create transparency across the system, remove obstacles for individuals accessing services and improve the overall outcomes for persons served. For Contractors who plan to opt in to use SmartCare or have previously opted into DBH's former EHR and intend to transition to SmartCare, user fees and costs shall be waived during FY 2023-2024 and FY 2024-2025.

1. Option One: Current EHR Users

- a. Strategic Plan: Contractors utilizing DBH's EHR as their current EHR, and who will continue to utilize SmartCare beginning July 1, 2023, shall provide a plan, including, but not limited to, how they will optimize Medi-Cal billing, illustrate how they will utilize the information in the EHR to improve care for persons served, and a training plan for their organization by September 30, 2023.
- b. Quarterly Progress Reports: Quarterly progress reports shall be submitted, including, but not limited to, a narrative on the progress, obstacles, alternative solutions and outcomes.
- c. Total compensation for this Electronic Health Record activity, Option 1, shall not exceed \$50,000.00 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

2. Option Two: Non-EHR Users

- a. Contractor shall submit an implementation plan by September 30, 2023 regarding how they will transition to utilizing the SmartCare EHR by June 30, 2024. The plan shall include, at a minimum, an identified Go Live Date, plan on how the current record system will be maintained and utilized, training plan including number of individuals, and additional supports. The Go Live Date must occur by June 30, 2024 to receive final payment. Contractor shall work closely with DBH to identify needs, assignments, collaboration opportunities to transition.
- b. For Option 2, the Contractor shall not be reimbursed more than \$200,000 split among all current agreements between the Contractor and the County for Medi-Cal billable specialty mental health and substance use disorder services. The total maximum compensation available for this option, shall include costs for maintaining current electronic health record/record system and additional supports and training costs per user. Contractor shall transition both specialty mental health and Drug Medi-Cal programming to the County's EHR and shall be required to use the County's EHR for future eligibility agreements with DBH. County shall provide further details on deliverables and payment schedule in County's response to the Contractor's letter of intent.

FULL SERVICE PARTNERSHIP SERVICE DELIVERY MODEL

Full Service Partnerships (FSP) are designed as a partnership between enrollees and the service provider. The FSP service delivery ethic incorporates recovery and cultural competence into the services and supports offered to consumers. In this partnership, the service provider commits to do "whatever it takes" and to "meet the client where they are" in order to assist the enrollee achieve their personal recovery/resiliency and wellness goals.

1. The Target Population is consistent with the population identified in the Fresno County MHA Community Planning Process.

The target population must meet requirements for SMI/SED diagnosis, and must address reduction of specific ethnic disparities, as indicated in the MHA Community Services and Supports proposal.

The target population will include clients who are not currently served ***and*** meet one or more of the following criteria:

- Homeless.
- At risk of homelessness – such as youth aging out of foster care or persons coming out of jail.
- Involved in the criminal justice system (including adults with child protection issues).
- Frequent users of hospital and emergency room services.

or are so underserved that they are at risk of:

- Homelessness – such as persons living in institutions or nursing homes.
- Criminal justice involvement.
- Institutionalization.

Diagnoses that serve as criteria for inclusion in the target population will be based on definitions found in California Welfare and Institutions Code Section 5600.3 defining seriously emotionally disturbed mental disorder or serious mental disorder. The operational definition of "diagnosis" for programs serving the chronically homeless may also include: co-occurring disorders, personality disorders, general anxiety/mood disorders, and Post Traumatic Stress Disorder.

2. FSP Program Components:

All MHA FSP Programs must include the following in their program descriptions:

- **Providers who are part of the multidisciplinary, community based "treatment" teams serve as an ally to the consumer's recovery process.** The partnership allows clients and family members opportunities for informed choice.
 - The team description must demonstrate commitment and capacity to do "whatever it takes" to assist the enrolled member, specifically:
 - Low staff to client ratio (approximately 1:12 or the ratio that has been specified in the RFP's scope of work).
 - 24/7 availability of the multidisciplinary team.
 - Team culture is created where each member of the team knows each client and the clients are familiar with each member of the team.
 - Members of the team speak the client's language, are familiar with community resources that reflect the healing beliefs of the client's culture, and are positioned to assist the client make meaningful connection with those resources.

- Crisis response comes from a person known to the client.
 - Staff is given the administrative flexibility and flex-funding to connect consumers with non-mental health services and same day needs. Examples include: housing; primary care; dual disorder services; education services and supports; vocational services and supports; payee services/benefits advocacy; community recreational activities (YMCA classes, libraries, movie theaters, etc.); social services; food; transportation; and clothing.
 - Availability of Integrated Dual Diagnosis Treatment or other dual recovery intervention that will provide effective treatment for the target population.
- **Outreach and engagement.** The team’s outreach and engagement strategy must be voluntary and driven by the values of client culture. This means that consumers will be engaged “where they are” in terms of their community location, their need for clinical and non-clinical services/supports and their phase of recovery. Outreach workers will have culturally competent language skills and will function as an ally to the consumer’s decision to receive services. Peer Support will be included in the outreach and engagement of new clients.
- **Procedures for enrollment and dis-enrollment will be easily understood, clearly communicated and non-coercive.** Enrollment is voluntary. A condition of enrollment is that the client indicates that they want services from the assertive-community treatment model team.
- **Each adult, older adult, and transition age youth enrollee must have a Personal Service Coordinator (PSC).** The PSC is an ally to the enrollee and acts as a “single point of responsibility” within the multidisciplinary team for coordinating services and supports.

“Personal Service Coordinators (PSCs) for adults – case managers for children and youth – must have a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can give the individual served and/or family member considerable personal attention...PSCs/case managers must be culturally competent, and know the community resources of the client’s racial ethnic community.” (Source: DMH Planning Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)

- **Each enrollee must have an Integrated Services and Supports Plan (ISSP) that is developed with their Personal Services Coordinator.** This ISSP is a planning tool that builds on the consumer’s strengths. It includes goals and provides a map of the steps that the enrollee identifies as necessary to move along his/her recovery path.

“Integrated Services and Supports Plans must operationalize the five fundamental concepts (identified in section three of this exhibit) and should reflect community collaboration, be culturally competent, be client/family driven with a wellness/recovery/resiliency focus and they must provide an integrated service experience for the client/family. In addition, the ISSP will be person/child-centered, and give individuals and their families’ sufficient information to allow them to make informed choices about the services in which they participate. Services should also include linkage to, or provision of, all needed services or benefits as defined by the client and or family in consultation with the PSC/case manager. This includes the capability of increasing or decreasing service intensity as needed.” (Source: DMH Planning

Requirements, Section III Identifying Populations for Full Service Partnerships, Aug 2005)

- **Peer support services will be made available to the client.** At least two staff (a minimum of 1 FTE) who act in peer support roles will be employed in each MHA program.
 - The enrollee is given significant access to peer recovery and self-help services. Tools such as Advanced Directives are made available to adult and older adult clients, and Wellness Recovery Action Plans (WRAP) are made available to adult, transition age youth and older adult clients.
 - Peer Counselors are included as equal partners in the multidisciplinary team, and play a critical role in developing the recovery culture and client orientation of the team.

3. The Five (5) Core MHA Concepts are embedded in each program.

Concept 1: Recovery/Resiliency Orientation: FSPs will embody the values of recovery and resiliency (i.e., hope, personal responsibility, self-advocacy, choice, respect) and the program principles of recovery and resiliency, including:

- Client-driven goal setting and Individualized Services and Supports Plans.
- Providers are allies to the client's recovery process.
- A harm-reduction approach to substance use that encourages recovery and abstinence but does not penalize consumers or withdraw help from them if they are using.
- A built in understanding and expectation of setbacks as part of recovery.
- Links to a range of services that are part of the consumers "pathway to wellness" (i.e., employment, health care, peer support, housing, medications, food and clothing).

Concept 2: Cultural Competence Orientation: The program's structure, staffing and service delivery values will reflect the cultural values and orientation of the program's target populations.

The FSP program will embody principals of cultural competence including:

- Diverse staff, representative of the primary ethnic groups to be reached through the program.
- Staff trained regarding common access barriers for racial and ethnic groups targeted (including the impact of housing discrimination).
- Links to community-based organizations that share the healing beliefs and practices of ethnic communities served by the FSP.

The FSP program must also be able to deal with gender and sexual orientation diversity. Training in sensitivity to gender and sexuality issues is a key component for staff on the team.

Concept 3: Community Collaboration: FSP Collaborations ensure that community resources are made available to enrollees. These collaborations include subcontracts between the vendor and other agencies, memoranda of understanding with community non-profits and businesses regarding providing services to clients, and informal relationships built between FSP staff and community stakeholders that result in improved access and decreased discrimination.

Concept 4: Client/Family Driven program: In FSPs, the Integrated Services and Supports Plan (ISSP) is used by adult clients and families of children and youth to identify their needs and preferences which lead to the services and supports that will be most effective for them. Providers work in full partnership with clients to develop these ISSPs. Their needs and preferences drive the policy and financing decisions that affect them.

Concept 5: Integrated Service Experience: FSP programs were incorporated into the MHSA to ensure that these dollars funded “integrated service experiences”. This means that services are “seamless” to clients and that clients do not have to negotiate multiple agencies and funding sources to get critical needs met and to move towards recovery and develop resiliency. Services are delivered, or at a minimum, coordinated through a single agency or a system of care. The integrated service experience centers on the individual/family, uses a strength-based approach, and includes multi-agency programs and joint planning to best address the individual/family’s needs using the full range of community-based treatment, case management, and interagency system components required by children/transition age youth/adults/older adults.

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

B. Employment Opportunity

Contractor shall comply with County policy, and the Equal Employment Opportunity Commission guidelines, which forbids discrimination against any person on the grounds of race, color, national origin, sex, religion, age, disability status, or sexual preference in employment practices. Such practices include retirement, recruitment advertising, hiring, layoff, termination, upgrading, demotion, transfer, rates of pay or other forms of compensation, use of facilities, and other terms and conditions of employment.

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- 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.

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

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

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the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

- b. Contractor agrees to cooperate fully in providing reasonable access to the Contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations, or the Department of Justice to determine the Contractor's compliance with the requirements under paragraph (a).
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 must 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 his or her 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 he or she left state employment, no former state officer or employee may enter into a contract in which he or she 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.

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- b). For the twelve (12) month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was 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 his or her 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 the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.
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 the CONTRACTOR is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.
 - b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate Contractor performing within the state not be subject to the franchise tax.
 - c. Both domestic and foreign corporations (those incorporated outside of California) must 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.

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6. **RESOLUTION:** A County, city, district, or other local public body must 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, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.
8. **PAYEE DATA RECORD FORM STD. 204:** This form must 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 must 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 must be consulted upon contracting and no less frequently than monthly thereafter. If the State finds a party that is excluded, it must promptly notify the Contractor and take action consistent with § 438.610(c).

The State must 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.

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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 the Contractor provides SMHS meet access criteria, as per Department of Health Care Services (DHCS) guidance specified in BHIN 21-073. Specifically, the Contractor 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:

Exhibit B

- 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 clients 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

Exhibit B

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 client must 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 client's age 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 client-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 individuals 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 client 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

Exhibit B

- 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 client 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.

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Services must 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 individuals aged 6 through 21, the Child and Adolescent Needs and Strengths (CANS), and for individuals 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, the Contractor 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 must document a problem list that adheres to industry standards utilizing at minimum current SNOMED International,

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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 client, 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 clients 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->

Exhibit B

[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 must ensure that client 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 must include documentation of written or verbal consent for telehealth or telephone services if such services are provided by Contractor. Such consent must be obtained at least once prior to initiating applicable health care services and consent must include all elements as specified in BHIN 22-019.
- v. County may at any time audit Contractor's telehealth practices, and Contractor must allow access to all materials needed to adequately monitor Contractor's adherence to telehealth standards and requirements.

3. CLIENT PROTECTIONS

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 must be immediately forwarded to the County's Managed Care Department or other designated persons via a secure method (e.g., encrypted email or by fax) to allow ample time for the Managed Care 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.

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- iii. Aligned with MHSUDS IN 18-010E and 42 C.F.R. §438.404, the appropriate and delegated Notice of Adverse Benefit Determination (NOABD) must be issued by Contractor within the specified timeframes using the template provided by the County.
 - iv. NOABDs must be issued to individuals anytime the Contractor has made or intends to make an adverse benefit determination that includes the reduction, suspension, or termination of a previously authorized service and/or the failure to provide services in a timely manner. The notice must have a clear and concise explanation of the reason(s) for the decision as established by DHCS and the County. The Contractor must 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 must be followed as per 42 C.F.R., Part 438, Subpart F (42 C.F.R. §§ 438.400 – 438.424).
 - vi. Contractor must 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 must maintain records of grievances and appeals and must review the information as part of its ongoing monitoring procedures. The record must be accurately maintained in a manner accessible to the County and available upon request to DHCS.
- b. Advanced Directives
 - i. Contractor must comply with all County policies and procedures regarding Advanced Directives in compliance with the requirements of 42 C.F.R. §§ 422.128 and 438.6(i) (l), (3) and (4).
 - c. Continuity of Care
 - i. Contractor shall follow the County's continuity of care policy that is in accordance with applicable state and federal regulations, MHSUDS IN 18-059 and any BHINs issued by DHCS for parity in mental health and substance use disorder benefits subsequent to the effective date of this Agreement (42 C.F.R. § 438.62(b)(1)-(2).)

