

AMENDMENT I TO AGREEMENT

THIS AMENDMENT, hereinafter referred to as Amendment I, is made and entered into this 13th day of September, 2016, by and between the **COUNTY OF FRESNO**, a Political Subdivision of the State of California, hereinafter referred to as "COUNTY", and **each PROVIDER listed in Revised Exhibit A, "List of Providers"**, attached hereto and by this reference incorporated herein, collectively hereinafter referred to as "**PROVIDER(s)**" and such additional PROVIDER(s) as may, from time to time during the term of this Agreement, be added by COUNTY's Department of Behavioral Health Director, or designee. Reference in this Amendment to "parties" shall be understood to refer to COUNTY and each individual PROVIDER, unless otherwise specified.

WHEREAS, the parties entered into that certain Agreement, identified as COUNTY Agreement No. 15-247, effective July 1, 2015, whereby PROVIDERS agreed to provide specialty mental health services to certain Medi-Cal beneficiaries; and.

WHEREAS, the parties desire to amend COUNTY Agreement No. 15-247, regarding changes as stated below and restate the Agreement in its entirety.

NOW, THEREFORE, for good and valuable consideration, the receipt and adequacy of which is hereby acknowledged, the parties agree as follows:

1. That the existing COUNTY Agreement No. 15-247, Paragraph Five (5), beginning on Page Eight (8), Line Ten (10), with the number "2." and ending on Page Eight (8), Line Eleven (11) with the word "time;" be deleted and the following inserted in its place:

"2. The service is Covered/Billable Service under the Mental Health Plan according to the terms and conditions set forth in the State DHCS Mental Health Services Division Medi-Cal Billing Manual in effect at that time;"

2. That the existing COUNTY Agreement No. 15-247, Paragraph Five (5), beginning on Page Ten (10), Line Nineteen (19), with the word "During" and ending on Page Ten (10), Line Twenty One (21), with the word "Agreement" be deleted.

3. That the existing COUNTY Agreement No. 15-247, Paragraph Five (5), beginning on Page Ten (10), Line Twenty Seven (27), with the word "PROVIDER(s)" and ending on Page Eleven (11), Line Five (5), with the word "services." be deleted.

1 4. That the existing COUNTY Agreement No. 15-247, Paragraph Eight (8), beginning on
2 Page Twelve (12), Line Seventeen (17), with the word "These" and ending on Page Twelve (12), Line
3 Twenty (20), with the word "Agreement" be deleted and the following inserted in its place:

4 "These same provisions shall apply to the deletion of any PROVIDER(s) contained in Revised
5 Exhibit A, except that deletions shall be made by mutual written consent between COUNTY's DBH
6 Director, or designee, and the specific PROVIDER(s) to be deleted or shall be in accordance with
7 Section 5 of this Agreement."

8 5. That the existing COUNTY Agreement No. 15-247, Paragraph Twelve (12), beginning
9 on Page Fourteen (14), Line Nine (9), with the word "PROVIDER(s)" and ending on Page Fourteen
10 (14), Line Twelve, with the word "Agreement" be deleted and the following inserted in its place:

11 "This section left intentionally blank".

12 6. That the existing COUNTY Agreement No. 15-247, Paragraph Twelve (12), beginning
13 on Page Fourteen (14), Line Fourteen (14) with the word "PROVIDER(s)" and ending on Page
14 Fourteen (14), Line Seventeen (17), with the word "Policy" be deleted and the following inserted in its
15 place:

16 "This section left intentionally blank".

17 7. That the existing COUNTY Agreement No. 15-247, Paragraph Twelve (12), beginning
18 on Page Fourteen (14), Line Nineteen (19), with the word "PROVIDER(s)" and ending on Page
19 Fourteen (14), Line Nineteen (19), with the word "thereon" be deleted and the following inserted in its
20 place:

21 "This section left intentionally blank".

22 8. That the existing COUNTY Agreement No. 15-247, Paragraph Fifteen (15), beginning
23 on Page Sixteen (16), Line Twenty Five (25), with the letter "A." and ending on Page Eighteen (18),
24 Line Twenty Four (24), with the word "Agreement." be deleted and the remaining subsections in the
25 original Agreement Paragraph Fifteen (15) shall be re-numbered sequentially to be identified as
26 subsections "A" through "B".

27 9. That the existing COUNTY Agreement No. 15-247, Paragraph Nineteen (19), beginning
28 on Page Nineteen (19), Line Twenty Three (23), with the word "PROVIDER(s)" and ending on Page

1 Twenty (20), Line Seven (7), with the word "designee" be deleted and the following inserted in its
2 place:

3 "PROVIDER(s) shall be required to maintain Medi-Cal provider certification by Fresno
4 County. PROVIDER(s) must meet Medi-Cal provider standards as listed in Revised Exhibit F, "Medi-
5 Cal Provider Standards", attached hereto and by this reference incorporated herein and made part of
6 this Agreement. It is acknowledged that all references to Provider and/or Medi-Cal Provider in Revised
7 Exhibit F shall refer to PROVIDER(s). In addition, PROVIDER(s) shall inform every client of their
8 rights under the COUNTY's Mental Health Plan as described in "Fresno County Mental Health Plan
9 Grievances and Appeals Process" Revised Exhibit G, attached hereto and by this reference
10 incorporated herein and made part of this Agreement. PROVIDER(s) shall also file an incident report
11 for all incidents involving clients, following the Protocol for Completion of Incident Report and using
12 the Worksheet identified in the "Fresno County Mental Health Plan Incident Reporting", Revised
13 Exhibit H, attached hereto and by this reference incorporated herein and made part of this Agreement,
14 or a protocol and worksheet presented by PROVIDER(s) that is accepted by COUNTY'S DBH
15 Director, or designee."

16 10. That the existing COUNTY Agreement No. 15-247, Paragraph Twenty Three (23),
17 beginning on Page Twenty Two (22), Line Nineteen (19), with the number "23." and ending on Page
18 Twenty Four (24), Line Twenty Eight (28), with the word "obligations." be deleted in its entirety. The
19 remaining paragraphs in the original Agreement 15-247 shall be re-numbered sequentially to read
20 paragraphs 23 through 38.

