

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

955



**FROM:** Department of Mental Health

**SUBMITTAL DATE:**

August 29, 2012

**SUBJECT:** Approve the Agreement Amendment between Riverside Latino Commission and the Riverside County Department of Mental Health. **District: 4**

**RECOMMENDED MOTION:** Move that the Board of Supervisors ratify and:

1. Approve the FY 2011/2012 agreement amendment between Riverside Latino Commission and the Riverside Department of Mental Health to increase the existing contract dollar amount from \$99,050 to \$134,050;
2. Authorize the Riverside County Chairman of the Board of Supervisors to sign the agreement amendment;
3. Authorize the Riverside County Purchasing Agent to amend, increase and decrease this agreement while staying within the previously approved aggregate amount of \$11,495,859 for Net Negotiated Amount (NNA) and Drug Medi-Cal (DMC) substance abuse provider service agreements; and
4. Authorize the Purchasing Agent to annually renew this agreement through June 30, 2013.

**BACKGROUND:** On June 2, 2009, Agenda Item 3.58, the Riverside County Board of Supervisors approved the State of California issued Negotiated Net Amount (NNA) and Drug Medi-Cal (DMC) agreement for the financial provision of Substance abuse treatment services to be rendered by the Riverside County Department of Mental Health (RCDMH) Substance Abuse Program. In addition, the Riverside County Board of Supervisors authorized the Riverside County Purchasing Agent to add new providers up to \$100,000; and to increase, decrease and/or amend, existing Substance Abuse provider contract, while staying within the previously Board approved aggregate amount of \$11,495,859. The Board of Supervisors also authorized the Purchasing Agent to annually renew the agreements through June 30, 2013. **(Continued on Pg. 2)**

JW:CM:AA:AM:JZ

  
Jerry Wengert, Director of Mental Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 134,050	In Current Year Budget:	YES
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	NO
	Annual Net County Cost:	\$ 0	For Fiscal Year:	2011/2012

<b>SOURCE OF FUNDS:</b> 100% State	<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
	<b>Requires 4/5 Vote</b>	<input type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE  
BY:   
Debra Cournoyer

County Executive Office Signature

FORM APPROVED COUNTY COUNSEL  
 BY: ELENA M. BOEVA 8/29/12  
 DATE  
 Departmental Concurrence  
 ATTACHMENTS FILED WITH THE CLERK OF THE BOARD  
 Purchasing: Mark Serier, Assistant Director  
 Dep't Recomm.:  Consent  Policy  
 Per Exec. Ofc.:  Consent  Policy

3.27

**SUBJECT:** Approve the Agreement Amendment between Riverside Latino Commission and the Riverside County Department of Mental Health. **District: 4**

**BACKGROUND (continued):**

Since FY 2009/2010, in order to effectively manage its Program Budget, the RCDMH has consistently monitored service performance and billing, and has subsequently been able to budget for services and provider payment while staying within the Board approved aggregate amount of \$11,495,859. However, recently the department experienced some substantial upward trends in provider services in association with Drug Medi-Cal (DMC) Adolescent and Minor Consent services as funded under the departments current Net Negotiated Amount/ Drug Medi-Cal (NNA/DMC) contract with the State Department of Alcohol and Drug Programs (ADP). The significant increase in DMC and Minor Consent services now requires the RCDMH to make modifications to the existing Riverside Latino Commission NNA/DMC provider service agreement, in order to make financial provisions for services that have been rendered to NNA/DMC beneficiaries in FY 2011/2012.

Based upon the Sobkey vs. Smoley lawsuit settlement in 1994, the County is considered an agent of the State with respect to the administration of Medi-Cal services, and must provide reimbursement to State certified, substance abuse DMC providers if and where applicable. In addition, the RCDMH, Substance Abuse Program, until further directed, is required by the State of California Alcohol and Drugs Programs to enter into agreements and/or amendments with NNA and DMC certified providers, as long as funding is available, to make financial provisions for substance abuse services to be provided to qualified clients.

Additionally, the County has experienced unforeseen growth in Minor Consent provider services, as billed by the RCDMH Substance Abuse providers, which are 100% reimbursed by State General Funds. These services will only continue based on the availability of State General Funds (SGF). All Minor Consent contracts contain termination provisions in the event funding becomes unavailable.