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. The Contractor shall assess individual/family satisfaction by:
 - 1. Surveying person served/family satisfaction with the Contractor'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.

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4. Informing the County and individuals of the results of client/family satisfaction activities.
- ii. Contractor, if applicable, shall implement mechanisms to monitor the safety and effectiveness of medication practices. This mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs, at least annually and as required by DBH.
- iii. Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually and shared with the County.
- iv. Contractor shall assist County, as needed, with the development and implementation of Corrective Action Plans.
- v. Contractor shall collaborate with County to create a County's QI Work Plan with documented annual evaluations and documented revisions as needed. The QI Work Plan shall evaluate the impact and effectiveness of its quality assessment and performance improvement program.
- vi. Contractor shall attend and participate in the County's Quality Improvement Committee (QIC) to recommend policy decisions, review and evaluate results of QI activities, including PIPs, institute needed QI actions, and ensure follow-up of QI processes. Contractor shall ensure that there is active participation by the Contractor's practitioners and providers in the QIC.
- vii. Contractor shall participate, as required, in annual, independent external quality reviews (EQR) of the quality, timeliness, and access to the services covered under this Contract, which are conducted pursuant to Subpart E of Part 438 of the Code of Federal Regulations. (42 C.F.R. §§ 438.350(a) and 438.320)

b. TIMELY ACCESS

- i. Timely access standards include:
 1. Contractor must 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 the Contractor's provider only serves Medi-Cal clients, the provider must 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, must 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 Quality Management Department or other designated persons.

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3. Urgent care appointments for services that do not require prior authorization must be provided to individuals within 48 hours of a request. Urgent appointments for services that do require prior authorization must be provided to clients 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) must 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) must be made available to Medi-Cal individuals within 15 business days from the date the client 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.

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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 client 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

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- ii. Contractor must file and keep track of attestation statements, credentialing applications and credentialing status for all of their providers and must make those available to the County upon request at any time.
- iii. Contractor is required to sign an annual attestation statement at the time of Agreement renewal in which they will attest that they will follow County's Credentialing Policy and MHSUDS IN 18-019 and ensure that all of their rendering providers are credentialed as per established guidelines.

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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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
- 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

Fresno County Department of Behavioral Health

Guiding Principles of Care Delivery

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

DOCUMENTATION STANDARDS FOR CLIENT RECORDS

The documentation standards are described below under key topics related to client care. All standards must be addressed in the client record; 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 client record:

- 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 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 client record. 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

- Intensive Home-Based Services (IHBS)
- Intensive Care Coordination (ICC)
- 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 client plan 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,
 - Client plans will be consistent with the diagnosis, and the focus of intervention will be consistent with the client plan goals, and there will be documentation of the client's participation in and agreement with the plan. Examples of the documentation include, but are not limited to, reference to the client's participation and agreement in the body of the plan, client signature on the plan, or a description of the client's participation and agreement in progress notes.
 - Client signature on the plan will be used as the means by which the CONTRACTOR documents the participation of the client. When the client's signature is required on the client plan and the client refuses or is unavailable for signature, the client plan will include a written explanation of the refusal or unavailability.
 - The CONTRACTOR will give a copy of the client plan to the client 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



Department of Behavioral Health

Policy and Procedure Guide

PPG 1.2.7

Section: Mental Health

Effective Date: 05/30/2017

Revised Date: 05/30/2017

Policy Title: Performance Outcome Measures

Approved by: Dawan Utecht (Director of Behavioral Health), Francisco Escobedo (Sr. Staff Analyst - QA), Kannika Toonnachat (Division Manager - Technology and Quality Management)

POLICY:

It is the policy of Fresno County Department of Behavioral Health and the Fresno County Mental Health Plan (FCMHP) to ensure procedures for developing performance measures which accurately reflect vital areas of performance and provide for systematic, ongoing collection and analysis of valid and reliable data. Data collection is not intended to be an additional task for FCMHP programs/providers but rather embedded within the various non-treatment, treatment and clinical documentation.

PURPOSE:

To determine the effectiveness and efficiency of services provided by measuring performance outcomes/results achieved by the persons served during service delivery or following service completion, delivery of service, and of the individuals' satisfaction. This is a vital management tool used to clarify goals, document the efforts toward achieving those goals, and thus measure the benefit the service delivery to the persons served. Performance measurement selection is part of the planning and developing process design of the program. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals.

REFERENCE:

California Code of Regulations, Title 9, Chapter 11, Section 1810.380(a)(1): State Oversight

DHCS Service, Administrative and Operational Requirements

Mental Health Services Act (MHSA), California Code of Regulations, Title 9, Section 3320, 3200.050, and 3200.120

Commission on Accreditation of Rehabilitation Facilities (CARF)

DEFINITIONS:

1. **Indicator:** Qualitative or quantitative measure(s) that tell if the outcomes have been accomplished. Indicators evaluate key performance in relation to objectives. It indicates what the program is accomplishing and if the anticipated results are being achieved.

MISSION STATEMENT

The Department of Behavioral Health is dedicated to supporting the wellness of individuals, families and communities in Fresno County who are affected by, or are at risk of, mental illness and/or substance use disorders through cultivation of strengths toward promoting recovery in the least restrictive environment.

Template Review Date 3/28/16



Department of Behavioral Health

Policy and Procedure Guide

Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

2. **Intervention:** A systematic plan of action consciously adapted in an attempt to address and reduce the causes of failure or need to improve upon system.
3. **Fresno County Mental Health Plan (FCMHP):** Fresno County's contract with the State Department of Health and Human Services that allows for the provision of specialty mental health services. Services may be delivered by county-operated programs, contracted organizational, or group providers.
4. **Objective (Goal):** Intended results or the impact of learning, programs, or activities.
5. **Outcomes:** Specific results or changes achieved as a consequence of the program or intervention. Outcomes are connected to the objectives/goals identified by the program or intervention.

PROCEDURE:

- I. Each FCMHP program/provider shall engage in measurement of outcomes in order to generate reliable and valid data on the effectiveness and efficiency of programs or interventions. Programs/providers will establish/select objectives (goals), decide on a methodology and timeline for the collection of data, and use an appropriate data collection tool. This occurs during the program planning and development process. Outcomes should be in alignment with the program/provider goals.
- II. Outcomes should be measureable, obtainable, clear, accurately reflect the expected result, and include specific time frames. Once the measures have been selected, it is necessary to design a way to gather the information. For each service delivery performance indicator, FCMHP program/provider shall determine: to whom the indicator will be applied; who is responsible for collecting the data; the tool from which data will be collected; and a performance target based on an industry benchmark, or a benchmark set by the program/provider.
- III. Performance measures are subject to review and approval by FCMHP Administration.
- IV. Performance measurement is the ongoing monitoring and reporting of progress towards pre-established objectives/goals. Annually, each FCMHP program/provider must measure service delivery performance in each of the areas/domains listed below. Dependent on the program/provider service deliverables, exceptions must be approved by the FCMHP Administration.



Department of Behavioral Health

Policy and Procedure Guide

Section: Mental Health

Effective Date: 05/30/2017

PPG 1.2.7

Policy Title: Performance Outcome Measures

- a. Effectiveness of services – How well programs performed and the results achieved. Effectiveness measures address the quality of care through measuring change over time. Examples include but are not limited to: reduction of hospitalization, reduction of symptoms, employment and housing status, and reduction of recidivism rate and incidence of relapse.
 - b. Efficiency of services – The relationship between the outcomes and the resources used. Examples include but are not limited to: service delivery cost per service unit, length of stay, and direct service hours of clinical and medical staff.
 - c. Services access – Changes or improvements in the program/provider's capacity and timeliness to provide services to those who request them. Examples include but are not limited to: wait/length of time from first request/referral to first service or subsequent appointment, convenience of service hours and locations, number of clients served by program capacity, and no-show and cancellation rates.
 - d. Satisfaction and feedback from persons served and stakeholders– Changes or increased positive/negative feedback regarding the experiences of the persons served and others (families, referral sources, payors/guarantors, etc.). Satisfaction measures are usually oriented toward clients, family members, personnel, the community, and funding sources. Examples include but are not limited to: did the organization/program focus on the recovery of the person served, were grievances or concerns addressed, overall feelings of satisfaction, and satisfaction with physical facilities, fees, access, service effectiveness, and efficiency.
- V. Each FCMHP program/provider shall use the following templates to document the defined goals, intervention(s), specific indicators, and outcomes.
1. FCMHP Outcome Report template (see Attachment A)
 2. FCMHP Outcome Analysis template (see Attachment C)

**ADULT PAF
5/1/07**

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County	<input style="width: 95%;" type="text"/>	*
CSI County Client Number (CCN)	<input style="width: 95%;" type="text"/>	
County Partner ID (optional)	<input style="width: 95%;" type="text"/>	
Partner's First Name	<input style="width: 95%;" type="text"/>	*
Partner's Last Name	<input style="width: 95%;" type="text"/>	*
Partnership Date (mm/dd/yyyy)	<input style="width: 95%;" type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input style="width: 95%;" type="text"/>	*

Who referred the partner? (mark one)

- | | | |
|--|---|--|
| <input type="radio"/> Self | <input type="radio"/> Emergency Room | <input type="radio"/> Homeless Shelter |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child) | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Street Outreach |
| <input type="radio"/> Significant Other (e.g., boyfriend / girlfriend, spouse) | <input type="radio"/> Social Services Agency | <input type="radio"/> Jail / Prison |
| <input type="radio"/> Friend / Neighbor (i.e., unrelated other) | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> School | <input type="radio"/> Faith-based Organization | <input type="radio"/> Other |
| <input type="radio"/> Primary Care / Medical Office | <input type="radio"/> Other County / Community Agency | |

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)	<input style="width: 95%;" type="text"/>	
Full Service Partnership Program ID	<input style="width: 95%;" type="text"/>	*
Partnership Service Coordinator ID	<input style="width: 95%;" type="text"/>	*

PROGRAM INFORMATION

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

AB2034	<input type="checkbox"/>	
Governor's Homeless Initiative (GHI)	<input type="checkbox"/>	
MHSA Housing Program	<input type="checkbox"/>	

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

SETTING	TONIGHT	YESTERDAY (as of 11:59 p.m the day BEFORE partnership)	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With adult family member(s) other than parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

JUSTICE PLACEMENT					
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prison			<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
OTHER					
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EDUCATION

Highest level of education completed:

<input type="radio"/> No High School Diploma / No GED	<input type="radio"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
<input type="radio"/> GED Coursework	<input type="radio"/> Bachelor's Degree (e.g., B.A., B.S.)
<input type="radio"/> High School Diploma / GED	<input type="radio"/> Master's Degree (e.g., M.A., M.S.)
<input type="radio"/> Some College / Some Technical or Vocational Training	<input type="radio"/> Doctoral Degree (e.g., M.D., Ph.D.)

For the educational settings below, indicate where the partner.....	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/>	<input type="checkbox"/>
High School / Adult Education	<input type="text"/>	<input type="checkbox"/>
Technical / Vocational School	<input type="text"/>	<input type="checkbox"/>
Community College / 4 year College	<input type="text"/>	<input type="checkbox"/>
Graduate School	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status...	# OF WEEKS	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	<input type="text"/>	
Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Unemployed	<input type="text"/>		

CURRENT EMPLOYMENT

Indicate the partner's employment status...	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	\$ <input type="text"/>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	\$ <input type="text"/>
Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.	<input type="text"/>	\$ <input type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text"/>	\$ <input type="text"/>
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	
Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)	<input type="text"/>	\$ <input type="text"/>
The partner is not employed at this time.	<input type="checkbox"/>	
Does one of the partner's current recovery goals include any kind of employment at this time?	<input type="radio"/> Yes <input type="radio"/> No	

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	DURING THE PAST 12 MONTHS (mark all that apply)	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

LEGAL ISSUES / DESIGNATIONS**JUSTICE SYSTEM INVOLVEMENT****ARREST INFORMATION**

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS?

 Yes No**PROBATION INFORMATION**

Is the partner CURRENTLY on probation?