21 11. That the existing COUNTY Agreement No. 15-247, Paragraph Twenty Five (25),
22 beginning on Page Twenty Six (26), Line Three (3), with the word "In" and ending on Page Twenty
23 Six (26), Line Eleven (11), with the word "accordingly" be deleted and the following inserted in its
24 place:

25 "In compliance with the State mandated Culturally and Linguistically Appropriate
26 standards as published by the Office of Minority Health, PROVIDER(s) must submit to COUNTY for
27 approval, within sixty (60) days from date of contract execution, PROVIDER(s) plan to address all
28 fifteen (15) national cultural competency standards as set forth in the "National Standards on Culturally

1 and Linguistically Appropriate Services (CLAS)". COUNTY's annual on-site review of
2 PROVIDER(s) shall include collection of documentation to ensure all national standards are
3 implemented. As the national competency standards are updated, PROVIDER (s) plan must be updated
4 accordingly."

5 12. That the existing COUNTY Agreement No. 15-247, Paragraph Twenty Seven (27),
6 beginning on Page Twenty Seven (27), Line Seventeen (17), with the letter "B." and ending on Page
7 Twenty Eight (28), Line One (1) with the word "Collector." be deleted in its entirety. The remaining
8 subsection in the original Agreement 15-247 shall be re-lettered sequentially to read "B".

9 13. That all references in the existing COUNTY Agreement No. 15-247 to "Exhibit A" shall
10 be changed to read "Revised Exhibit A" where appropriate, attached hereto and incorporated herein by
11 this reference.

12 14. That all references in the existing COUNTY Agreement No. 15-247 to "Exhibit F" shall
13 be changed to read "Revised Exhibit F" where appropriate, attached hereto and incorporated herein by
14 this reference.

15 15. That all references in the existing COUNTY Agreement No. 15-247 to "Exhibit G" shall
16 be changed to read "Revised Exhibit G" where appropriate, attached hereto and incorporated herein by
17 this reference.

18 16. That all references in the existing COUNTY Agreement No. 15-247 to "Exhibit H" shall
19 be changed to read "Revised Exhibit H" where appropriate, attached hereto and incorporated herein by
20 this reference.

21 17. That the existing COUNTY Agreement No. 15-247, Paragraph Thirty Three (33),
22 beginning on Page Thirty Four (34), Line One (1), with the word "Within" and ending on Page Thirty
23 Four (34), Line Six (6), with the word "I", be deleted and the following inserted in its place:

24 "Within ten (10) days after each incident or complaint affecting COUNTY-sponsored
25 clients, PROVIDER(s) shall provide COUNTY with information relevant to the complaint,
26 investigative details of the complaint, the complaint and PROVIDER(s) disposition of, or corrective
27 action taken to resolve the complaint. In addition, PROVIDER(s) shall inform every client of their
28 rights as set forth in Revised Exhibit H. PROVIDER(s) shall file an incident report for all incidents

1 involving clients, following the Protocol and using the Worksheet identified in Revised Exhibit H.”

2 18. That all references to “CONTRACTOR(s)” in the existing COUNTY Agreement No.
3 15-247 to Exhibit C, Exhibit D, Exhibit E, and Exhibit K, attached hereto and incorporated herein by
4 this reference, shall be understood to refer to “PROVIDER(s)” as defined in “Revised Exhibit A”.

5 COUNTY and PROVIDER(s) agree that this Amendment I is sufficient to amend the
6 Agreement; and that upon execution of this Amendment I, the Agreement and Amendment I together
7 shall be considered the Agreement.

8 The Agreement, as hereby amended, is ratified and continued. All provisions, terms,
9 covenants, conditions and promises contained in the Agreement , and not amended herein, shall remain
10 in full force and effect. This Amendment I shall become effective upon execution by all parties.

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1 IN WITNESS WHEREOF, the parties hereto have executed this Amendment I to
2 Agreement No. 15-247 as of the day and year first hereinabove written.

3 ATTEST:

4 PROVIDERS:

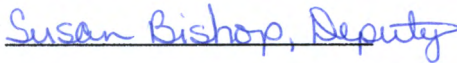
COUNTY OF FRESNO

5 PLEASE SEE SIGNATURE PAGES
6 ATTACHED

7
8 By 
9 Chairman, Board of Supervisors

10 Date: September 13, 2016

11
12
13
14 BERNICE E. SEIDEL, Clerk
Board of Supervisors

15 By 

16
17 Date: September 13, 2016

18
19
20
21 PLEASE SEE ADDITIONAL
22 SIGNATURE PAGE ATTACHED

1 APPROVED AS TO LEGAL FORM:
2 DANIEL C.CEDERBORG, COUNTY COUNSEL

3
4 By  _____

5
6 APPROVED AS TO ACCOUNTING FORM:
7 VICKI CROW, C.P.A., AUDITOR-CONTROLLER/
8 TREASURER-TAX COLLECTOR

9
10 By  _____

11
12
13 REVIEWED AND RECOMMENDED FOR
14 APPROVAL:

15
16 By  _____

17 Dawan Utecht, Director
18 Department of Behavioral Health

19 Fund/Subclass: 0001/10000
20 Organization: 56302666
21 Account/Program: 7223/0
22
23
24
25
26
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28

**AGREEMENT 15-247
AMENDMENT I**

PROVIDER: Yuleen Al-Saoudi

By: Yuleen Al-Saoudi

Print Name: Yuleen Al-Saoudi

Title: LMFT

Date: 6/8/16

Mailing Address:

516 Villa Suite #3
Clovis, CA 93612

Phone No.: (559) 427-5055

FAX: No.:

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dolores G. Amato

By: Dolores G Amato

Print Name: Dolores G Amato

Title: Licensed Marriage Family Therapist

Date: 6-7-16

Mailing Address:

6777 N. Willow Ave #144
Fresno, CA 93710

Phone No.: 559 - 298-7230

FAX: No.: 888 - 730-7357

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Jane Amling-Heiken

By: Jane Amling Heiken

Print Name: Jane Amling Heiken

Title: PsyD LMFT

Date: 6/13/16

Mailing Address:

5464 N. Palm #B
Fresno, CA 93704

Phone No.: 559.367.2840

FAX: No.: 559.447.1004

Contact: Jane Heiken

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By JA Clinical Services

Print Name: Justin S. Armer, MFT

Title: Licensed Marriage & Family Therapist

Date: 7/7/16

Mailing Address:

4721 W. Jennifer Ave #2

Fresno, CA 93722

Phone No: 559-908-2703

Fax No: 559-279-3079

Contact: _____

COUNTY OF FRESNO
Fresno, CA

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By 

Print Name: Erica Avina

Title: LMFT

Date: 08/18/16

Mailing Address:

614 N st Sanger CA

Phone No: 559 9976577

Fax No: _____

Contact: _____

08/18/2016 16:39

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AUG 18 2016

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Virginia Bergstrom

FRESNO COUNTY
MENTAL HEALTH

By: Virginia Bergstrom

Print Name: Virginia Bergstrom

Title: Licensed Marriage & Family Therapist
Chairman of Board, or President or any Vice President

Date: 8/18/2016

Mailing Address:

5588 N. Palm Ave
Fresno, CA 93704

Phone No.: (559) 440 0980

Fax No.: (559) 440 0982

Contact: _____

- 1 -

COUNTY OF FRESNO
Fresno, CA

1
2
3 **AGREEMENT 15-247**
4 **AMENDMENT I**

5 **PROVIDER:**

6 By Antionette Brooks, LMFT

7 Print Name: Antionette Brooks, LMFT

8
9 Title: Licensed marriage and family therapist

10
11 Date: 7/1/16

12
13
14
15 **Mailing Address:**

16 3723 edakota ave fresno ca 93711

17
18
19
20
21 Phone No: 559 386-3326

22
23 Fax No: 559 225-5369

24
25 Contact: Antionette Brooks

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dianne A. Burkes-Bell

By 

Print Name:

Dianne Burkes-Bell

Title:

L.M.F.T.

Date:

8/6/16

Mailing Address:

Dianne Burkes-Bell, LMF

2652 E. Fallbrook Ave.

Fresno, Ca. 93720

Business Location:
5070 N. 6th St. #109
Fresno, Ca. 93710

Phone No:

826-8819

Fax No:

(559) 299-5023

Contact:

826-8819

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Hector Cabrera

By

Print Name: Hector Cabrera

Title:

LCSW

Date:

8/5/16

Mailing Address:

614 N. St

Sanger CA 93657

Phone No:

559 240-1496

Fax No:

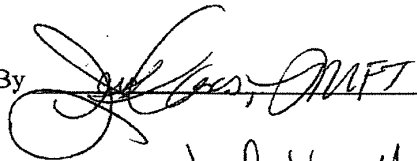
Contact:

COUNTY OF FRESNO
Fresno, CA

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By



Print Name: Judith M. Casas

Title: LMFT

Date: 7/1/16

Mailing Address:

4946 E. Yale Ave. Suite 101
Fresno, CA 93727

Phone No: (559) 353-1415

Fax No: (559) 558-8999

Contact: Judith M. Casas

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AUG 18 2016

FRESNO COUNTY
MENTAL HEALTH

AGREEMENT 15-247
AMENDMENT I

1
2
3 **PROVIDER:** Gabriele Case

4
5 By Gabriele Case

6
7 Print Name: Gabriele Case

8
9 Title: LCSW

10
11 Date: 8-18-16

12
13
14
15 Mailing Address:

16 1451 W. Shaw Ave.

17 Fresno, Ca. 93711

18
19
20
21 Phone No: 224-2495

22
23 Fax No: 243-1807

24
25 Contact: gh.case@cswo@gmail.com

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By Jennell Casillas LMFT

Print Name: Jennell Casillas

Title: LMFT

Date: 7/5/2016

Mailing Address:

770 E. Shaw Ave Suite 103
Fresno CA 93710

Phone No: (559) 513-5889

Fax No: (559) 408-6141

Contact: Jennell Casillas

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dr. Claudia Cerda

By

Print Name:

Title:

Date:

Mailing Address:

Phone No:

Fax No:

Contact:

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AGREEMENT IS 240 COUNTY
AMENDMENT I MENTAL HEALTH

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PROVIDER: Andrew Constant

By ANDREW CONSTANT AMC Counseling Service

Print Name: ANDREW CONSTANT

Title: PROVIDER / OWNER

Date: 7-2-16

Mailing Address:

3869 ALAMOS AVE

CLAVIS, CA 93619

Phone No: 317-8286 (559)

Fax No: _____

Contact: _____

AGREEMENT 15-247
AMENDMENT 1

PROVIDER: Cynthia De Leon

By:

Cynthia de Leon

Print Name:

Cynthia de Leon

Title:

LMFT

Date:

6.15.16

Mailing Address:

516 Villa Suite #3
Clovis, CA 93612

Phone No.:

(559) 288-9508

FAX: No.:

(559) 322-9771

Contact:

Cynthia de Leon

1
2
3 **AGREEMENT 15-247**
4 **AMENDMENT I**

5 **PROVIDER: Judith Dickey**

6 By: Judith Dickey

7 Print Name: Judith Dickey

8 Title: LMFT

9 Date: June 12, 2016

10 Mailing Address:

11 5707 N. Palm #103
12 Fresno, CA 93704

13 Phone No.:

14 FAX: No.:

15 Contact:

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JUN 21 2016

FRESNO COUNTY
MENTAL HEALTH

AGREEMENT 15-247
AMENDMENT I

1
2
3 PROVIDER: Donald K. Farris

4
5 By: Donald K. Farris

6
7 Print Name: Donald K. Farris

8
9 Title: LCSW

10
11 Date: 6-11-16

12
13
14
15 Mailing Address:

16 3740 Circle Dr.
17 Fresno, CA 93704-4765

18
19
20 Phone No.: 559-224-2750

21
22 FAX: No.: 0

23 Contact: Don Farris

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Catherine Garvey

By: Catherine Garvey, LMFT

Print Name: CATHERINE GARVEY, LMFT

Title: LMFT

Date: 6/13/16

Mailing Address:

5475 N. Fresno Street SUITE 101
Fresno, CA 93710

Phone No.: 559-903-7427

FAX: No.: N/A

Contact: MYSELF

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dr. Howard Glidden

By: Howard Glidden

Print Name: Howard Glidden

Title: Psychologist

Date: 6/7/16

Mailing Address:

1660 E. Herndon #150
Fresno, CA 93720

Phone No.:

FAX: No.:

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By Kathy Hayden

Print Name: Kathy Hayden

Title: LMFT

Date: 8/11/16

Mailing Address:

2715 N Thorne Ave
Fresno CA 93704

Phone No: 559-917-8599

Fax No: 559-222-0731

Contact: _____

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JUN 08 2016

AGREEMENT 15-247
AMENDMENT I

FRESNO COUNTY
MENTAL HEALTH

PROVIDER: Dr. Peggy Jackson-Salcedo

By:

Peggy L. Jackson-Salcedo, PhD

Print Name: PEGGY L. JACKSON-SALCEDO, PhD

Title: Psychologist, Ca. Lic. PSY17598

Date:

6/8/2016

Mailing Address:

1515

1586 N. Van Ness

Fresno, CA 93728

Phone No.: (559) 289-0074

FAX: No.: (559) 325-9410

Contact: Same

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By

Print Name:

Title:

Date:

Mailing Address:

Phone No:

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Contact:

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FRESNO COUNTY
MENTAL HEALTH

**AGREEMENT 15-247
AMENDMENT I**

1
2
3 PROVIDER: Frances King

4
5 By Frances Allen King LCSW

6
7 Print Name: Frances Allen King

8
9 Title: LCSW

10
11 Date: 8-3-16

12
13
14
15 Mailing Address:

16 3119 Willow St 102

17 Clavis CA. 93612

18
19
20
21 Phone No: 559 229-1521

22
23 Fax No: 559 229-1528

24
25 Contact: _____

26
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28
COUNTY OF FRESNO
Fresno, CA

AGREEMENT 15-247
AMENDMENT I

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JUN 14 2016

FRESNO COUNTY
MENTAL HEALTH

PROVIDER: Jeanette Lopez

By: Jeanette Lopez

Print Name: Jeanette Tamberi Lopez

Title: Licensed Clinical Social Worker

Date: 6-14-2016

Mailing Address:

2008 N. Fine #103
Fresno, CA 93727

Phone No.: 559-456-9533

FAX: No.: 559-439-2542

Contact: 259-4077 cell and text
jeanette1513@sbcglobal.net

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Linda Lose

By:

Linda M. Lose, MA, LMFT

Print Name: Linda M. Lose, MA, LMFT

Title: licensed Marriage, Family Therapist

Date:

06/09/2016

Mailing Address:

1305 W. Bullard #11
Fresno, CA 93704

Phone No.:

(559) 438-3021
(559) 392-2817 (cell)

FAX: No.:

(559) 272-5164

Contact:

Linda M. Lose, MA, LMFT

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Matthew Malin

By: Matthew K. Malin

Print Name: Matthew K. Malin

Title: LMFT

Date: 6/13/16

Mailing Address:

264 Clovis Ave Ste 212
Clovis, VA 93612

Phone No.: (559) 288-2880

FAX: No.: (559) 324-6565

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By Jeffrey MAR Ph.D.

Print Name: _____

Title: Psychologist

Date: 8/12/16

Mailing Address:

5100 N. Sixth St. #135
Fresno CA 93710

Phone No: (559) 228-1707

Fax No: (559) 325-1924

Contact: Jeffrey MAR, Ph.D.

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By Wanda K. (Gordon) McIntosh

Print Name: WANDA K. (GORDON) MCINTOSH

Title: LCSW, Licensed Clinical Social Worker

Date: 7-5-16

Mailing Address:

P.O. Box 27826
Fresno, California
93729

Phone No: 559-917-0991

Fax No: 559-650-5590

Contact: WANDA K. GORDON MCINTOSH, LCSW

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Myrna Pacheco

By: Myrna Pacheco

Print Name: Myrna Pacheco

Title: LMFT

Date: 6-13-16

Mailing Address:

5588 N. Palm Ave
Fresno, CA 93704

Phone No.: 892-9284

FAX: No.: 650-5590

Contact: Myrna Pacheco, LMFT
mypacheco@att.net

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Iris Person

By: Iris Person, LCSW

Print Name: Iris Person, LCSW

Title: Clinical Therapist

Date: 6-13-16

Mailing Address:

1600 Willow Avenue
Clovis, CA 93612

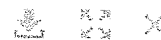
Phone No.: 559 765-9644

FAX: No.: 559 940-7619

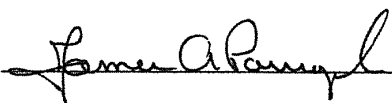
Contact: Iris Person, LCSW

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JUN 08 2016

**AGREEMENT
AMENDN**FRESNO COUNTY
MENTAL HEALTH**PROVIDER: James Powroznik**By: Print Name: James A. PowroznikTitle: LMADate: 6/7/16

Mailing Address:

5588 N. Palm Ave Suite P4
Fresno, CA 93704Phone No.: 559-916-0411FAX: No.: 559-650-5590
559-298-2296

Contact:

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FRESNO COUNTY
MENTAL HEALTH

AGREEMENT 15-247
AMENDMENT 1

PROVIDER: Cordie Micah Qualle

By

Print Name: Cordie Micah Qualle

Title:

Date:

Mailing Address:

2600 Clovis Ave Ste 202

Clovis, CA 93612

Phone No: 559-747-1614

Fax No: 559-6565

Contact: - Sam -

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Kathryn Quinn-Crask

By: Kathryn Quinn-Crask

Print Name: Kathryn Quinn-Crask

Title: LMFT

Date: 6.10.16

Mailing Address:

6215 N. Fresno Street, Suite 109
Fresno, CA 93710

Phone No.: 559 289 4049

FAX: No.: 559 451 0887

Contact:

AGREEMENT 15-247
AMENDMENT I

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FRESNO COUNTY
MENTAL HEALTH

PROVIDER: Michelle Randolph

By: _____

Print Name: _____

Title: _____

Date: _____

Mailing Address: 438 E. Shaw #140, Fresno CA 93710
~~5070 N. Sixth #174~~ 5100 N. Sixth #151
Fresno, CA 93710

Phone No.: (559) 304-3422

FAX: No.: NONE - email
mneuterlcsw@sbcglobal.net

Contact:

Above

Michelle Randolph, LCSW
5100 N. Sixth St. #151, Fresno CA 93710
(559) 304-3422

physical address

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Teresa Roltgen

By:

Teresa S. Roltgen

Print Name:

Teresa S. Roltgen

Title:

LMET

Date:

6/13/16

Mailing Address:

2505 W. Shaw
Fresno, CA 93711

Phone No.: (559) 492-7557

FAX: No.: (559) 432-2599

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Jorge Romero

By

JULIAN ALONSO, MFT

Print Name:

JORGE A. ROMERO

Title:

L MFT

Date:

08/02/2016

Mailing Address:

438 E SHAW AVE #140
FRESNO, CA 93710

Phone No:

559 221 0672

Fax No:

Contact:

COUNTY OF FRESNO
Fresno, CA

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Laura Slagle

By Laura A Slagle, LMFT

Print Name: Laura Slagle, LMFT

Title: LMFT

Date: 08/03/16

Mailing Address:

6276 N. First St. Suite 103
Fresno CA 93716

Phone No: (559) 970-8831

Fax No: _____

Contact: Laura4mft@gmail.com

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dr. Denise D. Sniffin

By 

Print Name: DENISE DADIAN SNIFFIN, Psy.D.

Title: LICENSED CLINICAL PSYCHOLOGIST

Date: 8/16/16

Mailing Address:

6777 N. Willow Ave
FRESNO CA 93710

Phone No: 559-440-1004

Fax No: 559-298-1020

Contact: MARIA SACAPANIO

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Ronald Steele

By 

Print Name: RON STEELE

Title: LCSW

Date: 8/4/16

Mailing Address:

5150 N SEVENTH ST SUITE 129
FRESNO, CA 93710

Phone No: 559-313-2185

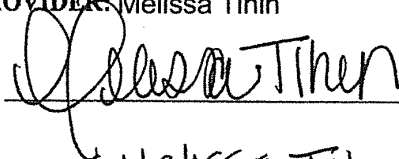
Fax No: 559-227-3018

Contact: _____

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Melissa Tihin

By



Print Name:

Melissa Tihin

Title:

Licensed Marriage & Family Therapist

Date:

8/3/14

Mailing Address:

770 E SHAW AVE #103

FRESNO CA 93710

Phone No:

559 500 9355

Fax No:

559 532 0202

Contact:

Melissa Tihin

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Erlinda Trujillo

By: Erlinda Trujillo

Print Name: Erlinda Trujillo

Title: LCSW 29435

Date: 6-29-16

Mailing Address:

3097 Willow Ave Suite #8
Clovis, CA 93612

Phone No.:

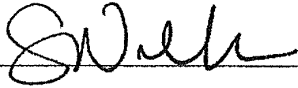
FAX No.:

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By



Print Name:

Samantha Walker

Title:

LMFT

Date:

7/6/16

Mailing Address:

770 E. Shaw Ave Suite 103

Fresno CA 93710

Phone No:

(559) 765-6076

Fax No:

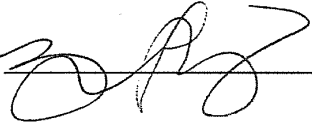
(559) 821-1169

Contact:

Samantha Walker

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Zoua Xiong

By:  LMFT

Print Name: Zoua Xiong

Title: Licensed Marriage and family Therapist

Date: 6/10/16

Mailing Address:

5588 N. Palm Avenue
Fresno, CA 93704

Phone No.: 559-709-5051

FAX: No.: n/a

Contact: zouaxiongmlt@gmail.com

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Perry Young

By: _____

Perry Young LMFT 40981

Print Name: _____

Perry Young

Title: _____

LMFT 40981

Date: _____

June 16, 2016

Mailing Address:

5707 N. Palm #103
Fresno, CA 93704

Phone No.:

FAX: No.:

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dr. Latif Ziyar

By: Latif Ziyar, MD

Print Name: LATIF Ziyar

Title: president

Date: 6-9-16

Mailing Address:

~~7335 N. First #109~~ 1702 E. Utah Ave.
~~Fresno, CA 93720~~ Fresno, Ca 93720

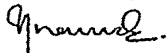
Phone No.: (559) 449-1209

FAX: No.: (559) 449-1299

Contact: Latif Ziyar

AGREEMENT 15-247
AMENDMENT I


1
2 **PROVIDER:** Asana Integrated Medical Group

3 
4 By: _____

5 Print Name: Nitin Nanda

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

8 Date: 8/4/16

9
10 By: 

11 Print Name: Vik Marla

12 Title: President and CFO
13 Secretary (of Corporation), or any Assistant Secretary,
14 Or Chief Financial Officer or any Assistant Treasurer

15 Date: 8/4/16

16 Mailing Address:

17 26135 Mureau Rd, Suite 101

18 Calabasas CA 91302

19
20
21
22 Phone No.: 818.574.5751

23 Fax No.: 818.880.0430

24 Contact: _____

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FRESNO COUNTY
MENTAL HEALTH

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AGREEMENT 15-247

FRESNO COUNTY
MENTAL HEALTH

AMENDMENT I

PROVIDER: Bashful Elephant Counseling

By Patricia Buffaloe

Print Name: PATRICIA BUFFALOE

Title: LMFT

Date: 7/6/16

Mailing Address:

3097 Willow Suite 4
CLAVIS, Ca 93612

Phone No: 559 326-8391

Fax No: _____

Contact: PAT BUFFALOE

AGREEMENT 15-247
AMENDMENT I

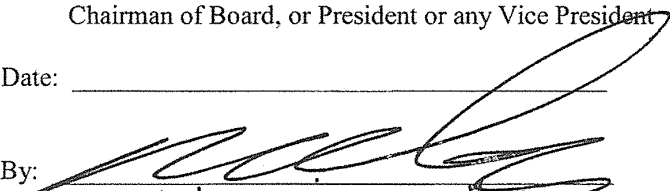
PROVIDER: BIO-BEHAVIORAL MEDICAL CLINICS, Inc.

