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**EXHIBIT C**  
**REIMBURSEMENT & PAYMENT**

**CONTRACTOR NAME:** Telecare Corporation  
**PROGRAM NAME:** Psychiatric Hospital Facility (PHF) and Crisis Stabilization Unit (CSU)  
**DEPARTMENT ID:** 4100202293-74700-83550-530280

**A. REIMBURSEMENT:**

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below:  
  - The Negotiated Rate, as approved by the COUNTY, per unit as specified in the Schedule I, multiplied by the actual number of units of service provided, less revenue collected, not to exceed the maximum obligation of the COUNTY for that fiscal year as specified herein.
  - One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
2. CONTRACTOR'S Schedule I issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply), including allowable costs for this Agreement such as administrative cost, indirect cost and operating income and shall not exceed the percentage(s) or amounts(s) as specified in the original Agreement proposal or subsequent negotiations received, made and/or approved by the COUNTY:

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The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual allowable cost per unit, multiplied by the actual number of units of service, less revenue collected.

The final year-end settlement for Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR); or Drug Medi-Cal rate; or customary charges (published rate), whichever is the lowest rate, less revenue collected. In addition, all year-end settlement for Drug Medi-Cal services shall be less a COUNTY administrative fee.

The final year-end settlement for Narcotics Treatment Program (NTP) Medi-Cal services (only) shall be based on final State approved Medi-Cal units, multiplied by the Riverside County Drug Medi-Cal rate, or customary charges (published rate), whichever is lower, less revenue collected.

The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected.

The final year-end settlement for ancillary, start-up or flexible spending categories shall be based on actual allowable cost, less revenue collected.

4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.

**B. MAXIMUM OBLIGATION:**

1 COUNTY'S maximum obligation for FY 2014/2015 shall be \$7,117,772 subject  
2 to availability of applicable Federal, State, local and/or COUNTY funds.

3 C. START-UP REIMBURSEMENT

- 4 1. If and when applicable, items to be purchased through Start-Up funds  
5 are to be pre-approved by the COUNTY prior to purchase.  
6 CONTRACTOR will submit a formal, written request for purchases to  
7 the Program Manager or designee. This request shall include  
8 estimated costs, justification for purchase, and proof of price  
9 reasonableness.  
10 2. CONTRACTOR will be paid in arrears based upon the actual cost of pre-  
11 approved items up to the maximum Start-Up cost obligation.  
12 CONTRACTOR will submit a claim on their stationery to include proof of  
13 cost(s) for said Start-Up items. Claims shall be submitted to the  
14 appropriate Program or Regional Manager/Adiministrator of the County's  
15 Department of Mental Health, no later than the tenth (10<sup>th</sup>) working day  
16 of each month. Start-Up cost claims shall be submitted separately from  
17 the claim for Agreement Client Services.

18 D. START-UP COST FURNISHINGS AND EQUIPMENT:

- 19 1. APPROVAL FOR PURCHASE: Any equipment or furnishings are  
20 required to be approved by COUNTY in writing prior to making  
21 purchase. Any equipment or furnishings not approved by COUNTY  
22 prior to purchase shall not be reimbursed to CONTRACTOR by  
23 COUNTY either as a start up or operating cost at any time.  
24 2. OWNERSHIP: Equipment and furnishings purchased through this  
25 Agreement are the property of COUNTY. Procedures provided by  
26 COUNTY for the acquisition, inventory, control and disposition of the  
27 equipment and the acquisition and payment for administrative services  
28 to such equipment (e.g. office machine repair) are to be followed.  
3. INVENTORY: CONTRACTOR shall maintain an internal inventory  
control system that will provide accountability for equipment and  
furnishings purchased through this Agreement, regardless of cost. The

1 inventory control system shall record at a minimum the following  
2 information when property is acquired: date acquired; property  
3 description (to include model number); property identification number  
4 (serial number); cost or other basis of valuation; funding source; and  
5 rate of depreciation or depreciation schedule, if applicable. An updated  
6 inventory list shall be provided to COUNTY on a semi-annual basis,  
7 and filed with the Annual Cost Report. Once COUNTY is in receipt of  
8 this list, COUNTY inventory tags will be issued to CONTRACTOR, and  
9 are to be attached to the item as directed.

10 4. DISPOSAL: Approval must be obtained from COUNTY prior to the  
11 disposal of any property purchased with funds from this Agreement,  
12 regardless of the acquisition value. Disposal (which includes sale,  
13 trade-in, discard, or transfer to another agency or program) shall not  
14 occur until approval is received in writing from COUNTY.