 Yes No

Was the partner on probation DURING THE PAST 12 MONTHS?

 Yes No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?

 Yes No**PAROLE INFORMATION**

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?

 Yes No

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?

 Yes No**CONSERVATORSHIP / PAYEE INFORMATION****CONSERVATORSHIP INFORMATION**

Is the partner CURRENTLY on conservatorship?

 Yes No

Was the partner on conservatorship DURING THE PAST 12 MONTHS?

 Yes No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?

 Yes No**PAYEE INFORMATION**

Does the partner CURRENTLY have a payee?

 Yes No

Did the partner have a payee DURING THE PAST 12 MONTHS?

 Yes No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?

 Yes No**CUSTODY INFORMATION**

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status:

(Dependent of the court)

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner had DURING THE PAST 12 MONTHS that were:

Physical Health Related

Mental Health / Substance Abuse Related

HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?

Yes No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?

Yes No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

Yes No

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?

Yes No

Is the partner CURRENTLY receiving substance abuse services?

Yes No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS	VALUES
To be tracked on the KEY EVENT TRACKING form:	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>
To be tracked on the QUARTERLY ASSESSMENT form:	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>

ADULT KET 5/1/07

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

PARTNERSHIP STATUS		
Date of Provider Number Change (mm/dd/yyyy): / NPI	<input type="text"/>	
NEW Provider Number: / NPI	<input type="text"/>	
<hr/>		
Date of Full Service Partnership Program ID Change (mm/dd/yyyy):	<input type="text"/>	
NEW Full Service Partnership Program ID:	<input type="text"/>	
<hr/>		
Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):	<input type="text"/>	
NEW Partnership Service Coordinator ID:	<input type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes) (Continued)

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county / service area.
- After repeated attempts to contact partner, s/he cannot be located.
- Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- Community services / program interrupted – Partner will be serving JAIL sentence.
- Community services / program interrupted – Partner will be serving PRISON sentence.
- Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):

SETTING

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENTIn an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage With one or both biological / adoptive parents With adult family member(s) other than parents Single Room Occupancy (must hold lease) **SHELTER / HOMELESS**Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) Homeless (includes people living in their cars) **SUPERVISED PLACEMENT**Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) Assisted Living Facility Unlicensed but supervised congregate placement (includes group living homes, sober living homes) Licensed Community Care Facility (Board and Care) **HOSPITAL**Acute Medical Hospital Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) State Psychiatric Hospital **RESIDENTIAL PROGRAM**Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) Skilled Nursing Facility (physical) Skilled Nursing Facility (psychiatric) Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] **JUSTICE PLACEMENT**Jail **OTHER**Other Unknown

EDUCATION (Skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- No High School Diploma / No GED
- GED Coursework
- High School Diploma / GED
- Some College / Some Technical or Vocational Training
- Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- Bachelor's Degree (e.g., B.A., B.S.)
- Master's Degree (e.g., M.A., M.S.)
- Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

	Setting
Not in school of any kind	<input type="checkbox"/>
High School / Adult Education	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>
Community College / 4 year College	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>
Other	<input type="checkbox"/>

If stopping school, did the partner complete a class and/or program? Yes No

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

AVERAGE
HOURS per
WEEKAVERAGE
HOURLY WAGE**Competitive Employment:**

Paid employment in the community in a position that is also open to individuals without a disability.

\$ **Supported Employment:**

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$ **Transitional Employment / Enclave:**

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$ **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.\$ **Non-paid (Volunteer) Work Experience:**

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

Does one of the partner's current recovery goals include any kind of employment at this time?

 Yes No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mm/dd/yyyy):

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

Removed from Probation

Placed on Probation

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

Removed from conservatorship

Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

Removed from payee status

Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

Physical Health Related

Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

COUNTY USE QUESTIONS	DATE of CHANGE (mm/dd/yyyy)	NEW VALUE
County Use Field # 1	<input type="text"/>	<input type="text"/>
County Use Field # 2	<input type="text"/>	<input type="text"/>
County Use Field # 3	<input type="text"/>	<input type="text"/>

OLDER ADULT KET
5/1/07

FULL SERVICE PARTNERSHIP
 Older Adult Key Event Tracking Form
 FOR AGES 60+ YEARS

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

PARTNERSHIP STATUS

Date of Provider Number Change (mm/dd/yyyy):
/ NPI

NEW Provider Number:
/ NPI

Date of Full Service Partnership Program ID Change (mm/dd/yyyy):

NEW Full Service Partnership Program ID:

Date of Partnership Service Coordinator ID Change (mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county / service area.
- After repeated attempts to contact partner, s/he cannot be located.
- Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time [such as an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- Community services / program interrupted – Partner will be serving JAIL sentence.
- Community services / program interrupted – Partner will be serving PRISON sentence.
- Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Skip this section if there are no changes)

Date of Residential Status Change (mm/dd/yyyy):

SETTING

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENTIn an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage With one or both biological / adoptive parents With adult family member(s) other than parents Single Room Occupancy (must hold lease) **SHELTER / HOMELESS**Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) Homeless (includes people living in their cars) **SUPERVISED PLACEMENT**Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants) Assisted Living Facility Unlicensed but supervised congregate placement (includes group living homes, sober living homes) Licensed Community Care Facility (Board and Care) **HOSPITAL**Acute Medical Hospital Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) State Psychiatric Hospital **RESIDENTIAL PROGRAM**Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) Skilled Nursing Facility (physical) Skilled Nursing Facility (psychiatric) Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)] **JUSTICE PLACEMENT**Jail **OTHER**Other Unknown

EDUCATION (Skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- No High School Diploma / No GED
- GED Coursework
- High School Diploma / GED
- Some College / Some Technical or Vocational Training
- Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- Bachelor's Degree (e.g., B.A., B.S.)
- Master's Degree (e.g., M.A., M.S.)
- Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.

	Setting
Not in school of any kind	<input type="checkbox"/>
High School / Adult Education	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>
Community College / 4 year College	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>
Other	<input type="checkbox"/>

If stopping school, did the partner complete a class and/or program? Yes No

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

**AVERAGE
HOURS per
WEEK****AVERAGE
HOURLY WAGE****Competitive Employment:**

Paid employment in the community in a position that is also open to individuals without a disability.

\$ **Supported Employment:**

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

\$ **Transitional Employment / Enclave:**

Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.

\$ **Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):**Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.\$ **Non-paid (Volunteer) Work Experience:**

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

Does one of the partner's current recovery goals include any kind of employment at this time?

 Yes No

LEGAL ISSUES / DESIGNATIONS (Skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mm/dd/yyyy):

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

Removed from Probation

Placed on Probation

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

Removed from conservatorship

Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

Removed from payee status

Placed on payee status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

Indicate the type of emergency intervention: (e.g., emergency room visit, crisis stabilization unit)

Physical Health Related

Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS (Skip this section if there are no changes)

COUNTY USE QUESTIONS	DATE of CHANGE (mm/dd/yyyy)	NEW VALUE
County Use Field # 1	<input type="text"/>	<input type="text"/>
County Use Field # 2	<input type="text"/>	<input type="text"/>
County Use Field # 3	<input type="text"/>	<input type="text"/>

FULL SERVICE PARTNERSHIP
 Adult Quarterly Assessment Form
 FOR AGES 26-59 YEARS

ADULT 3M
5/1/07

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>
Savings	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>
Other	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>

LEGAL ISSUES / DESIGNATIONS

CUSTODY INFORMATION

Indicate the total number of children the partner has who are **CURRENTLY**:

Placed on W & I Code 300 Status: (Dependent of the court)	<input type="text"/>
Placed in Foster Care:	<input type="text"/>
Legally Reunified with partner:	<input type="text"/>
Adopted out:	<input type="text"/>

HEALTH STATUS

Does the partner have a primary care physician **CURRENTLY**? Yes No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner **CURRENTLY** have an active co-occurring mental illness and substance use problem? Yes No

Is the partner **CURRENTLY** receiving substance abuse services? Yes No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS	NEW VALUE
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>

**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

FSP and AOT	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$1,140.98
Physicians Assistant	\$511.73
Nurse Practitioner	\$567.38
RN	\$463.45
Certified Nurse Specialist	\$567.38
LVN	\$243.47
Pharmacist	\$546.16
Licensed Psychiatric Technician	\$208.72
Psychologist/Pre-licensed Psychologist	\$458.87
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$296.95
Occupational Therapist	\$395.28
Mental Health Rehab Specialist	\$223.41
Peer Recovery Specialist	\$234.58
Other Qualified Providers - Other Designated MH staff that bill medical	\$223.41

**Fresno County Department of Behavioral Health
Specialty Mental Health Services Outpatient Rates**

Field Based (at least 50% of services are provided in the field)	
Provider Type	Provider Rate Per Hour
Psychiatrist/ Contracted Psychiatrist	\$988.85
Physicians Assistant	\$443.50
Nurse Practitioner	\$491.73
RN	\$401.65
Certified Nurse Specialist	\$491.73
LVN	\$211.00
Pharmacist	\$473.34
Licensed Psychiatric Technician	\$180.89
Psychologist/Pre-licensed Psychologist	\$397.68
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	\$257.35
Occupational Therapist	\$342.58
Mental Health Rehab Specialist	\$193.62
Peer Recovery Specialist	\$203.30
Other Qualified Providers - Other Designated MH staff that bill medical	\$193.62

RMH FSP
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS					
Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116				\$ -	\$ -
1117				-	-
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		0.00		\$ -	\$ -
			Admin	Program	Total
Direct Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement				\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ -	\$ -	\$ -
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	-	-
1303	SUI		-	-	-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ -	\$ -	\$ -
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ -	\$ -	\$ -

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	92,263
2003	Client Transportation & Support	1,478
2004	Clothing, Food, & Hygiene	18,354
2005	Education Support	1,325
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Client Housing Operating Expenditures	1,702
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 115,122

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ -

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ -

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ -

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	s	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 115,122
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PROGRAM FUNDING SOURCES

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL		\$ -

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHA)			
Acct #	MHA Component	MHA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHA TOTAL			\$ -

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ -
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NET PROGRAM COST:	\$ 115,122
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RMH FSP
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		-		
Administrative Positions		-		
1101	0	-		
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
Program Positions		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
Direct Employee Benefits		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
Direct Payroll Taxes & Expenses:		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
2000: DIRECT CLIENT SUPPORT		115,122		
2001	Child Care	-		
2002	Client Housing Support	92,263	Client Housing Support	
2003	Client Transportation & Support	1,478	Client Transportation & Support	
2004	Clothing, Food, & Hygiene	18,354	Clothing, Food, & Hygiene	
2005	Education Support	1,325	Education Support	
2006	Employment Support	-		
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Client Housing Operating Expenditures	1,702	Client Housing Operating Expenditures	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES				
	3001	Telecommunications	-	
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	-	
	3004	Advertising	-	
	3005	Staff Development & Training	-	
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (specify)	-	
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT				
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 115,122

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:		115,122	
BUDGET CHECK:		-	

RMH FSP
Turning Point of Central California, Inc.
Fiscal Year (FY) 2024-25

PROGRAM EXPENSES

1000: DIRECT SALARIES & BENEFITS

Direct Employee Salaries					
Acct #	Administrative Position	FTE	Admin	Program	Total
1101			\$ -		\$ -
1102			-		-
1103			-		-
1104			-		-
1105			-		-
1106			-		-
1107			-		-
1108			-		-
1109			-		-
1110			-		-
1111			-		-
1112			-		-
1113			-		-
1114			-		-
1115			-		-
Direct Personnel Admin Salaries Subtotal		0.00	\$ -		\$ -
Acct #	Program Position	FTE	Admin	Program	Total
1116				\$ -	\$ -
1117				-	-
1118				-	-
1119				-	-
1120				-	-
1121				-	-
1122				-	-
1123				-	-
1124				-	-
1125				-	-
1126				-	-
1127				-	-
1128				-	-
1129				-	-
1130				-	-
1131				-	-
1132				-	-
1133				-	-
1134				-	-
Direct Personnel Program Salaries Subtotal		0.00		\$ -	\$ -
			Admin	Program	Total
Direct Personnel Salaries Subtotal		0.00	\$ -	\$ -	\$ -
Direct Employee Benefits					
Acct #	Description		Admin	Program	Total
1201	Retirement				\$ -
1202	Worker's Compensation		-	-	-
1203	Health Insurance		-	-	-
1204	Other (specify)		-	-	-
1205	Other (specify)		-	-	-
1206	Other (specify)		-	-	-
Direct Employee Benefits Subtotal:			\$ -	\$ -	\$ -
Direct Payroll Taxes & Expenses:					
Acct #	Description		Admin	Program	Total
1301	OASDI		\$ -	\$ -	\$ -
1302	FICA/MEDICARE		-	-	-
1303	SUI		-	-	-
1304	Other (specify)		-	-	-
1305	Other (specify)		-	-	-
1306	Other (specify)		-	-	-
Direct Payroll Taxes & Expenses Subtotal:			\$ -	\$ -	\$ -
DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL:			Admin	Program	Total
			\$ -	\$ -	\$ -

DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE:	Admin	Program
	#DIV/0!	#DIV/0!