Therefore, the RCDMH is requesting that the Board of Supervisors approve the agreement amendment with Riverside Latino Commission in the amount of \$134,050; and authorize the Purchasing Agent to renew this agreement annually through June 30, 2013.

**PERIOD OF PREFORMANCE:**

This agreement amendment is effective as of July 1, 2011 through June 30, 2012, and may be renewed annually by the Purchasing Agent through June 30, 2013.

**FINANCIAL IMPACT:**

This amendment will increase Riverside Latino Commission's existing NNA/DMC funded agreement for ODF services from \$99,050 to \$134,050 for FY 2011/2012. This agreement amendment contains termination provisions in the instance of the unavailability of any applicable Federal, State and/or County Funds. No additional County funds are required.

**JUSTIFICATION FOR DELAY:**

The RCDMH recently met with the provider to establish the accurate amount of financial provisions needed to cover services rendered by this provider through the end of FY 2011/2012. After mutual agreement by both parties, documents were prepared for Board approval.

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**FY 2011/2012**  
**SECOND EXTENSION TO THE AGREEMENT**  
**BETWEEN**  
**RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH**  
**AND**  
**RIVERSIDE LATINO COMMISSION -NNA/DAS**

That certain Agreement between the County of Riverside (COUNTY) and RIVERSIDE LATINO COMMISSION (CONTRACTOR) originally approved by the Riverside County Purchasing Agent on June 21, 2011, for FY 2010/2011; extended for the first time by the Riverside County Purchasing Agent on August 10, 2011, for FY 2011/2012; and is hereby extended for the second time for FY 2011/2012, effective July 1, 2011 and shall continue through June 30, 2012, as follows:

- To rescind Exhibit C in its entirety and replace with the new, attached Exhibit C, to increase the maximum obligation amount for this contract only for FY 2011/2012 from \$99,050 to \$134,050.
- To rescind Schedule I in its entirety and replace it with the new, attached Schedule I.

All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

**IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

**CONTRACTOR: LATINO COMMISSION**

**COUNTY OF RIVERSIDE:**

Signed: *Paul Contreras*  
 Printed name: Paul Contreras  
 Date: 8/14/2012  
 Title: Executive Director  
 Address: 83-844 Hopi Avenue  
 Indio, CA 92203

\_\_\_\_\_  
 John Tavaglione  
 Chairman of the Board of Supervisors  
 Date: \_\_\_\_\_

Kecia Harper-Ihen  
Clerk of the Board

**COUNTY COUNSEL:**

Pamela J. Walls  
Approved as to Form

By: \_\_\_\_\_  
Deputy

By: *[Signature]*  
Deputy County Counsel

EXHIBIT C

REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: **RIVERSIDE LATINO COMMISSION -NNA/DAS**

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the Actual Cost unit rate as specified in the Schedule I and actual units provided, less revenue collected, not to exceed the maximum obligation of the COUNTY as specified herein. Schedule I is attached hereto and incorporated herein by this reference.
2. The final year-end settlement shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of services provided or the State Maximum Allowance (SMA) rate less a County Administrative Fee, or customary charges, whichever is lower, less revenue collected, and shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the State Department of Alcohol and Drug Programs (ADP).

B. MEDI-CAL RATES:

The CONTRACTOR acknowledges Medi-Cal rates are subject to annual adjustments mandated by the State.

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C. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for fiscal year 2011/2012 shall be \$134,050 subject to availability of Federal, State, and local funds.

D. BUDGET:

Schedule I presents for budgetary and planning purposes only the budget details pursuant to this Agreement. Where applicable, Schedule I contains the department identification number (dept. id), CALOMS number, the reporting unit (RU), the mode(s) of service, the service function(s), units, revenues received, maximum obligation, and source of funding pursuant to this Agreement. Funding for services is identified in the Schedule I. Federal Funding in part includes; Substance Abuse Prevention and Treatment # 93.959, and Federal Financial Participation (FFP) #93.778.

E. SHORT-DOYLE/MEDI-CAL (SD/MC):

1. With respect to services provided to Medi-Cal beneficiaries, CONTRACTOR shall comply with applicable Medi-Cal cost containment principles where reimbursement is based on the State Drug Medi-Cal reimbursement rate less administrative fees or customary charges, whichever is lower as specified in Title 19 of the Social Security Act, Title 22 of the California Code of Regulations and policy letters issued by the State Department of Alcohol and Drug Programs.
2. SD/MC reimbursement is composed of Local Matching Funds and Federal Financial Participation (FFP).