By: _____

Print Name: _____

Title: _____
Chairman of Board, or President or any Vice President

Date: _____

By: 
Print Name: Monica Muro

Title: Administrator
Secretary (of Corporation), or any Assistant Secretary,
Or Chief Financial Officer or any Assistant Treasurer

Date: 8/4/2016

Mailing Address:
1060 W. Sierra Ste 105
Fresno, CA 93711

Phone No: (559) 437-1111 Ext 230

Fax No: (559) 437-1118

Contact: Monica Muro

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FRESNO COUNTY
MENTAL HEALTH

AGREEMENT 15-247
AMENDMENT I

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PROVIDER: Castani Family Services

By: Blanca Alvarez Hernandez

Print Name: Blanca Alvarez Hernandez

Title: Owner
Chairman of Board, or President or any Vice President

Date: 8/7/16

By: Blanca Alvarez Hernandez

Print Name: Blanca Alvarez - Hernandez

Title: Owner
Secretary (of Corporation), or any Assistant Secretary,
Or Chief Financial Officer or any Assistant Treasurer

Date: 8/7/16

Mailing Address:
5700 N. 6th Street Suite 104
Fresno, CA 93710

Phone No.: 559 224 4999

Fax No.: 559 224 4990

Contact: _____

AGREEMENT 15-247
AMENDMENT I

1
2 PROVIDER: DN Associates

3
4 By: 

5
6 Print Name: CURTIS DONOVAN

7 Title: DIRECTOR
Chairman of Board, or President or any Vice President

8 Date: 8/3/16

9
10 By: _____

11 Print Name: _____

12 Title: _____
Secretary (of Corporation), or any Assistant Secretary,
14 Or Chief Financial Officer or any Assistant Treasurer

15 Date: _____

16 Mailing Address:

17 DN ASSOCIATES

18 4460 W. SHAW AVE #595

19 FRESNO, CA 93722

20
21 Phone No.: 559-261-5083

22 Fax No.: 559-271-8927

23 Contact: CURTIS DONOVAN

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Dunamis, Inc

By: Orlando Gillam II

Print Name: Orlando Gillam II

Title: President
Chairman of Board, or President or any Vice President

Date: 6-13-16

By: [Signature]

Print Name: Elouise Jones-Green

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

Date: 6-13-16

Mailing Address:

4991 E. McKinley #112
Fresno, CA 93727

Phone No.:

FAX: No.:

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Fresno American Indian Health Project

By: _____

Print Name: _____

Title: _____

Chairman of Board, or President or any Vice President

Date: _____

By: _____

Print Name: _____

Title: _____

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

Date: _____

Mailing Address:

1551 E. Shaw Ave #139
Fresno, CA 93710

Phone No.: _____

FAX: No.: _____

Contact: _____

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By

Generational Changes, Inc.

Print Name: Linda Washington, CEO

Title: CEO

Date: 7-7-16

Mailing Address:

2409 Merced Street #106

Fresno, Ca 93721

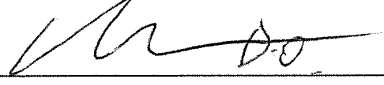
Phone No: 559 981 2795

Fax No: 559 981 6925

Contact: Anita Washington, Office Manager

AGREEMENT 15-247
AMENDMENT I

PROVIDER:

By: 

Print Name: Matthew B House, DO

Title: Pres
Chairman of Board, or President or any Vice President

Date: 03/03/2016

By: _____

Print Name: _____

Title: _____
Secretary (of Corporation), or any Assistant Secretary,
Or Chief Financial Officer or any Assistant Treasurer

Date: _____

Mailing Address:

1322 E Shaw Ave, Ste 410
Fresno CA 93710

Phone No.: 559) 226-1316

Fax No.: 559) 226-1315

Contact: Monica House Herman

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Kids Play Therapy, Inc.

By: Mary E. Watts & Co

Print Name: Mary E. Watts

Title: CEO
Chairman of Board, or President or any Vice President

Date: 6-8-16

By: Mary E. Watts & Co

Print Name: Mary E. Watts

Title: C.E.O.
Secretary (of Corporation), or any Assistant Secretary, or Chief Financial Officer or any Assistant Treasurer

Date: 6-8-16

Mailing Address:

5100 N. Sixth #140
Fresno, CA 93710

Phone No.: 559-246-0210

FAX: No.: 559-227-6149

Contact: Mary E. Watts & Co

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AGREEMENT 15-247
AMENDMENT I

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PROVIDER: La Familia Therapy Services

FRESNO COUNTY
MENTAL HEALTH

By

Victoria Montufar

Print Name:

Victoria Montufar

Title:

LMHC

Date:

8.9.16

Mailing Address:

Victoria Montufar

7281 N. Sandrine Ave

Fresno Ca 93722

Phone No:

559. 244. 9696

Fax No:

559. 225. 5703

Contact:

Victoria Montufar

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Marjaree Mason Center

By: [Signature]

Print Name: Genelle Taylor Kump

Title: Executive Director
Chairman of Board, or President or any Vice President

Date: 6/13/16

By: [Signature]

Print Name: Marcus Martin

Title: Director of Finance
Secretary (of Corporation), or any Assistant Secretary, or Chief Financial Officer or any Assistant Treasurer

Date: 6/13/16

Mailing Address:

1600 M Street
Fresno, CA 93721

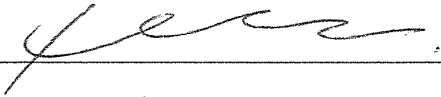
Phone No.: 559.237.4706

FAX: No.: 559-237-0420

Contact:

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Nirmal S. Brar, MD

By: 

Print Name: Nirmal S. Brar

Title: President
Chairman of Board, or President or any Vice President

Date: 6/2/15

By: _____

Print Name: _____

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

Date: _____

Mailing Address:

1130 E. Shaw Ste 105
Fresno, CA 93710

Phone No.:

FAX: No.:

Contact:

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FRESNO COUNTY
MENTAL HEALTH

AGREEMENT 15-247
AMENDMENT I

1
2 PROVIDER: ORCHID INTERPRETING

3
4 By: [Signature]

5 Print Name: Rithy Lim

6 Title: Founder
7 Chairman of Board, or President or any Vice President

8 Date: _____

9
10 By: [Signature]