2000: DIRECT CLIENT SUPPORT		
Acct #	Line Item Description	Amount
2001	Child Care	\$ -
2002	Client Housing Support	92,263
2003	Client Transportation & Support	1,478
2004	Clothing, Food, & Hygiene	18,354
2005	Education Support	1,325
2006	Employment Support	-
2007	Household Items for Clients	-
2008	Medication Supports	-
2009	Program Supplies - Medical	-
2010	Utility Vouchers	-
2011	Client Housing Operating Expenditures	1,702
2012	Other (specify)	-
2013	Other (specify)	-
2014	Other (specify)	-
2015	Other (specify)	-
2016	Other (specify)	-
DIRECT CLIENT CARE TOTAL		\$ 115,122

3000: DIRECT OPERATING EXPENSES		
Acct #	Line Item Description	Amount
3001	Telecommunications	\$ -
3002	Printing/Postage	-
3003	Office, Household & Program Supplies	-
3004	Advertising	-
3005	Staff Development & Training	-
3006	Staff Mileage	-
3007	Subscriptions & Memberships	-
3008	Vehicle Maintenance	-
3009	Other (specify)	-
3010	Other (specify)	-
3011	Other (specify)	-
3012	Other (specify)	-
DIRECT OPERATING EXPENSES TOTAL:		\$ -

4000: DIRECT FACILITIES & EQUIPMENT		
Acct #	Line Item Description	Amount
4001	Building Maintenance	\$ -
4002	Rent/Lease Building	-
4003	Rent/Lease Equipment	-
4004	Rent/Lease Vehicles	-
4005	Security	-
4006	Utilities	-
4007	Other (specify)	-
4008	Other (specify)	-
4009	Other (specify)	-
4010	Other (specify)	-
DIRECT FACILITIES/EQUIPMENT TOTAL:		\$ -

5000: DIRECT SPECIAL EXPENSES		
Acct #	Line Item Description	Amount
5001	Consultant (Network & Data Management)	\$ -
5002	HMIS (Health Management Information System)	-
5003	Contractual/Consulting Services (Specify)	-
5004	Translation Services	-
5005	Other (specify)	-
5006	Other (specify)	-
5007	Other (specify)	-
5008	Other (specify)	-
DIRECT SPECIAL EXPENSES TOTAL:		\$ -

6000: INDIRECT EXPENSES		
Acct #	Line Item Description	Amount
	Administrative Overhead	
6001	Use this line and only this line for approved indirect cost rate	\$ -
	Administrative Overhead	
6002	Professional Liability Insurance	-
6003	Accounting/Bookkeeping	-
6004	External Audit	-
6005	Insurance (Specify):	-
6006	Payroll Services	-
6007	Depreciation (Provider-Owned Equipment to be Used for Program Purposes)	-
6008	Personnel (Indirect Salaries & Benefits)	-
6009	Other (specify)	-
6010	Other (specify)	-
6011	Other (specify)	-
6012	Other (specify)	-
6013	Other (specify)	-
INDIRECT EXPENSES TOTAL		\$ -

INDIRECT COST RATE	0.00%
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7000: DIRECT FIXED ASSETS		
Acct #	Line Item Description	Amount
7001	Computer Equipment & Software	\$ -
7002	Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data	-
7003	Furniture & Fixtures	-
7004	Leasehold/Tenant/Building Improvements	-
7005	Other Assets over \$500 with Lifespan of 2 Years +	-
7006	Assets over \$5,000/unit (Specify)	-
7007	Other (specify)	-
7008	Other (specify)	-
FIXED ASSETS EXPENSES TOTAL		\$ -

TOTAL PROGRAM EXPENSES	\$ 115,122
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PROGRAM FUNDING SOURCES

8100 - SUBSTANCE USE DISORDER FUNDS		
Acct #	Line Item Description	Amount
8101	Drug Medi-Cal	\$ -
8102	SABG	\$ -
SUBSTANCE USE DISORDER FUNDS TOTAL		\$ -

8200 - REALIGNMENT		
Acct #	Line Item Description	Amount
8201	Realignment	\$ -
REALIGNMENT TOTAL		\$ -

8300 - MENTAL HEALTH SERVICE ACT (MHA)			
Acct #	MHA Component	MHA Program Name	Amount
8301	CSS - Community Services & Supports		\$ -
8302	PEI - Prevention & Early Intervention		-
8303	INN - Innovations		-
8304	WET - Workforce Education & Training		-
8305	CFTN - Capital Facilities & Technology		-
MHA TOTAL			\$ -

8400 - OTHER REVENUE		
Acct #	Line Item Description	Amount
8401	Client Fees	\$ -
8402	Client Insurance	-
8403	Grants (Specify)	-
8404	Other (Specify)	-
8405	Other (Specify)	-
OTHER REVENUE TOTAL		\$ -

TOTAL PROGRAM FUNDING SOURCES:	\$ -
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NET PROGRAM COST:	\$ 115,122
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RMH FSP
Turning Point of Central California, Inc.
Fiscal Year (FY) 2023-24 Budget Narrative

PROGRAM EXPENSE				
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE	
1000: DIRECT SALARIES & BENEFITS		-		
Administrative Positions		-		
1101	0	-		
1102	0	-		
1103	0	-		
1104	0	-		
1105	0	-		
1106	0	-		
1107	0	-		
1108	0	-		
1109	0	-		
1110	0	-		
1111	0	-		
1112	0	-		
1113	0	-		
1114	0	-		
1115	0	-		
Program Positions		-		
1116	0	-		
1117	0	-		
1118	0	-		
1119	0	-		
1120	0	-		
1121	0	-		
1122	0	-		
1123	0	-		
1124	0	-		
1125	0	-		
1126	0	-		
1127	0	-		
1128	0	-		
1129	0	-		
1130	0	-		
1131	0	-		
1132	0	-		
1133	0	-		
1134	0	-		
Direct Employee Benefits		-		
1201	Retirement	-		
1202	Worker's Compensation	-		
1203	Health Insurance	-		
1204	Other (specify)	-		
1205	Other (specify)	-		
1206	Other (specify)	-		
Direct Payroll Taxes & Expenses:		-		
1301	OASDI	-		
1302	FICA/MEDICARE	-		
1303	SUI	-		
1304	Other (specify)	-		
1305	Other (specify)	-		
1306	Other (specify)	-		
2000: DIRECT CLIENT SUPPORT		115,122		
2001	Child Care	-		
2002	Client Housing Support	92,263	Client Housing Support	
2003	Client Transportation & Support	1,478	Client Transportation & Support	
2004	Clothing, Food, & Hygiene	18,354	Clothing, Food, & Hygiene	
2005	Education Support	1,325	Education Support	
2006	Employment Support	-		
2007	Household Items for Clients	-		
2008	Medication Supports	-		
2009	Program Supplies - Medical	-		
2010	Utility Vouchers	-		
2011	Client Housing Operating Expenditures	1,702	Client Housing Operating Expenditures	

PROGRAM EXPENSE				
	ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
	2012	Other (specify)	-	
	2013	Other (specify)	-	
	2014	Other (specify)	-	
	2015	Other (specify)	-	
	2016	Other (specify)	-	

3000: DIRECT OPERATING EXPENSES				
	3001	Telecommunications	-	
	3002	Printing/Postage	-	
	3003	Office, Household & Program Supplies	-	
	3004	Advertising	-	
	3005	Staff Development & Training	-	
	3006	Staff Mileage	-	
	3007	Subscriptions & Memberships	-	
	3008	Vehicle Maintenance	-	
	3009	Other (specify)	-	
	3010	Other (specify)	-	
	3011	Other (specify)	-	
	3012	Other (specify)	-	

4000: DIRECT FACILITIES & EQUIPMENT				
	4001	Building Maintenance	-	
	4002	Rent/Lease Building	-	
	4003	Rent/Lease Equipment	-	
	4004	Rent/Lease Vehicles	-	
	4005	Security	-	
	4006	Utilities	-	
	4007	Other (specify)	-	
	4008	Other (specify)	-	
	4009	Other (specify)	-	
	4010	Other (specify)	-	

5000: DIRECT SPECIAL EXPENSES				
	5001	Consultant (Network & Data Management)	-	
	5002	HMIS (Health Management Information System)	-	
	5003	Contractual/Consulting Services (Specify)	-	
	5004	Translation Services	-	
	5005	Other (specify)	-	
	5006	Other (specify)	-	
	5007	Other (specify)	-	
	5008	Other (specify)	-	

6000: INDIRECT EXPENSES				
	6001	Administrative Overhead	-	
	6002	Professional Liability Insurance	-	
	6003	Accounting/Bookkeeping	-	
	6004	External Audit	-	
	6005	Insurance (Specify):	-	
	6006	Payroll Services	-	
	6007	Depreciation (Provider-Owned Equipment to be Used	-	
	6008	Personnel (Indirect Salaries & Benefits)	-	
	6009	Other (specify)	-	
	6010	Other (specify)	-	
	6011	Other (specify)	-	
	6012	Other (specify)	-	
	6013	Other (specify)	-	

7000: DIRECT FIXED ASSETS				
	7001	Computer Equipment & Software	-	
	7002	Copiers, Cell Phones, Tablets, Devices to Contain	-	
	7003	Furniture & Fixtures	-	
	7004	Leasehold/Tenant/Building Improvements	-	
	7005	Other Assets over \$500 with Lifespan of 2 Years +	-	
	7006	Assets over \$5,000/unit (Specify)	-	
	7007	Other (specify)	-	
	7008	Other (specify)	-	

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 115,122

PROGRAM EXPENSE			
ACCT #	LINE ITEM	AMT	DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE
TOTAL PROGRAM EXPENSES FROM BUDGET TEMPLATE:		115,122	
BUDGET CHECK:		-	

Exhibit H

Insurance Requirements

1. Required Policies

Without limiting the County's right to obtain indemnification from the Contractor or any third parties, Contractor, at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement.

- (A) **Commercial General Liability.** Commercial general liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence and an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis. Coverage must include products, completed operations, property damage, bodily injury, personal injury, and advertising injury. The Contractor shall obtain an endorsement to this policy naming the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, as additional insureds, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insureds will apply as primary insurance and any other insurance, or self-insurance, maintained by the County is excess only and not contributing with insurance provided under the Contractor's policy.
- (B) **Automobile Liability.** Automobile liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for property damages. Coverage must include any auto used in connection with this Agreement.
- (C) **Workers Compensation.** Workers compensation insurance as required by the laws of the State of California with statutory limits.
- (D) **Employer's Liability.** Employer's liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence for bodily injury and for disease.
- (E) **Professional Liability.** Professional liability insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Three Million Dollars (\$3,000,000). If this is a claims-made policy, then (1) the retroactive date must be prior to the date on which services began under this Agreement; (2) the Contractor shall maintain the policy and provide to the County annual evidence of insurance for not less than five years after completion of services under this Agreement; and (3) if the policy is canceled or not renewed, and not replaced with another claims-made policy with a retroactive date prior to the date on which services begin under this Agreement, then the Contractor shall purchase extended reporting coverage on its claims-made policy for a minimum of five years after completion of services under this Agreement.
- (F) **Molestation Liability.** Sexual abuse / molestation liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence, with an annual aggregate of Four Million Dollars (\$4,000,000). This policy must be issued on a per occurrence basis.
- (G) **Cyber Liability.** Cyber liability insurance with limits of not less than Two Million Dollars (\$2,000,000) per occurrence. Coverage must include claims involving Cyber Risks. The cyber liability policy must be endorsed to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.

Exhibit H

Definition of Cyber Risks. “Cyber Risks” include but are not limited to (i) Security Breach, which may include Disclosure of Personal Information to an Unauthorized Third Party; (ii) data breach; (iii) breach of any of the Contractor’s obligations under Article 18 of this Agreement; (iv) system failure; (v) data recovery; (vi) failure to timely disclose data breach or Security Breach; (vii) failure to comply with privacy policy; (viii) payment card liabilities and costs; (ix) infringement of intellectual property, including but not limited to infringement of copyright, trademark, and trade dress; (x) invasion of privacy, including release of private information; (xi) information theft; (xii) damage to or destruction or alteration of electronic information; (xiii) cyber extortion; (xiv) extortion related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; (xv) fraudulent instruction; (xvi) funds transfer fraud; (xvii) telephone fraud; (xviii) network security; (xix) data breach response costs, including Security Breach response costs; (xx) regulatory fines and penalties related to the Contractor’s obligations under this Agreement regarding electronic information, including Personal Information; and (xxi) credit monitoring expenses.