1 F. REVENUES:

- 2
- 3 1. Pursuant to the California Health and Safety Code Division 10.5, Section
- 4 11841, and as further contained in the Department of Alcohol and Drug
- 5 Program (DADP) Fiscal Systems Manual, Chapter II, REVENUES,
- 6 CONTRACTOR shall collect revenues for the provision of the services
- 7 described pursuant to Exhibit A. Such revenues may include, but are not
- 8 limited to, fees for services, private contributions, grants or other governmental
- 9 funds. Revenues received by CONTRACTOR shall be reported annually in
- 10 the Substance Abuse Program Cost Report as required by DADP Program
- 11 Fiscal Systems Manual Chapter III, REPORT OF EXPENDITURES.
- 12 2. CONTRACTOR is authorized to retain collected fees in the subsequent year.
- 13 The total amount of fees carried forward shall not exceed 25% of the actual
- 14 revenues collected to insure maximization of State/Federal Funds. Fees carried
- 15 over are subject to approval by the State as identified in the State's Negotiated
- 16 Net Amount/Drug Medi-Cal cost report for Riverside County Department of
- 17 Mental Health.
- 18 3. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance,
- 19 or other third party benefits shall be determined by the CONTRACTOR.
- 20 CONTRACTOR shall pursue payment from all potential sources in sequential
- 21 order, with Drug Medi-Cal as payor of last resort. CONTRACTOR is to
- 22 attempt to collect first from insurance, then first party. In addition,
- 23 CONTRACTOR is responsible for adhering to and complying with all
- 24 applicable Federal, State and local Medi-Cal and medi-Care laws and
- 25 regulations as it relates to providing services to Medi-Cal and Medi-Care
- 26 beneficiaries.
- 27 4. If a client has both Medicare or insurance and Medi-Cal coverage, a copy of
- 28 the Medicare or insurance Explanation of Benefits (EOB) must be provided to
- the COUNTY within thirty (30) days of receipt.

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5. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified. CONTRACTOR is required to clear any Medi-cal Share of Cost amount (s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount (s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost (s) within seventy two (72) hours (excluding holidays) of the CONTRACTOR'S received notification from the State. Patients/clients with share of cost Medi-Cal shall be charged their monthly Medi-Cal share of cost in lieu of their annual liability. Medicare clients will be responsible for any co-insurance and/or deductible for services rendered at Medicare certified sites.
6. All other clients will be subject to an annual fee schedule by CONTRACTOR for services rendered, based on the patient's/client's ability to pay, not to exceed the CONTRACTOR'S actual charges for the services provided. The sliding fee schedule must be approved by the Substance Abuse Program Services Administrator prior to implementation. In accordance with the State Department of Mental Health's Uniform Method of Determining Ability to Pay (UMDAP) Manual, CONTRACTOR shall not be penalized for non-collection of revenues provided that reasonable and diligent attempts are made by the CONTRACTOR to collect these revenues. Past due patient/client accounts may not be referred to private collection agencies. No patient/client shall be denied services due to inability to pay.
7. CONTRACTOR shall submit to COUNTY, with signed contract, a copy of CONTRACTOR'S sliding scale and published charges.
8. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays) above and beyond the Contracted Schedule I rate, the CONTRACTOR must notify the COUNTY within ten (10) days of signing the AGREEMENT.

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9. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

G. REALLOCATION OF FUNDS:

1. No categorical funds allocated for any Mode of Service as designated in Schedule I may be reallocated to another Mode of Service unless written approval is given by the Substance Abuse Program Services Administrator or designee prior to either the end of the Contract Period of Performance or the end of the Fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation. Approval must be obtained prior to the end of the fiscal year (June 30<sup>th</sup>).
2. In addition, CONTRACTOR may not, under any circumstances and without prior approval and/or written consent from the Region/Program Manager/Administrator and confirmation from by the Supervisor of the COUNTY Fiscal Unit, reallocate funds between non-billable and billable mode and service functions and/or service procedure codes as designed in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to funds, services, mode of services and/or procedure codes that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C, shifting of funds from one Exhibit C to another is also prohibited without prior, written consent and approval from the Region Program Manager/Administrator prior to the end of either the Contract Period of Performance or Fiscal year.