11 Print Name: Lina O Shelly

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

15 Date: 08/18/16

16 Mailing Address:

17 1602 E. Divisadero St
18 Fresno, CA 93721
19 _____
20 _____

21
22 Phone No.: 559-486-5600

23 Fax No.: 559-486-5648

24 Contact: Kristine
25 _____
26 _____
27 _____
28 _____

AGREEMENT 15-247
AMENDMENT I

1
2 PROVIDER: Sullivan Center for Children

3
4 By: Kathy Sullivan PhD

5
6 Print Name: Kathy Sullivan PhD

7
8 Title: President

Chairman of Board, or President or any Vice President

9
10 Date: 8/4/2016

11
12 By: Kathy Sullivan PhD

13
14 Print Name: Kathy Sullivan PhD

15
16 Title: Secretary

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

17
18 Date: 8/4/2016

19
20 Mailing Address:

21
22 3443 W Shaw Ave

23
24 Fresno CA 93711


25
26 Phone No.: (559) 271-1186

27
28 Fax No.: (559) 271-8041

Contact: Linda Riis

AGREEMENT 15-247
AMENDMENT I

PROVIDER: Vasquez Clinical Services

By: 

Print Name: Guadalupe Vasquez

Title: Psychologist
Chairman of Board, or President or any Vice President

Date: 8-4-16

By: _____

Print Name: _____

Title: _____
Secretary (of Corporation), or any Assistant Secretary,
Or Chief Financial Officer or any Assistant Treasurer

Date: _____

Mailing Address:

516 W. Shaw Suite 200

Fresno CA 93704

Phone No.: 559-221-2571

Fax No.: _____

Contact: Guadalupe Vasquez

Individual Providers

Name	Address
Al-Saoudi, Yuleen	516 Villa Suite #3 Clovis, CA 93612
Amato, Dolores G.	6777 N. Willow Avenue Fresno, CA 93710
Amling-Heiken, Jane	5464 N. Palm #B Fresno, CA 93704
Armer, Justin	4721 W. Jennifer Avenue #2 Fresno, CA 93722
Avina, Erica	614 N Street Sanger, CA 93657
Bergstrom, Virginia	5588 N. Palm Ave Fresno, CA 93704
Brookins, Antionette	3723 E. Dakota Fresno, CA 93711
Burkes-Bell, Dianne	2652 E. Fallbrook Avenue Fresno, CA 93720
Cabrera, Hector	614 N Street Sanger, CA 93657
Casas, Judith M.	4946 E. Yale Ave. #101, Fresno, CA 93727
Case, Gabriele	1451 W. Shaw Avenue Fresno, CA 93711
Casillas, Jennell A.	770 E. Shaw Ave., Suite 103 Fresno, CA 93710
Cerda, Claudia	6777 N. Willow Avenue Fresno, CA 93710
Constant, Andrew	3869 Alamos Avenue Clovis, CA 93619
De Leon, Cynthia	516 Villa St #3 Clovis, CA 93612
Dickey, Judith	5707 N. Palm #103 Fresno, CA 93704
Farris, Donald K.	3740 Circle Dr. Fresno, CA 93704-4765
Garvey, Catherine	5475 N. Fresno Street #101 Fresno, CA 93710
Glidden, Howard, Dr.	1660 E. Herndon #150 Fresno, CA 93720
Hayden, Kathy	2715 N. Thorne Avenue Fresno, CA 93704
Jackson-Salcedo, Peggy, Dr.	1575 N. Van Ness Fresno, CA 93728
Johnson, David	3097 Willow Ave Suite #3 Clovis, CA 93612
King, Frances	3114 Willow Ave Ste 102 Clovis, CA 93612
Lopez, Jeanette	2008 N. Fine #103 Fresno, CA 93727
Lose, Linda	1305 W. Bullard #11 Fresno, CA 93704
Malin, Matthew	264 Clovis Ave Ste 212 Clovis, CA 93612
Mar, Jeffrey	5100 N. Sixth Street #151 Fresno, CA 93710
McIntosh, Wanda K. Gordon	P.O. Box 27826 Fresno, CA 93729
Pacheco, Myrna	5588 N. Palm Ave Fresno, CA 93704
Person, Iris	1600 Willow Avenue Clovis, CA 93612
Powroznik, James	5588 N. Palm Ave Suite P4 Fresno, CA 93704
Qualle, Cordie Micah	264 Clovis Ave Ste 212 Clovis, CA 93612
Quinn-Crask, Kathryn	6215 N. Fresno #109 Fresno, CA 93710
Randolph, Michelle	5100 N. Sixth Street #151 Fresno, CA 93710
Roltgen, Teresa	2505 W. Shaw Fresno, CA 93711
Romero, Jorge	438 E. Shaw Avenue #140 Fresno, CA 93710
Slagle, Laura	6276 N. First Street #103 Fresno, CA 93710
Sniffin, Denise D.	6777 N. Willow Avenue Fresno, CA 93710
Steele, Ronald	5150 N. Sixth Street #129 Fresno, CA 93710

Tihin, Melissa	770 E. Shaw Ave. #103 Fresno, CA 93710
Trujillo, Erlinda	3097 Willow Avenue Suite 8 Clovis, CA 93612
Walker, Samantha	770 E. Shaw Ave., Suite 103 Fresno, CA 93710
Xiong, Zoua	5588 N. Palm Avenue Fresno, CA 93704
Young, Perry	5707 N. Palm #103 Fresno, CA 93704
Ziyar, Latif, Dr.	1702 E. Utah Avenue Fresno, CA 93720

Group Providers

Name	Address
Asana Integrated Medical Group	5016 Chesebro Road, Ste 200 Agora Hills, CA 91301
Bashful Elephant Counseling	3097 Willow Ave Suite #4 Clovis, CA 93612
Bio-Behavioral Medical Clinics, Inc.	1060 W. Sierra, Suite 105 Fresno, CA 93711
Castani Family Services	5700 N 6th Street Suite 104 Fresno, CA 93710
DN Associates	4991 E. McKinley #112 Fresno, CA 93711
Dunamis, Inc	4991 E McKinley #112 Fresno, CA 93727
Fresno American Indian Health Project	1551 E. Shaw Ave. #139, Fresno, CA 93710
Generational Changes, Inc.	2409 Merced Ste 106 Fresno, CA 93721
House Psychiatric Clinic, Inc.	1322 E. Shaw Ave Suite 410 Fresno, CA 93710
Kids Play Therapy, Inc.	5100 N. Sixth #140 Fresno, CA 93710
La Familia Therapy Services	7281 N. Sandrini Avenue Fresno, CA 93722
Marjaree Mason Center	1600 M Street Fresno, CA 93721
Nirmal S. Brar, MD	1130 E. Shaw Ste 105 Fresno, CA 93710
Orchid Interpreting	1602 E. Divisadero Street, Fresno CA 93721
Sullivan Center for Children	3443 W. Shaw Ave Fresno, CA 93711
Vasquez Clinical Services	516 W. Shaw Ave, Suite 200 Fresno, CA 93704

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 shall require its employees and subcontractors to attend a compliance training that will be provided by Fresno County. After completion of this training, each contractor, contractor's employee and subcontractor 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 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: ____/____/____

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.