If the Contractor is a governmental entity, it may satisfy the policy requirements above through a program of self-insurance, including an insurance pooling arrangement or joint exercise of powers agreement.

2. Additional Requirements

- (A) **Verification of Coverage.** Within 30 days after the Contractor signs this Agreement, and at any time during the term of this Agreement as requested by the County’s Risk Manager or the County Administrative Office, the Contractor shall deliver, or cause its broker or producer to deliver, to the County Risk Manager, at 2220 Tulare Street, 16th Floor, Fresno, California 93721, or HRRiskManagement@fresnocountyca.gov, and by mail or email to the person identified to receive notices under this Agreement, certificates of insurance and endorsements for all of the coverages required under this Agreement.
- (i) Each insurance certificate must state that: (1) the insurance coverage has been obtained and is in full force; (2) the County, its officers, agents, employees, and volunteers are not responsible for any premiums on the policy; and (3) the Contractor has waived its right to recover from the County, its officers, agents, employees, and volunteers any amounts paid under any insurance policy required by this Agreement and that waiver does not invalidate the insurance policy.
 - (ii) The commercial general liability insurance certificate must also state, and include an endorsement, that the County of Fresno, its officers, agents, employees, and volunteers, individually and collectively, are additional insureds insofar as the operations under this Agreement are concerned. The commercial general liability insurance certificate must also state that the coverage shall apply as primary insurance and any other insurance, or self-insurance, maintained by the County shall be excess only and not contributing with insurance provided under the Contractor’s policy.

Exhibit H

- (iii) The automobile liability insurance certificate must state that the policy covers any auto used in connection with this Agreement.
 - (iv) The professional liability insurance certificate, if it is a claims-made policy, must also state the retroactive date of the policy, which must be prior to the date on which services began under this Agreement.
 - (v) The cyber liability insurance certificate must also state that it is endorsed, and include an endorsement, to cover the full replacement value of damage to, alteration of, loss of, or destruction of intangible property (including but not limited to information or data) that is in the care, custody, or control of the Contractor.
- (B) **Acceptability of Insurers.** All insurance policies required under this Agreement must be issued by admitted insurers licensed to do business in the State of California and possessing at all times during the term of this Agreement an A.M. Best, Inc. rating of no less than A: VII.
- (C) **Notice of Cancellation or Change.** For each insurance policy required under this Agreement, the Contractor shall provide to the County, or ensure that the policy requires the insurer to provide to the County, written notice of any cancellation or change in the policy as required in this paragraph. For cancellation of the policy for nonpayment of premium, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 10 days in advance of cancellation. For cancellation of the policy for any other reason, and for any other change to the policy, the Contractor shall, or shall cause the insurer to, provide written notice to the County not less than 30 days in advance of cancellation or change. The County in its sole discretion may determine that the failure of the Contractor or its insurer to timely provide a written notice required by this paragraph is a breach of this Agreement.
- (D) **County's Entitlement to Greater Coverage.** If the Contractor has or obtains insurance with broader coverage, higher limits, or both, than what is required under this Agreement, then the County requires and is entitled to the broader coverage, higher limits, or both. To that end, the Contractor shall deliver, or cause its broker or producer to deliver, to the County's Risk Manager certificates of insurance and endorsements for all of the coverages that have such broader coverage, higher limits, or both, as required under this Agreement.
- (E) **Waiver of Subrogation.** The Contractor 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. The Contractor is solely responsible to obtain any policy endorsement that may be necessary to accomplish that waiver, but the Contractor's waiver of subrogation under this paragraph is effective whether or not the Contractor obtains such an endorsement.
- (F) **County's Remedy for Contractor's Failure to Maintain.** If the Contractor fails to keep in effect at all times any insurance coverage required under this Agreement, the County may, in addition to any other remedies it may have, suspend or terminate this Agreement upon the occurrence of that failure, or purchase such insurance coverage, and charge the cost of that coverage to the Contractor. The County may offset such

Exhibit H

charges against any amounts owed by the County to the Contractor under this Agreement.

- (G) **Subcontractors.** The Contractor shall require and verify that all subcontractors used by the Contractor to provide services under this Agreement maintain insurance meeting all insurance requirements provided in this Agreement. This paragraph does not authorize the Contractor to provide services under this Agreement using subcontractors.

Exhibit I

FRESNO COUNTY MENTAL HEALTH PLAN

Grievances

Fresno County Mental Health Plan (MHP) 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 at intake and annually thereafter.

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 Mental 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 Provider Relations Specialist (PRS) regarding his or her complaint or concern.

Exhibit I

The PRS 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 Managed Care staff who was not involved in the initial denial or modification decision to determine the appeal decision.

If the Managed Care staff 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.

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

The Incident Report must be completed for all incidents involving individuals served through DBH's current incident reporting portal, Logic Manager, at <https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

- The reporting portal is available 24 hours a day, every day.
- Any employee of the CONTRACTOR can submit an incident using the reporting portal at any time. No login is required.
- The designated administrator of the CONTRACTOR can add information to the follow up section of the report after submission.
- When an employee submits an incident within 24 hours from the time of the incident or first knowledge of the incident, the CONTRACTOR's designated administrator, the assigned contract analyst and the Incident Reporting email inbox will be notified immediately via email from the Logic Manager system that there is a new incident to review.
- Meeting the 24 hour incident reporting requirements will be easier as there are no signatures to collect.
- The user guide attached identifies the reporting process and the reviewer process, and is subject to updates based on DBH's selected incident reporting portal system.

Questions about incident reporting, how to use the incident reporting portal, or designating/changing the name of the administrator who will review incidents for the CONTRACTOR should be emailed to DBHIncidentReporting@fresnocountyca.gov and the assigned contract analyst.



INCIDENT REVIEWER ROLE – User Guide

Fresno County Department of Behavioral Health (DBH) requires all of its county-operated and contracted providers (through the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services) to complete a written report of any incidents compromising the health and safety of persons served, employees, or community members.

Yes! Incident reports will now be made through an on online reporting portal hosted by Logic Manager. It's an easier way for any employee to report an incident at any time. A few highlights:

- No supervisor signature is immediately required.
- Additional information can be added to the report by the program supervisor/manager without having to resubmit the incident.
- When an incident is submitted, the assigned contract analyst, program supervisor/manager, clinical supervisor and the DBHIncidentReporting mailbox automatically receives an email notification of a new incident and can log in any time to review the incident. Everything that was on the original paper/electronic form matches the online form.
- Do away with submitting a paper version with a signature.
- This online submission allows for timely action for the health and safety of the persons-served, as well as compliance with state reporting timelines when necessary.

As an Incident Reviewer, the responsibility is to:

- Log in to Logic Manager and review incident submitted within 48 hours of notification of incident.
- Review incident for clarity, missing information and add in additional information deemed appropriate.
- Notify DBHIncidentReporting@fresnocountyca.gov if there is additional information to be report after initial submission
- Contact DBHIncidentReporting@fresnocountyca.gov if there are any concerns, questions or comments with Logic Manager or incident reporting.

Below is the link to report incidents

<https://fresnodbh.logicmanager.com/incidents/?t=9&p=1&k=182be0c5cdcd5072bb1864cdee4d3d6e>

The link will take employees to the reporting screen to begin incident submission:

Incident Report

Please complete this form

Client Information

Name of Facility*

Placeholder

Name of Reporting Party*

Placeholder

Facility Address*

Placeholder

Facility Phone Number*

Placeholder

Mental Health or Substance Use Disorder Program?*

Select option

Client First Name*

Placeholder

Client Last Name*

Placeholder

From Job

Client Date of Birth

Placeholder

Client Address

Placeholder

Client ID

Placeholder

Gender*

Select option

County of Origin*

Select option

Summary

Subject ID

Placeholder

Incident (check all that apply)*

Select option(s)

If Other-specify (i.e. fire, poisoning, epidemic outbreaks, other catastrophes/events that jeopardize the welfare and safety of clients, staff and /or members of the community):

Placeholder

Description of the Incident*

Placeholder

Similar to the paper version, multiple incident categories can be selected

4/20/2019 10:48 AM

Incident (check all that apply)*

Medical Emergency Death of Client

Homicide/Homicide Attempt

AWOL/Elopement from locked facility

Violence/Abuse/Assault (toward others, client and/or property)

Attempted Suicide (resulting in serious injury)

Injury (self-inflicted or by accident)

Medication Error

fresnodbh.logicmanager.com/incidents/71-0&ip=18&k=182be0c5cdcd5072bb1b64cdee4d3d6e

Date of Incident*
mm/dd/yyyy

Time of Incident*
hh:mm

Location of Incident*
/P/00000000

Key People Directly Involved in Incident (witnesses, staff)*
/P/00000000

Did the Injured Party seek Medical Attention?
Default: yes/no

Attach any additional details
Add File or Drop File Here

Reported By Name*
/P/00000000

Reported By Email*
/P/00000000

Reported On
10/30/2019

As another bonus feature, either drag files (such as a copy of a UOR, additional statements/document) or click on Add File to upload a file.

The screenshot shows a web browser window with the URL fresnodbh.logicmanager.com/incident/1471-38p-1&k-182be0c5c1cd5072bb1864cde-1d3d6e. The form includes fields for 'Reported By Name*', 'Reported By Email*', and 'Reported On' (10/30/2019). A section titled 'Follow Up' contains a dropdown menu for 'Action Taken (check all that apply)*', a text field for 'Please specify if other', and a larger text field for 'Description of Action Taken*'. At the bottom of the form is a green 'SUBMIT' button. A red arrow points from the text above to the 'Add File or Drop File Here' button, which is highlighted in yellow.

Similar to the paper version, multiple Action Taken categories can be selected.

This close-up shows the 'Action Taken (check all that apply)*' dropdown menu. The selected items are 'Law Enforcement Contacted' and 'Called 911/EMS'. Other visible options include 'Consulted with Physician', 'First Aid/CPR Administered', 'Client removed from building', 'Parent/Legal Guardian Contacted', and 'Other'.

When done entering all the information, simply click submit.

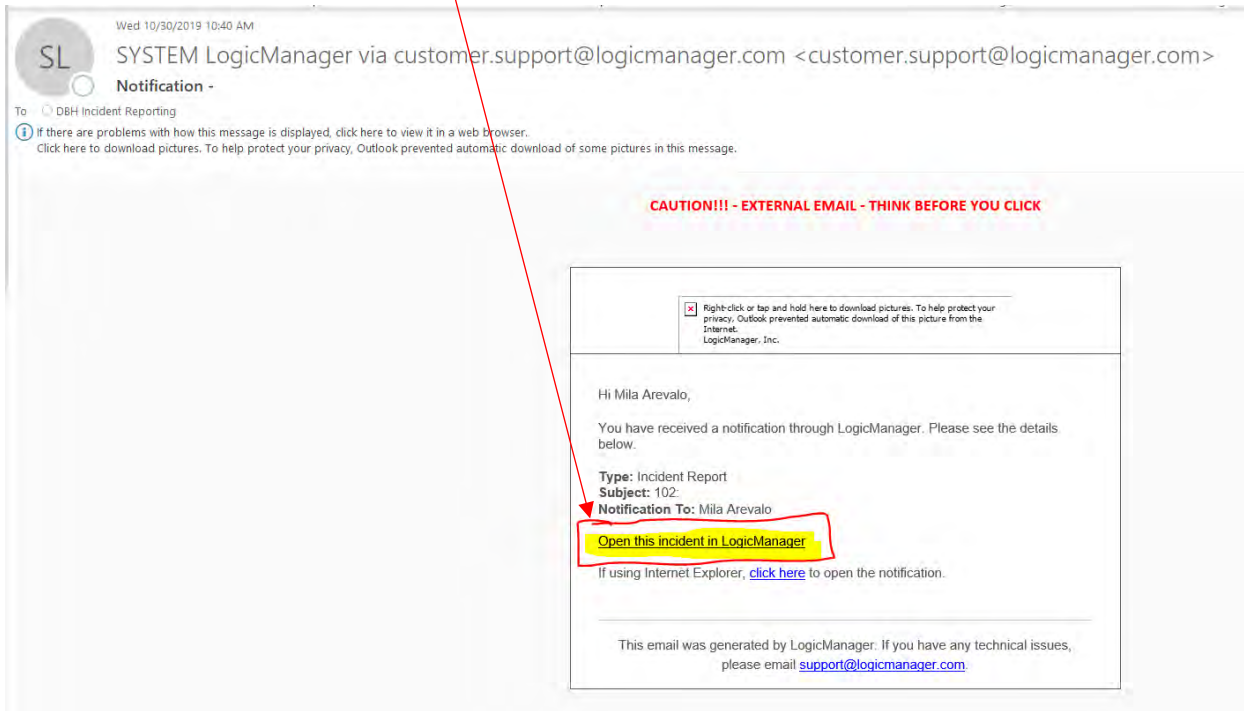
Any fields that have a red asterisk, require information and will prevent submission of the form if left blank.