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1 H. RECOGNITION OF FINANCIAL SUPPORT:

2 If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall  
3 indicate that funding for the program is provided in whole or in part by the County of  
4 Riverside Department of Mental Health Substance Abuse programs.  
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6 I. PAYMENT:

- 7 1. Monthly reimbursements may be withheld at the discretion of the Director or its  
8 designee due to material contract non-compliance; including audit  
9 disallowances invoice or contract overpayment and/or adjustments or  
10 disallowances resulting from the COUNTY Contract Monitoring Review  
11 (CMT), Program Monitoring and/or the Cost Report Reconciliation/Settlement  
12 process.
- 13 2. In addition, if the COUNTY determines that there is any portion (or all) of the  
14 CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to  
15 be valid in any way for any fiscal year, then the COUNTY reserves the right to  
16 disallow and/or withhold current and/or future payments from CONTRACTOR  
17 until valid, substantial proof of any and/or all items billed for is received,  
18 verified and approved by the COUNTY.
- 19 3. In addition to the CMT, Program Monitoring, and Cost Report  
20 Reconciliation/Settlement processes, the COUNTY reserves the right to perform  
21 periodic service deletes and denial monitoring for this agreement throughout the  
22 fiscal year in order to minimize and/or potentially prevent COUNTY and  
23 CONTRACTOR loss. The COUNTY, at its discretion, may withhold and/or  
24 offset invoices and/or monthly reimbursements to CONTRACTOR, at any time  
25 without prior notification to CONTRACTOR, for service deletes and denials  
26 that may occur in association with this agreement. COUNTY shall notify  
27 CONTRACTOR of any such instances of services deletes and denials and  
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1 subsequent withholds and/or reductions to CONTRACTOR invoices or monthly  
2 reimbursements.

3 4. Notwithstanding the provisions of Paragraph I-1 and I-2 above,  
4 CONTRACTOR shall be paid in arrears based upon the actual units of services  
5 provided and entered into the COUNTY'S specified Electronic Management of  
6 Records (ELMR) system. CONTRACTOR will be responsible for entering all  
7 client data into the COUNTY's ELMR Provider Connect system on a monthly  
8 basis and approving their services in the ELMR Provider Connect system for  
9 electronic notification to the COUNTY for batching (invoicing) and subsequent  
10 payment. CONTRACTOR must also submit to the COUNTY a signed Program  
11 Integrity Form (PIF) **attached as Exhibit C, Attachment A** signed by the  
12 Director of the CONTRACTOR organization or an authorized designee of the  
13 CONTRACTOR organization. This form must be faxed to the COUNTY at  
14 fax: 951-782-9635. The CONTRACTOR PIF form must be received by the  
15 COUNTY via fax for the prior month no later than 5:00 p.m. on the fifth (5<sup>th</sup>)  
16 working day of the current month. Failure by the CONTRACTOR to enter and  
17 approve all applicable services into the ELMR system for the applicable month,  
18 and faxing the signed PIF, will delay payment to the CONTRACTOR until the  
19 required documents as outlined herein are provided. SD/MC billings shall be  
20 processed by the COUNTY and the CONTRACTOR shall provide the  
21 COUNTY with all information necessary for the preparation and audit of such  
22 billings.

23 5. The CONTRACTOR shall work with the COUNTY to generate a monthly  
24 invoice for payment (through the ELMR system batching process) and the  
25 COUNTY will work with the CONTRACTOR to access data in the ELMR  
26 system for the CONTRACTOR to provide a quarterly report to their designated  
27 COUNTY Region/Program describing outcomes, and progress updates and  
28 services delivered based upon the contracts Exhibit A "Scope of Work".

- 1           6.       Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be  
2                       paid by the COUNTY thirty (30) calendar days after the date the PIF is received  
3                       and invoice is generated by the applicable COUNTY Region/Program.