A. Assessments

1. The following areas will be included as appropriate as a part of a comprehensive client record.
 - Relevant physical health conditions reported by the client will be prominently identified and updated as appropriate.
 - Presenting problems and relevant conditions affecting the client's physical health and mental health status will be documented, for example: living situation, daily activities, and social support.
 - Documentation will describe client's strengths in achieving client plan goals.
 - Special status situations that present a risk to clients or others will be prominently documented and updated as appropriate.
 - Documentations will include medications that have been described by mental health plan physicians, dosage of each medication, dates of initial prescriptions and refills, and documentations of informed consent for medications.
 - Client self report of allergies and adverse reactions to medications, or lack of known allergies/sensitivities will be clearly documented.
 - A mental health history will be documented, including: previous treatment dates, providers, therapeutic interventions and responses, sources of clinical data, relevant family information and relevant results of relevant lab tests and consultations reports.
 - For children and adolescents, pre-natal and perinatal events and complete developmental history will be documented.
 - Documentations will include past and present use of tobacco, alcohol, and caffeine, as well as illicit, prescribed and over-the-counter drugs.
 - A relevant mental status examination will be documented.
 - A five axis diagnosis from the most current DSM, or a diagnosis from the most current ICD, will be documented, consistent with the presenting problems, history mental status evaluation and/or other assessment data.
2. Timeliness/Frequency Standard for Assessment
 - An assessment will be completed at intake and updated as needed to document changes in the client's condition.
 - Client conditions will be assessed at least annually and, in most cases, at more frequent intervals.

B. Client Plans

1. Client plans will:

- have specific observable and/or specific quantifiable goals
- identify the proposed type(s) of intervention
- have a proposed duration of intervention(s)
- 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(S) 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(S) will give a copy of the client plan to the client on request.

2. Timeliness/Frequency of Client Plan:

- Will be updated at least annually
- The CONTRACTOR(S) will establish standards for timeliness and frequency for the individual elements of the client plan described in item 1.

C. Progress Notes

1. Items that must be contained in the client record related to the client’s progress in treatment include:

- The client record will provide timely documentation of relevant aspects of client care
- Mental health staff/practitioners will use client records to document client encounters, including relevant clinical decisions and interventions

- All entries in the client record will include the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number, if applicable
- All entries will include the date services were provided
- The record will be legible
- The client record will document follow-up care, or as appropriate, a discharge summary

2. Timeliness/Frequency of Progress Notes:

Progress notes shall be documented at the frequency by type of service indicated below:

A. Every Service Contact

- Mental Health Services
- Medication Support Services
- Crisis Intervention

STATE MENTAL 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 Program (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.

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

Medi-Cal Provider Standards

1. The Medi-Cal 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 Medi-Cal Provider maintains client records in a manner that meets applicable state and federal standards.
5. The Medi-Cal 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.
6. The Medi-Cal Provider that provides or stores 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.

7. The Medi-Cal Provider that provides day treatment intensive or day rehabilitation, the Provider must have a written description of the day treatment intensive and/or day treatment rehabilitation program that complies with State Department of Health Care Services' day treatment requirements. The COUNTY shall review the Provider's written program description for compliance with the State Department of Health Care Services' day treatment requirements.
8. 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 (3) years. The COUNTY may also conduct additional certification reviews when:
 - A. The Provider makes major staffing changes.
 - B. The Provider makes organizational and/or corporate structure changes (example: conversion from a non-profit status).
 - C. The Provider adds day treatment or medication support services when medications shall be administered or dispensed from the Provider site.
 - D. There are significant changes in the physical plant of the Provider site (some physical plant changes could require a new fire clearance).
 - E. There is change of ownership or location.
 - F. There are complaints against the Provider.
 - G. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

Fresno County Mental Health Plan Grievances and Appeals Process

The 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 to 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.

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)
(TTY) Dial 771 to reach the California Relay Service

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.

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 ninety (90) calendar days of the date of the receipt of the non-approval of payment.

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

If the appeal concerns a denial or modification of payment authorization request, the MHP utilizes Managed Care staff who were 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 thirty (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 sixty (60) calendar days of receipt of the complaint. The decision rendered by the MHP is final.

FRESNO COUNTY MENTAL HEALTH PLAN

INCIDENT REPORTING

PROTOCOL FOR COMPLETION OF INCIDENT REPORT

- The Incident Report must be completed for all incidents involving clients. The staff person who becomes aware of the incident completes this form, and the supervisor co-signs it.
- When more than one client is involved in an incident, a separate form must be completed for each client.

Where the forms should be sent - within 24 hours from the time of the incident

- Incident Report should be sent to:

Managed Care Division Manager
Fresno County Mental Health Plan
P.O. Box 45003
Fresno, CA 93718-9886

INCIDENT REPORT WORKSHEET

When did this happen? (date/time) _____ Where did this happen? _____

Name/DMH # _____

1. Background information of the incident:**2. Method of investigation:** (chart review, face-to-face interview, etc.)

Who was affected? (If other than consumer) _____

List key people involved. (witnesses, visitors, physicians, employees)

3. Preliminary findings: How did it happen? Sequence of events. Be specific. If attachments are needed write comments on an 8 1/2 sheet of paper and attach to worksheet.

Outcome severity: Nonexistent ☐ inconsequential ☐ consequential ☐ death ☐ not applicable ☐ unknown ☐**4. Response:** a) corrective action, b) Plan of Action, c) other

Completed by (print name) _____

Completed by (signature) _____ Date completed _____

Reviewed by Supervisor (print name) _____

Supervisor Signature _____ Date _____

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).

Exhibit K

Page 2 of 2

(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:	