This close-up shows the 'Outcome*' field, which has a red asterisk indicating it is required. A red arrow points from the text above to the asterisk. Below the field is a green 'SUBMIT' button. Another red arrow points from the text above to the 'SUBMIT' button.

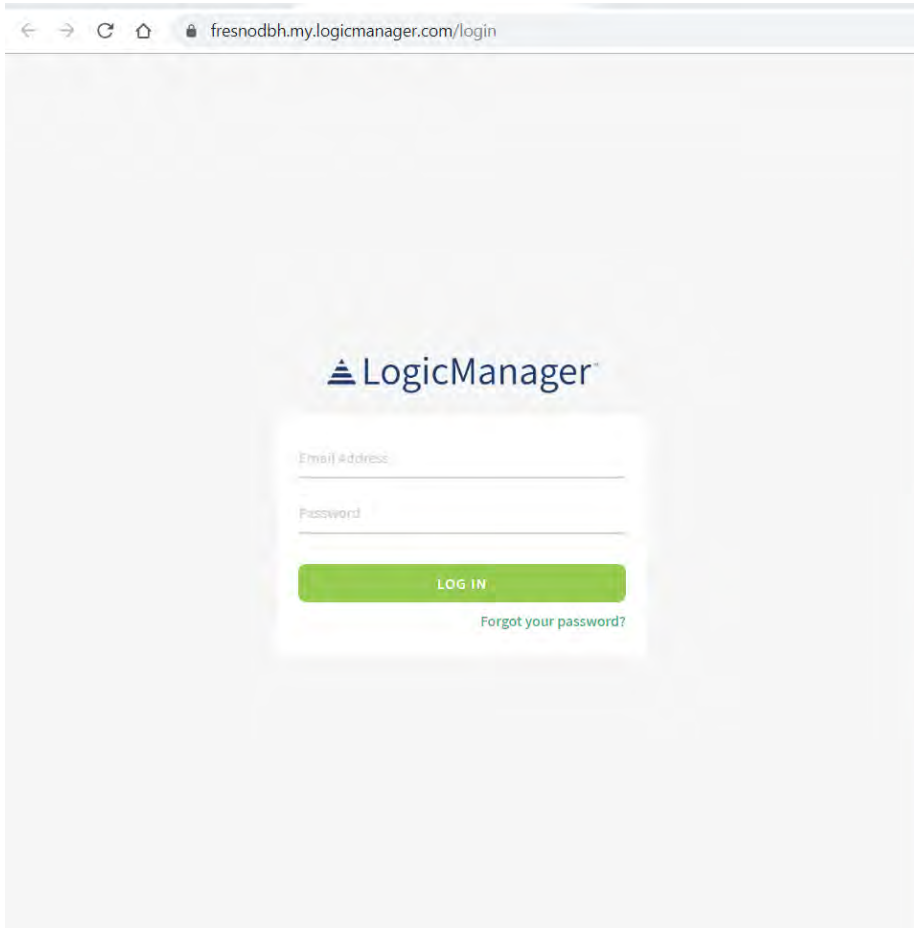
A "Thank you for your submission" statement will pop up if an incident is successfully submitted. Click "Reload the Form" to submit another incident.

The screenshot shows a dark teal header with the 'LogicManager' logo. Below it is a white message box that says 'Thank you for your submission!'. At the bottom of the message box is a green 'RELOAD THE FORM' button. A red arrow points from the text above to the 'RELOAD THE FORM' button.

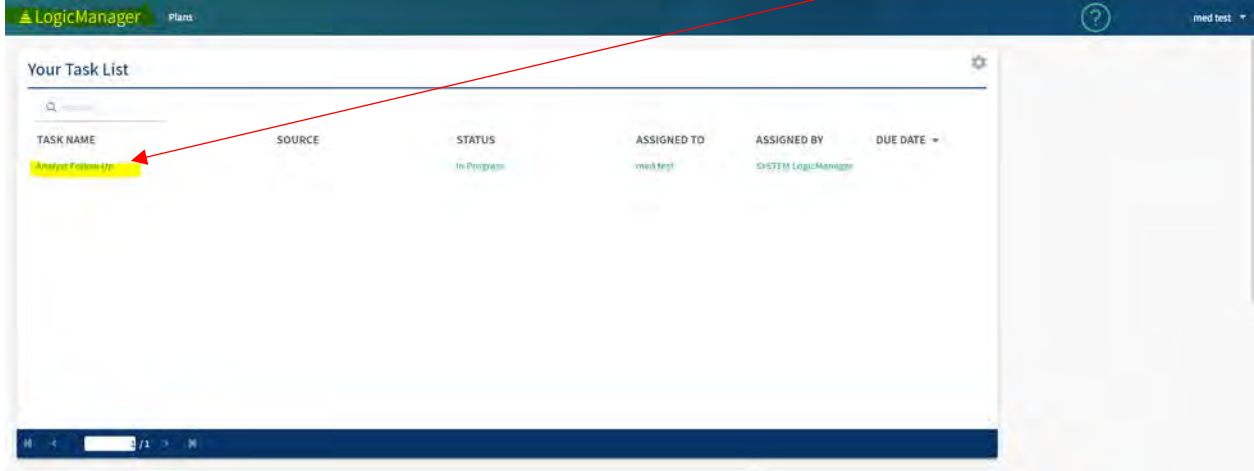
A Notification email will be received when a new incident is reported, or a new comment has been made regarding an incident. Click on "Open this incident in Logic Manager" and the Logic Manager login screen will show.



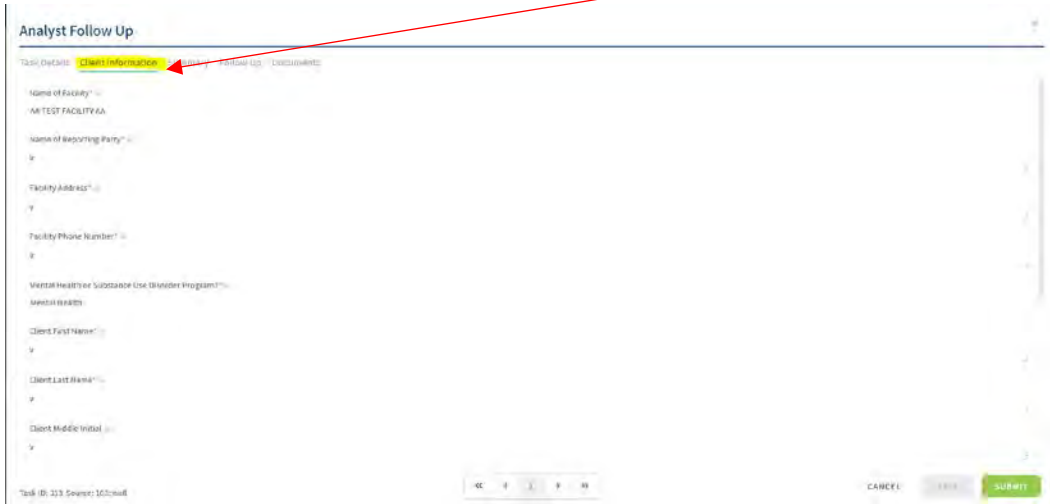
Enter in email address and password. First time users will be prompted to set up a password.



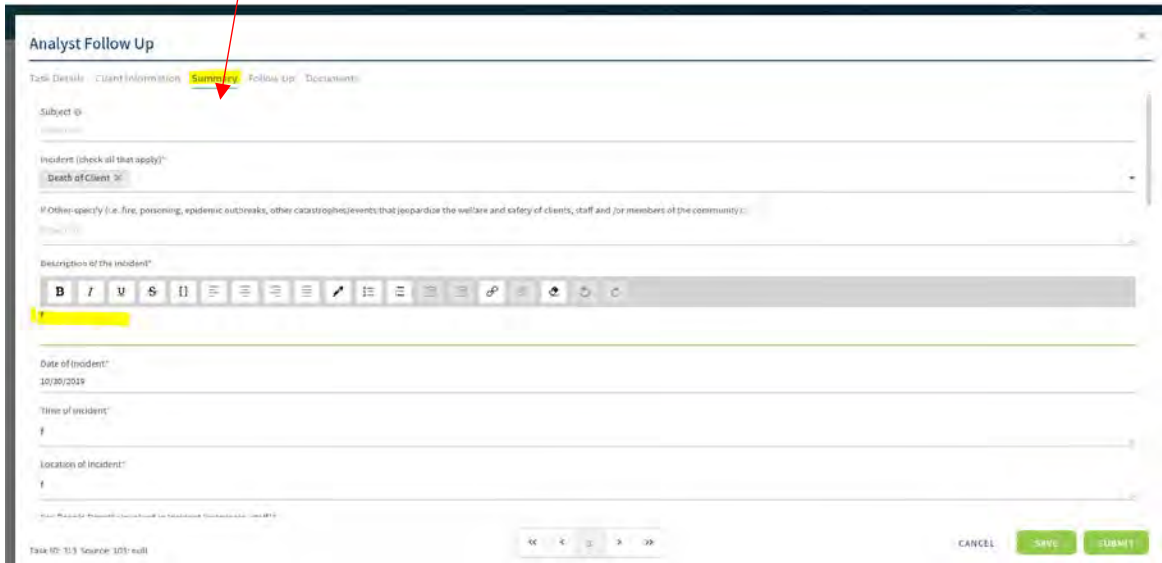
Once logged in, the main screen will show reviewer task (incidents to review). Click on analyst/supervisor follow up to view the incident.



This screen below will then pop up. There are 5 tabs to navigate through. **Client information** will show the client and facility information. No edits can be made to this section.



The next tab is **Summary**: No edits can be made to this section.



The next tab is **Follow up**: This section can be edited. Add to the areas below or make corrections to these fields. Be sure to click **SAVE** when edits are made. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary **Follow Up** Documents

Action Taken (check all that apply)
Law Enforcement Contacted

Please specify if other

Description of Action Taken
f

Outcome
f
added information
cause of death - cancer per coroner 10-31-14

Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

The next tab is **Documents**: View and add attachments to the incident. Be sure to click **SAVE** when adding documents. Then **Cancel** to Exit out of the incident.

Analyst Follow Up

Task Details Client Information Summary Follow Up **Documents**

Search Add Document

Name	Type	Source	Upload Date	Uploaded By
------	------	--------	-------------	-------------

No documents yet.
Drop files here or click on the Add Document dropdown.

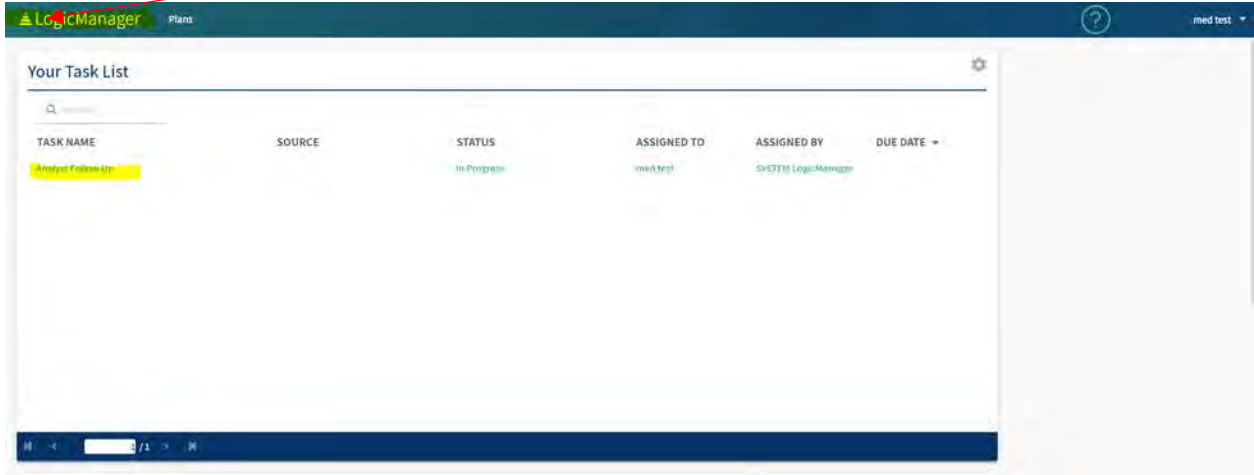
Task ID: 313 Source: 103: null

CANCEL SAVE SUBMIT

If all tasks are followed up with and the incident no longer needs further review/information, click **SUBMIT**. Once submitted, the incident will be removed from the task list and no further edits can be made. Notice the **SUBMIT** button is on every tab. If further information needs to be included, email

DBHIncidentReporting@fresnocountyca.gov

To get back to the home view, click on the Logic Manager icon at any time. Any incidents that still need review will show on this screen, click on the next incident and start the review process again.