4       J.       COST REPORT:

- 5           1.       For each fiscal year, or portion thereof, that this Agreement is in effect,  
6                       CONTRACTOR shall provide to COUNTY two (2) copies per each CALOMS  
7                       number, an annual Cost Report with an accompanying financial statement and  
8                       applicable supporting documentation to reconcile to the Cost Report within  
9                       thirty-two (32) calendar days following the end of each fiscal year (June 30),  
10                      the expiration or termination of the contract whichever occurs first. The Cost  
11                      Report shall detail the actual cost of services provided. The Cost Report shall  
12                      be provided in the format and on forms provided by the COUNTY. Final  
13                      payment to CONTRACTOR shall not be made by COUNTY until the final  
14                      current and prior year Cost Report(s) have been reconciled, settled and signed  
15                      by CONTRACTOR and received and approved by the COUNTY.
- 16          2.       CONTRACTOR shall follow all applicable Federal, State and local  
17                      regulations and guidelines to formulate proper cost reports, including but not  
18                      limited to OMB circular A-122, OMB-circular A87, etc..
- 19          3.       It is mandatory that the CONTRACTOR send one representative to the cost  
20                      report training annually that is held by COUNTY that covers the preparation  
21                      of the year-end Cost Report. The COUNTY will notify CONTRACTOR of  
22                      the date(s) and time(s) of the training. Attendance at the training is  
23                      mandatory annually in order to ensure that the Cost Reports are completed  
24                      appropriately. Failure to attend this training may result in delay of payment  
25                      to the CONTRACTOR.
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4. CONTRACTOR will be notified in writing by COUNTY if the Cost Report has not been received within thirty-two (32) calendar days after the end of the COUNTY Fiscal year. If the Cost Report is not postmarked in the thirty-two (32) calendar day time frame, future monthly reimbursements will be withheld until the COUNTY is in possession of a completed Cost Report. Future monthly reimbursements will be withheld if the Cost Report contains errors which are not corrected within 10 calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadline extension will immediately result in the withholding of future monthly reimbursements.
5. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
6. All current and/or future payments to CONTRACTOR will be withheld by the COUNTY until all final, current, and prior year Cost Report (s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
7. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR Schedule I, to provide Contract Client Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this agreement on the annual cost report. Where deemed applicable, Actual

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Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

K. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Department of Mental Health Fiscal Services Unit, by certified letter with a courtesy carbon copy to the Department of Mental Health's Program Support Unit, in writing of such. The CONTRACTOR shall submit a properly prepared Cost Report in accordance with requirements and deadlines set forth in Section H before final payment is made.

L. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. A corrective Plan of Action will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of payment until the corrective plan of action is received. Contractor's response shall identify time frames for implementing the corrective action.

1 Failure to provide adequate response or documentation for this or previous  
2 year's Agreements may result in contract payment withholding and/or a  
3 disallowance to be paid in full upon demand.  
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5 3. If this contract is terminated in accordance with Section XXIX,  
6 TERMINATION PROVISIONS, COUNTY, Federal and/or State  
7 governments may conduct a final audit of the CONTRACTOR. Final  
8 reimbursement to CONTRACTOR by COUNTY shall not be made until all  
9 audit results are known and all accounts are reconciled. Revenue collected  
10 by CONTRACTOR during this period for services provided under the terms  
11 of this Agreement will be regarded as revenue received and deducted as such  
12 from the final reimbursement claim.  
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14 4. Any Audit exception resulting from an audit conducted by any duly  
15 authorized representative of the Federal Government, the State or COUNTY  
16 shall be the responsibility of the CONTRACTOR. Any audit disallowance  
17 adjustments may be paid in full upon demand or withheld at the discretion of  
18 the Director of Mental Health against amounts due under this Agreement or  
19 Agreement(s) in subsequent years.  
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22 M. DATA ENTRY:

23 1. CONTRACTOR understands that as the COUNTY implements its current  
24 ELMR system to comply with Federal, State and/or local funding and service  
25 delivery requirements, CONTRACTOR will, therefore, be responsible for  
26 sending at least one representative to receive all applicable COUNTY  
27 training associated with, but not limited to, applicable service data entry,  
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client registration, billing and invoicing (batching), and learning how to appropriately and successfully utilize and/or operate the current and/or upgraded ELMR system as specified for use by the COUNTY under this agreement. The COUNTY will notify the CONTRACTOR when such training is required and available.

2. CONTRACTOR is required to enter all units of service into the COUNTY'S ELMR system for the prior month no later than 5:00 p.m. on the fifth (5<sup>th</sup>) working day of the current month. Late entry of services into the COUNTY'S ELMR system may result in financial and/or service denials and/or disallowances to the CONTRACTOR.