15 5. CAPITAL ASSETS:

16 a. Capital assets are tangible or intangible assets exceeding \$5,000  
17 that benefit an agency more than a single fiscal year. For capital  
18 assets approved for purchase by COUNTY, allowable and non-  
19 allowable cost information and depreciation requirements can be  
20 found in the Center for Medicare and Medicaid Services (CMS)  
21 Publication 15, Provider Reimbursement Manual (PRM) Parts I & II.  
22 It is CONTRACTOR'S responsibility to ensure compliance with these  
23 requirements.

24 b. Any capital asset that was acquired or improved in whole or in part  
25 with funds disbursed under this Agreement, or under any previous  
26 Agreement between COUNTY and CONTRACTOR, shall either be,  
27 at the election of COUNTY as determined by the Director or  
28 designee: (1) transferred to COUNTY including all title and legal  
ownership rights; or (2) disposed of and proceeds paid to COUNTY  
in a manner that results in COUNTY being reimbursed in the amount  
of the current fair market value of the real or personal property less

1 any portion of the current value attributable to CONTRACTOR's out  
2 of pocket expenditures using non-county funds for acquisition of, or  
3 improvement to, such real or personal property and less any direct  
4 and reasonable costs of disposition.

5 E. BUDGET:

6 Schedule I presents (for budgetary and planning purposes only) the budget  
7 details pursuant to this Agreement. Where applicable, Schedule I contains  
8 department identification number (Dept. ID), Program Code, billable and non-  
9 billable mode(s) and service function(s), units, expected revenues, maximum  
10 obligation and source of funding pursuant to this Agreement.

11 F. MEDI-CAL (M/C):

12 1. With respect to services provided to Medi-Cal beneficiaries,  
13 CONTRACTOR shall comply with applicable Medi-Cal cost containment  
14 principles where reimbursement is based on actual allowable cost,  
15 approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary  
16 charges (published rate), whichever rate is lower, as specified in Title 19  
17 of the Social Security Act, Title 22 of the California Code of Regulations  
18 and applicable policy letters issued by the State. All cost containment  
19 reimbursement rates for Drug Medi-Cal shall include a COUNTY  
20 administrative fee.

21 2. RCMAR is composed of Local Matching Funds and Federal Financial  
22 Participation (FFP).

23 G. REVENUES:

24 As applicable:

25 1. Pursuant to the provisions of Sections 4025, 5717 and 5718 of the  
26 Welfare & Institutions Code, and as further contained in the State  
27 Department of Health Care Services Revenue Manual, Section 1,  
28 CONTRACTOR shall collect revenues for the provision of the services  
described pursuant to Exhibit A. Such revenues may include but are  
not limited to, fees for services, private contributions, grants or other

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funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.

2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to the patient(s)/client(s) receiving services(s) and prior to services being billed in order to ensure proper billing of Medi-Cal eligible services for all applicable patient(s)/clients(s).
3. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. 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

1 the CONTRACTOR'S received notification from the State.  
2 CONTRACTOR shall be responsible for faxing the cleared Medi-Cal  
3 Share of Cost documentation to fax number (951) 955-7361 OR to your  
4 organization's appropriate COUNTY Region or Program contact.  
5 Patients/clients with share of cost Medi-Cal shall be charged their  
6 monthly Medi-Cal share of cost in lieu of their annual liability. Medicare  
7 clients will be responsible for any co-insurance and/or deductible for  
8 services rendered at Medicare certified sites.

9 7. If and when applicable, all other clients will be subject to an annual  
10 sliding fee schedule by CONTRACTOR for services rendered, based on  
11 the patient's/client's ability to pay, not to exceed the CONTRACTOR'S  
12 actual charges for the services provided. In accordance with the State  
13 Department of Health Care Services Revenue Manual, CONTRACTOR  
14 shall not be penalized for non-collection of patient/client revenues  
15 provided that reasonable and diligent attempts are made by the  
16 CONTRACTOR to collect these revenues. Past due patient/client  
17 accounts may not be referred to private collection agencies. No  
18 patient/client shall be denied services due to inability to pay.

19 8. If and where applicable, CONTRACTOR shall submit to COUNTY, with  
20 signed Agreement, a copy of CONTRACTOR'S customary charges  
21 (published rates).

22 9. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays)  
23 above and beyond the contracted Schedule I rate, the CONTRACTOR  
24 must notify the COUNTY within each fiscal year Agreement period of  
25 performance.

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

H. REALLOCATION OF FUNDS:

1. No funds allocated for any mode and service function as designated in  
Schedule I may be reallocated to another mode and service function

1 unless prior written consent and approval is received from COUNTY  
2 Program Administrator/Manager and confirmed by the Fiscal Supervisor  
3 prior to either the end of the Agreement Period of Performance or the  
4 end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the  
5 maximum obligation.