FRESNO COUNTY MENTAL HEALTH COMPLIANCE PROGRAM
CONTRACTOR CODE OF CONDUCT AND ETHICS

Fresno County is firmly committed to full compliance with all applicable laws, regulations, rules and guidelines that apply to the provision and payment of mental health services. Mental health contractors and the manner in which they conduct themselves are a vital part of this commitment.

Fresno County has established this Contractor Code of Conduct and Ethics with which contractor and its employees and subcontractors shall comply. CONTRACTOR(S) shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, CONTRACTOR(S), CONTRACTOR(S)' employees and subcontractors must sign the Contractor Acknowledgment and Agreement form and return this form to the Compliance Officer or designee.

Contractor and its employees and subcontractor shall:

1. Comply with all applicable laws, regulations, rules or guidelines when providing and billing for mental health services.
2. Conduct themselves honestly, fairly, courteously and with a high degree of integrity in their professional dealing related to their contract with the COUNTY and avoid any conduct that could reasonably be expected to reflect adversely upon the integrity of the COUNTY.
3. Treat COUNTY employees, consumers, and other mental health contractors fairly and with respect.
4. 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
5. Take precautions to ensure that claims are prepared and submitted accurately, timely and are consistent with all applicable laws, regulations, rules or guidelines.
6. Ensure that no false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind are submitted.

7. Bill only for eligible services actually rendered and fully documented. Use billing codes that accurately describe the services provided.
8. Act promptly to investigate and correct problems if errors in claims or billing are discovered.
9. Promptly report to the Compliance Officer any suspected violation(s) of this Code of Conduct and Ethics by COUNTY employees or other mental health contractors, or report any activity that they believe may violate the standards of the Compliance Program, or any other applicable law, regulation, rule or guideline. 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. CONTRACTOR(S) may report anonymously.
10. Consult with the Compliance Officer if you have any questions or are uncertain of any Compliance Program standard or any other applicable law, regulation, rule or guideline.
11. Immediately notify the Compliance Officer if they become or may become an Ineligible person and therefore excluded from participation in the Federal Health Care Programs.

Fresno County Mental Health Compliance Program
Contractor Acknowledgment and Agreement

I hereby acknowledge that I have received, read and understand the Contractor Code of Conduct and Ethics. I hereby acknowledge that I have received training and information on the Fresno County Mental Health Compliance Program and understand the contents thereof. I further agree to abide by the Contractor Code of Conduct and Ethics, and all Compliance Program requirements as they apply to my responsibilities as a mental health contractor for Fresno County.

I understand and accept my responsibilities under this Agreement. I further understand that any violation of the Contractor Code of Conduct and Ethics or the Compliance Program is a violation of County policy and may also be a violation of applicable laws, regulations, rules or guidelines. I further understand that violation of the Contractor Code of Conduct and Ethics or the Compliance Program may result in termination of my agreement with Fresno County. I further understand that Fresno County will report me to the appropriate Federal or State agency.

For Individual Providers

Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Signature: _____ Date: ___/___/___

For Group or Organizational Providers

Group/Org. Name (print): _____

Employee Name (print): _____

Discipline: Psychiatrist Psychologist LCSW LMFT

Other: _____

Job Title (if different from Discipline): _____

Signature: _____ Date: ___/___/___

COMPLIANCE WITH STATE MEDI-CAL REQUIREMENTS

CONTRACTOR shall be required to maintain organizational provider certification by the host county. A copy of this renewal certificate must be furnished to COUNTY within thirty (30) days of receipt of certificate from host county. The CONTRACTOR must meet Medi-Cal organization provider standards as stated below. It is acknowledged that all references to Organizational Provider and/or Provider below shall refer to the CONTRACTOR.

Medi-Cal Organizational Provider Standards

1. The organizational provider possesses the necessary license to operate, if applicable, and any required certification.
2. The space owned, leased or operated by the provider and used for services or staff meets local fire codes.
3. The physical plant of any site owned, leased, or operated by the provider and used for services or staff is clean, sanitary and in good repair.
4. The organizational provider establishes and implements maintenance policies for any site owned, leased, or operated by the provider and used for services or staff to ensure the safety and well-being of beneficiaries and staff.
5. The organizational provider has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
6. The organizational provider maintains client records in a manner that meets applicable state and federal standards.
7. The organization provider has staffing adequate to allow the COUNTY to claim federal financial participation for the services the Provider delivers to beneficiaries, as described in Division 1, Chapter 11, Subchapter 4 of Title 9, CCR, when applicable.
8. The organizational provider has as head of service a licensed mental health professional or other appropriate individual as described in Title 9, CCR, Sections 622 through 630.
9. For organizational providers that provide or store medications, the provider stores and dispenses medications in compliance with all pertinent state and federal standards. In particular:
 - A. All drugs obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
 - B. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - C. All drugs are stored at proper temperatures, room temperature drugs at 59-86 degrees F and refrigerated drugs at 36-46 degrees F.

- D. Drugs are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
 - E. Drugs are not retained after the expiration date. IM multi-dose vials are dated and initialed when opened.
 - F. A drug log is maintained to ensure the provider disposes of expired, contaminated, deteriorated and abandoned drugs in a manner consistent with state and federal laws.
 - G. Policies and procedures are in place for dispensing, administering and storing medications.
10. The COUNTY may accept the host county's site certification and reserves the right to conduct an on-site certification review at least every three years. The COUNTY may also conduct additional certification reviews when:
- The provider makes major staffing changes.
 - The provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - The provider adds day treatment or medication support services when medications shall be administered or dispensed from the provider site.
 - There are significant changes in the physical plant of the provider site (some physical plant changes could require a new fire clearance).
 - There is change of ownership or location.
 - There are complaints against the provider.
 - There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

Exhibit M
Data Security

1. Definitions

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

- (A) **“Authorized Employees”** means the Contractor’s employees who have access to Personal Information.
- (B) **“Authorized Persons”** means: (i) any and all Authorized Employees; and (ii) any and all of the Contractor’s subcontractors, representatives, agents, outsourcers, and consultants, and providers of professional services to the Contractor, who have access to Personal Information and are bound by law or in writing by confidentiality obligations sufficient to protect Personal Information in accordance with the terms of this Exhibit M.
- (C) **“Director”** means the County’s Director of the Department of Behavioral Health or designee.
- (D) **“Disclose”** or any derivative of that word means to disclose, release, transfer, disseminate, or otherwise provide access to or communicate all or any part of any Personal Information orally, in writing, or by electronic or any other means to any person.
- (E) **“Person”** means any natural person, corporation, partnership, limited liability company, firm, or association.
- (F) **“Personal Information”** means any and all information, including any data, provided, or to which access is provided, to the Contractor by or upon the authorization of the County, under this Agreement, including but not limited to vital records, that: (i) identifies, describes, or relates to, or is associated with, or is capable of being used to identify, describe, or relate to, or associate with, a person (including, without limitation, names, physical descriptions, signatures, addresses, telephone numbers, e-mail addresses, education, financial matters, employment history, and other unique identifiers, as well as statements made by or attributable to the person); (ii) is used or is capable of being used to authenticate a person (including, without limitation, employee identification numbers, government-issued identification numbers, passwords or personal identification numbers (PINs), financial account numbers, credit report information, answers to security questions, and other personal identifiers); or (iii) is personal information within the meaning of California Civil Code section 1798.3, subdivision (a), or 1798.80, subdivision (e). Personal Information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.
- (G) **“Privacy Practices Complaint”** means a complaint received by the County relating to the Contractor’s (or any Authorized Person’s) privacy practices, or alleging a Security Breach. Such complaint shall have sufficient detail to enable the Contractor to promptly investigate and take remedial action under this Exhibit M.
- (H) **“Security Safeguards”** means physical, technical, administrative or organizational security procedures and practices put in place by the Contractor (or any Authorized Persons) that relate to the protection of the security, confidentiality, value, or integrity of Personal Information. Security Safeguards shall satisfy the minimal requirements set forth in section 3(C) of this Exhibit M.

Exhibit M
Data Security

- (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) The Contractor acknowledges that, in the course of its engagement by the County under this Agreement, the Contractor, or any Authorized Persons, may Use Personal Information only as permitted in this Agreement.
- (B) The Contractor acknowledges that Personal Information is deemed to be confidential information of, or owned by, the County (or persons from whom the County receives or has received Personal Information) and is not confidential information of, or owned or by, the Contractor, or any Authorized Persons. The Contractor further acknowledges that all right, title, and interest in or to the Personal Information remains in the County (or persons from whom the County receives or has received Personal Information) regardless of the Contractor’s, or any Authorized Person’s, Use of that Personal Information.
- (C) The Contractor agrees and covenants in favor of the Country that the Contractor shall:
 - (i) keep and maintain all Personal Information in strict confidence, using such degree of care under this section 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 the Contractor pursuant to the terms of this Exhibit M;
 - (iii) not Use, Disclose, sell, rent, license, or otherwise make available Personal Information for the Contractor’s own purposes or for the benefit of anyone other than the County, without the County’s express prior written consent, which the County may give or withhold in its sole and absolute discretion; and
 - (iv) not, directly or indirectly, Disclose Personal Information to any person (an “Unauthorized Third Party”) other than Authorized Persons pursuant to this Agreement, without the Director’s express prior written consent.
- (D) Notwithstanding the foregoing paragraph, in any case in which the Contractor believes it, or any Authorized Person, is required to disclose Personal Information to government regulatory authorities, or pursuant to a legal proceeding, or otherwise as may be required by applicable law, Contractor shall (i) immediately notify the County of the specific demand for, and legal authority for the disclosure, including providing County with a copy of any notice, discovery demand, subpoena, or order, as applicable, received by the Contractor, or any Authorized Person, from any government regulatory authorities, or in relation to any legal proceeding, and (ii) promptly notify the County

Exhibit M
Data Security

before such Personal Information is offered by the Contractor for such disclosure so that the County may have sufficient time to obtain a court order or take any other action the County may deem necessary to protect the Personal Information from such disclosure, and the Contractor shall cooperate with the County to minimize the scope of such disclosure of such Personal Information.

- (E) The Contractor shall remain liable to the County for the actions and omissions of any Unauthorized Third Party concerning its Use of such Personal Information as if they were the Contractor's own actions and omissions.

3. Information Security

- (A) The Contractor covenants, represents and warrants to the County that the Contractor's Use of Personal Information under this Agreement does and will at all times comply with all applicable federal, state, and local, privacy and data protection laws, as well as all other applicable regulations and directives, including but not limited to California Civil Code, Division 3, Part 4, Title 1.81 (beginning with section 1798.80), and the Song-Beverly Credit Card Act of 1971 (California Civil Code, Division 3, Part 4, Title 1.3, beginning with section 1747). If the Contractor Uses credit, debit or other payment cardholder information, the Contractor shall at all times remain in compliance with the Payment Card Industry Data Security Standard ("PCI DSS") requirements, including remaining aware at all times of changes to the PCI DSS and promptly implementing and maintaining all procedures and practices as may be necessary to remain in compliance with the PCI DSS, in each case, at the Contractor's sole cost and expense.
- (B) The Contractor covenants, represents and warrants to the County that, as of the effective date of this Agreement, the Contractor has not received notice of any violation of any privacy or data protection laws, as well as any other applicable regulations or directives, and is not the subject of any pending legal action or investigation by, any government regulatory authority regarding same.
- (C) Without limiting the Contractor's obligations under section 3(A) of this Exhibit M, the Contractor's (or Authorized Person's) Security Safeguards shall be no less rigorous than accepted industry practices and, at a minimum, include the following:
 - (i) limiting Use of Personal Information strictly to the Contractor's and Authorized Persons' technical and administrative personnel who are necessary for the Contractor's, or Authorized Persons', Use of the Personal Information pursuant to this Agreement;
 - (ii) ensuring that all of the Contractor's connectivity to County computing systems will only be through the County's security gateways and firewalls, and only through security procedures approved upon the express prior written consent of the Director;
 - (iii) to the extent that they contain or provide access to Personal Information, (a) securing business facilities, data centers, paper files, servers, back-up systems and computing equipment, operating systems, and software applications, including, but not limited to, all mobile devices and other equipment, operating systems, and software applications with information storage capability; (b)