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Rev: 11/12 CM

**SCHEDULE I  
MENTAL HEALTH**

Provider Agency Name: Riverside Latino Commission

Service Contract Name and Region: Riverside Latino Commission-NNA/DAS-Substance Abuse Region

Service RU's: 33884

FISCAL YEAR: 2011/2012

SETTLEMENT TYPE: NEGOTIATED RATE ( ) ACTUAL COST (XX)

Use one PIF Form per service location

AMENDMENT

DEPT ID / PROGRAM 4100514025/55600

CALOMS# 338110 CONTRACT MAXIMUM \$134,050

SYSTEM # 33884

TYPE OF MODALITY ODF GROUP ODF INDIVIDUAL

MODE OF SERVICE: 40 40

SERVICE FUNCTION: 33 34

SERVICE TYPE: M/C, NON M/C M/C M/C

PROCEDURE CODE SA440 SA421, SA442, SA443, SA444, SA450

NUMBER OF UNITS: 3,433 640 4,072

COST PER UNIT: \$27.15 \$63.88

GROSS COST: \$93,198 \$40,852 \$134,050

FUNDING CODE

PROGRAM CODE 97 97

SERVICE CODE 33 34

UNIT REIMBURSEMENT Contact Contact

LESS REVENUES COLLECTED

BY CONTRACTORS:

A. PATIENT FEES

B. PATIENT INSURANCE

C. OTHER 0 0 0

TOTAL CONTRACTOR REVENUES 0 0 0

MAXIMUM OBLIGATION \$93,198 \$40,852 \$134,050

SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:

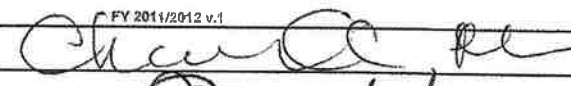

				%
A. MEDI-CAL/FFP	\$46,599	\$20,426	\$67,025	50.00%
B. FEDERAL FUNDS	\$0	\$0	\$0	0.00%
C. REALIGNMENT FUNDS	\$0	\$0	\$0	0.00%
D. STATE GENERAL FUNDS	\$46,599	\$20,426	\$67,025	50.00%
E. COUNTY FUNDS	\$0	\$0	\$0	0.00%
F. OTHER	\$0	\$0	\$0	0.00%
TOTAL (SOURCES OF FUNDING)	\$93,198	\$40,852	\$134,050	100.00%

**ODF INDIVIDUAL SERVICES  
PROCEDURE CODE KEY:**  
SA421= INTAKE, SA442= TX PLANING,  
SA443= CRISIS, SA444= DISCHARGE,  
SA450= COLLATERAL

FUNDING SOURCES DOCUMENT:

STAFF ANALYST SIGNATURE:

FISCAL SERVICES SIGNATURE:

FY 2011/2012 v.1  
 8/13/12  
 8/13/12

Revised: 13-Aug-12 04:38 PM



INVOICE MONTH: \_\_\_\_\_

PROVIDER/AGENCY: \_\_\_\_\_

BATCH DATE (Submit Date): \_\_\_\_\_ BATCH NUMBER (Bill Enum): \_\_\_\_\_

**CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM**

**Drug Medi-Cal Eligible Certification of Claims and Program Integrity**

I HEREBY CERTIFY under penalty or perjury to the following: An assessment of the beneficiary was conducted in compliance with the requirements established in the contract with the Riverside County Department of Mental Health (RCDMH) and as stipulated by all applicable Federal, State and/or County laws for Drug Medi-Cal beneficiaries. The beneficiary was eligible to receive Drug Medi-Cal services at the time the services were provided to the beneficiary. The services included in the claim were actually provided to the beneficiary in association with and as stipulated by the claim. Medical necessity was established for the beneficiary as defined under Title 22, California Code of Regulations, Exhibit 1, Section 51341.1, 51490.1, and 51516.1, for the services or services provided, for the timeframe in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the contract with the RCDMH and as stipulated by all applicable Federal, State and/or County law.

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Signature of Authorized Provider

Printed Name of Authorized Provider

**Non-Drug Medi-Cal Eligible Certification of Claims and Program Integrity**

I HEREBY CERTIFY under penalty of perjury to the following: The services included in the claim were actually provided to the beneficiary and for the timeframe in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in the contract with the RCDMH and as stipulated by all applicable Federal, State and/or County law.

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Signature of Authorized Provider

Printed Name of Authorized Provider