Exhibit M Data Security

employing adequate controls and data security measures, both internally and externally, to protect (1) the Personal Information from potential loss or misappropriation, or unauthorized Use, and (2) the County's operations from disruption and abuse; (c) having and maintaining network, device application, database and platform security; (d) maintaining authentication and access controls within media, computing equipment, operating systems, and software applications; and (e) installing and maintaining in all mobile, wireless, or handheld devices a secure internet connection, having continuously updated anti-virus software protection and a remote wipe feature always enabled, all of which is subject to express prior written consent of the Director;

- (iv) encrypting all Personal Information at advance encryption standards of Advanced Encryption Standards (AES) of 128 bit or higher (a) stored on any mobile devices, including but not limited to hard disks, portable storage devices, or remote installation, or (b) transmitted over public or wireless networks (the encrypted Personal Information must be subject to password or pass phrase, and be stored on a secure server and transferred by means of a Virtual Private Network (VPN) connection, or another type of secure connection, all of which is subject to express prior written consent of the Director);
 - (v) strictly segregating Personal Information from all other information of the Contractor, including any Authorized Person, or anyone with whom the Contractor or any Authorized Person deals so that Personal Information is not commingled with any other types of information;
 - (vi) having a patch management process including installation of all operating system and software vendor security patches;
 - (vii) maintaining appropriate personnel security and integrity procedures and practices, including, but not limited to, conducting background checks of Authorized Employees consistent with applicable law; and
 - (viii) providing appropriate privacy and information security training to Authorized Employees.
- (D) During the term of each Authorized Employee's employment by the Contractor, the Contractor shall cause such Authorized Employees to abide strictly by the Contractor's obligations under this Exhibit M. The Contractor shall maintain a disciplinary process to address any unauthorized Use of Personal Information by any Authorized Employees.
- (E) The Contractor shall, in a secure manner, backup daily, or more frequently if it is the Contractor's practice to do so more frequently, Personal Information received from the County, and the County shall have immediate, real time access, at all times, to such backups via a secure, remote access connection provided by the Contractor, through the Internet.
- (F) The Contractor shall provide the County with the name and contact information for each Authorized Employee (including such Authorized Employee's work shift, and at least one alternate Authorized Employee for each Authorized Employee during such work shift) who shall serve as the County's primary security contact with the Contractor and shall be

Exhibit M Data Security

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

- (G) The Contractor shall not knowingly include or authorize any Trojan Horse, back door, time bomb, drop dead device, worm, virus, or other code of any kind that may disable, erase, display any unauthorized message within, or otherwise impair any County computing system, with or without the intent to cause harm.

4. Security Breach Procedures

- (A) Immediately upon the Contractor's awareness or reasonable belief of a Security Breach, the Contractor shall (i) notify the Director of the Security Breach, such notice to be given first by telephone at the following telephone number, followed promptly by email at the following email address: incidents@fresnocountyca.gov, phone number 559-600-5900 (which telephone number and email address the County may update by providing notice to the Contractor), and (ii) preserve all relevant evidence (and cause any affected Authorized Person to preserve all relevant evidence) relating to the Security Breach. The notification shall include, to the extent reasonably possible, the identification of each type and the extent of Personal Information that has been, or is reasonably believed to have been, breached, including but not limited to, compromised, or subjected to unauthorized Use, Disclosure, or modification, or any loss or destruction, corruption, or damage.
- (B) Immediately following the Contractor's notification to the County of a Security Breach, as provided pursuant to section 4(A) of this Exhibit M, the Parties shall coordinate with each other to investigate the Security Breach. The Contractor agrees to fully cooperate with the County, including, without limitation:
- (i) assisting the County in conducting any investigation;
 - (ii) providing the County with physical access to the facilities and operations affected;
 - (iii) facilitating interviews with Authorized Persons and any of the Contractor's other employees knowledgeable of the matter; and
 - (iv) making available all relevant records, logs, files, data reporting and other materials required to comply with applicable law, regulation, industry standards, or as otherwise reasonably required by the County.

To that end, the Contractor shall, with respect to a Security Breach, be solely responsible, at its cost, for all notifications required by law and regulation, or deemed reasonably necessary by the County, and the Contractor shall provide a written report of the investigation and reporting required to the Director within 30 days after the Contractor's discovery of the Security Breach.

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

Exhibit M Data Security

In the event the Contractor discovers a Security Breach, the Contractor shall treat the Privacy Practices Complaint as a Security Breach. Within 24 hours of the Contractor's receipt of notification of such Privacy Practices Complaint, the Contractor shall notify the County whether the matter is a Security Breach, or otherwise has been corrected and the manner of correction, or determined not to require corrective action and the reason for that determination.

- (D) The Contractor shall take prompt corrective action to respond to and remedy any Security Breach and take mitigating actions, including but not limiting to, preventing any reoccurrence of the Security Breach and correcting any deficiency in Security Safeguards as a result of such incident, all at the Contractor's sole expense, in accordance with applicable privacy rights, laws, regulations and standards. The Contractor shall reimburse the County for all reasonable costs incurred by the County in responding to, and mitigating damages caused by, any Security Breach, including all costs of the County incurred relation to any litigation or other action described section 4(E) of this Exhibit M.
- (E) The Contractor agrees to cooperate, at its sole expense, with the County in any litigation or other action to protect the County's rights relating to Personal Information, including the rights of persons from whom the County receives Personal Information.

5. Oversight of Security Compliance

- (A) The Contractor shall have and maintain a written information security policy that specifies Security Safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- (B) Upon the County's written request, to confirm the Contractor's compliance with this Exhibit M, as well as any applicable laws, regulations and industry standards, the Contractor grants the County or, upon the County's election, a third party on the County's behalf, permission to perform an assessment, audit, examination or review of all controls in the Contractor's physical and technical environment in relation to all Personal Information that is Used by the Contractor pursuant to this Agreement. The Contractor shall fully cooperate with such assessment, audit or examination, as applicable, by providing the County or the third party on the County's behalf, access to all Authorized Employees and other knowledgeable personnel, physical premises, documentation, infrastructure and application software that is Used by the Contractor for Personal Information pursuant to this Agreement. In addition, the Contractor shall provide the County with the results of any audit by or on behalf of the Contractor that assesses the effectiveness of the Contractor's information security program as relevant to the security and confidentiality of Personal Information Used by the Contractor or Authorized Persons during the course of this Agreement under this Exhibit M.
- (C) The Contractor shall ensure that all Authorized Persons who Use Personal Information agree to the same restrictions and conditions in this Exhibit M. that apply to the Contractor with respect to such Personal Information by incorporating the relevant provisions of these provisions into a valid and binding written agreement between the Contractor and such Authorized Persons, or amending any written agreements to provide same.

Exhibit M Data Security

6. Return or Destruction of Personal Information. Upon the termination of this Agreement, the Contractor shall, and shall instruct all Authorized Persons to, promptly return to the County all Personal Information, whether in written, electronic or other form or media, in its possession or the possession of such Authorized Persons, in a machine readable form used by the County at the time of such return, or upon the express prior written consent of the Director, securely destroy all such Personal Information, and certify in writing to the County that such Personal Information have been returned to the County or disposed of securely, as applicable. If the Contractor is authorized to dispose of any such Personal Information, as provided in this Exhibit M, such certification shall state the date, time, and manner (including standard) of disposal and by whom, specifying the title of the individual. The Contractor shall comply with all reasonable directions provided by the Director with respect to the return or disposal of Personal Information and copies of Personal Information. If return or disposal of such Personal Information or copies of Personal Information is not feasible, the Contractor shall notify the County according, specifying the reason, and continue to extend the protections of this Exhibit M to all such Personal Information and copies of Personal Information. The Contractor shall not retain any copy of any Personal Information after returning or disposing of Personal Information as required by this section 6. The Contractor's obligations under this section 6 survive the termination of this Agreement and apply to all Personal Information that the Contractor retains if return or disposal is not feasible and to all Personal Information that the Contractor may later discover.

7. Equitable Relief. The Contractor acknowledges that any breach of its covenants or obligations set forth in this Exhibit M 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. The Contractor shall defend, indemnify and hold harmless the County, its officers, employees, and agents, (each, a "**County Indemnitee**") from and against any and all infringement of intellectual property including, but not limited to infringement of copyright, trademark, and trade dress, invasion of privacy, information theft, and extortion, unauthorized Use, Disclosure, or modification of, or any loss or destruction of, or any corruption of or damage to, Personal Information, Security Breach response and remedy costs, credit monitoring expenses, forfeitures, losses, damages, liabilities, deficiencies, actions, judgments, interest, awards, fines and penalties (including regulatory fines and penalties), costs or expenses of whatever kind, including attorneys' fees and costs, the cost of enforcing any right to indemnification or defense under this Exhibit M and the cost of pursuing any insurance providers, arising out of or resulting from any third party claim or action against any County Indemnitee in relation to the Contractor's, its officers, employees, or agents, or any Authorized Employee's or Authorized Person's, performance or failure to perform under this Exhibit M or arising out of or resulting from the Contractor'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 the Contractor 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.

Exhibit M
Data Security

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

10. No Third Party Beneficiary. Nothing express or implied in the provisions of in this Exhibit M is intended to confer, nor shall anything in this Exhibit M confer, upon any person other than the County or the Contractor 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 the Contractor's (or any Authorized Person's) possession or control, or Use by the Contractor (or any Authorized Person), pursuant to the terms of this Agreement is or will be secure from unauthorized Use, or a Security Breach or Privacy Practices Complaint.

SELF-DEALING TRANSACTION DISCLOSURE FORM

In order to conduct business with the County of Fresno (hereinafter referred to as "County"), members of a contractor's board of directors (hereinafter referred to as "County Contractor"), must disclose any self-dealing transactions that they are a party to while providing goods, performing services, or both for the County. A self-dealing transaction is defined below:

"A self-dealing transaction means a transaction to which the corporation is a party and in which one or more of its directors has a material financial interest"

The definition above will be utilized for purposes of completing this disclosure form.

INSTRUCTIONS

- (1) Enter board member's name, job title (if applicable), and date this disclosure is being made.
- (2) Enter the board member's company/agency name and address.
- (3) Describe in detail the nature of the self-dealing transaction that is being disclosed to the County. At a minimum, include a description of the following:
 - a. The name of the agency/company with which the corporation has the transaction; and
 - b. The nature of the material financial interest in the Corporation's transaction that the board member has.
- (4) Describe in detail why the self-dealing transaction is appropriate based on applicable provisions of the Corporations Code.
- (5) Form must be signed by the board member that is involved in the self-dealing transaction described in Sections (3) and (4).

(1) Company Board Member Information:			
Name:		Date:	
Job Title:			
(2) Company/Agency Name and Address:			
(3) Disclosure (Please describe the nature of the self-dealing transaction you are a party to)			
(4) Explain why this self-dealing transaction is consistent with the requirements of Corporations Code 5233 (a)			
(5) Authorized Signature			
Signature:		Date:	

DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT

I. Identifying Information

Name of entity		D/B/A		
Address (number, street)		City	State	ZIP code
CLIA number	Taxpayer ID number (EIN)	Telephone number ()		

II. Answer the following questions by checking "Yes" or "No." If any of the questions are answered "Yes," list names and addresses of individuals or corporations under "Remarks" on page 2. Identify each item number to be continued.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) | <input type="checkbox"/> | <input type="checkbox"/> |

III. A. List names, addresses for individuals, or the EIN for organizations having direct or indirect ownership or a controlling interest in the entity. (See instructions for definition of ownership and controlling interest.) List any additional names and addresses 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	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	ADDRESS	PROVIDER NUMBER

YES NO

- IV. A. Has there been a change in ownership or control within the last year? YES NO
If yes, give date. _____
- B. Do you anticipate any change of ownership or control within the year?..... YES NO
If yes, when? _____
- C. Do you anticipate filing for bankruptcy within the year?..... YES NO
If yes, when? _____
- V. Is the facility operated by a management company or leased in whole or part by another organization?..... YES NO
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?..... YES NO

VII. A. Is this facility chain affiliated? YES NO
(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

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) 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: _____

Date: _____

(Printed Name & Title)

(Name of Agency or Company)

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 National CLAS Standards

Health equity is the attainment of the highest level of health for all people.¹ 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,² such as socioeconomic status, education level, and the availability of health services.³

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.⁴

Culturally and linguistically appropriate services are increasingly recognized as effective in improving the quality of care and services.^{5,6} By providing a structure to implement culturally and linguistically appropriate services, the National CLAS Standards will improve an organization's ability to address health care disparities.

The National CLAS Standards align with the HHS Action Plan to Reduce Racial and Ethnic Health Disparities⁷ and the National Stakeholder Strategy for Achieving Health Equity,⁸ 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 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.

Of all the forms of inequality, injustice in health care is the most shocking and inhumane.

— Dr. Martin Luther King, Jr.

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