6 2. In addition, CONTRACTOR may not, under any circumstances and  
7 without prior written consent and approval being received from  
8 COUNTY Program Administrator/Manager and confirmed by the Fiscal  
9 Supervisor, reallocate funds between mode and service functions as  
10 designated in the Schedule I that are defined as non-billable by the  
11 COUNTY, State or Federal governments from or to mode and service  
12 functions that are defined as billable by the COUNTY, State or Federal  
13 governments.

14 3. If this Agreement includes more than one Exhibit C and/or more than  
15 one Schedule I, shifting of funds from one Exhibit C to another and/or  
16 from one Schedule I to another is also prohibited without prior written  
17 consent and approval being received from COUNTY Program  
18 Administrator/Manager and confirmed by the Fiscal Supervisor prior to  
19 the end of either the Agreement Period of Performance or fiscal year.

20 I. RECOGNITION OF FINANCIAL SUPPORT:

21 If, when and/or where applicable, CONTRACTOR'S stationery/letterhead shall  
22 indicate that funding for the program is provided in whole or in part by the  
23 COUNTY of Riverside Department of Mental Health.

24 J. PAYMENT:

25 1. Monthly reimbursements may be withheld and recouped at the discretion  
26 of the Director or its designee due to material Agreement non-  
27 compliance, including audit disallowances, invoice(s), or Agreement  
28 overpayment, and/or adjustments or disallowances resulting from the  
COUNTY Contract Monitoring Review (CMT), COUNTY Program  
Monitoring, Federal or State Audit, and/or the Cost Report  
Reconciliation/Settlement process.



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2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow and/or withhold current and/or future payments from CONTRACTOR until valid, substantial proof of any and/or all items billed for is received, verified and approved by the COUNTY.
  3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without any prior written or verbal notice, or periodic system service reviews and subsequent deletes and denial monitoring for this Agreement throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and/or inaccurate billing and/or reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.
  4. Notwithstanding the provisions of Paragraph J-1 and J-2 above, CONTRACTOR shall be paid in arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12<sup>th</sup>) monthly basis as specified in Paragraph A-1 above.
    - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY'S MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
    - b. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **attached as Exhibit C,**

1 **Attachment A)** signed by the Director or authorized designee of  
2 the CONTRACTOR organization. This form must be faxed and/or  
3 emailed (PDF format only) to the COUNTY at (951) 358-4792  
4 and/or emailed to ELMR\_PIF@rcmhd.org. The CONTRACTOR  
5 PIF form must be received by the COUNTY via fax and/or email  
6 for the prior month no later than 5:00 p.m. on the fifth (5<sup>th</sup>) working  
7 day of the current month.

8 c. Failure by the CONTRACTOR to enter and approve all applicable  
9 services into the MIS for the applicable month, and faxing and/or  
10 emailing the signed PIF, will delay payment to the  
11 CONTRACTOR until the required documents as outlined herein  
12 are provided.

13 d. CONTRACTOR is required to enter all units of service into the  
14 COUNTY'S MIS for the prior month no later than 5:00 p.m. on  
15 the fifth (5<sup>th</sup>) working day of the current month for electronic  
16 batching. Late entry of services into the COUNTY'S MIS may  
17 result in financial and/or service denials and/or disallowances  
18 to the CONTRACTOR.

19 5. CONTRACTOR shall work with their respective COUNTY Regions or  
20 Programs to generate a monthly invoice for payment through the MIS  
21 batching process. In addition, the COUNTY will work with the  
22 CONTRACTOR to access data in the MIS in order for the  
23 CONTRACTOR to provide a quarterly report to their designated  
24 COUNTY Region/Program describing outcomes, and progress updates  
25 and services delivered based upon the Agreement's Exhibit A "Scope of  
26 Work."

27 6. CONTRACTOR shall provide the COUNTY with all information  
28 necessary for the preparation and submission to the State, if applicable,  
for all billings, and the audit of all billings.

7. In order to ensure that CONTRACTOR will receive reimbursement for  
services rendered under this Agreement, CONTRACTOR shall be

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responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and the comment "Medicare/OHC Termed" on the documentation provided to the COUNTY.

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

K. COST REPORT:

- 1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":

\_\_\_\_\_ Thirty (30) calendar days following the end of each fiscal year (June 30<sup>th</sup>), or the expiration or termination of the Agreement, whichever occurs first.

  X   Forty-five (45) calendar days following the end of each fiscal year (June 30<sup>th</sup>), or the expiration or termination of the Agreement, whichever occurs first.

\_\_\_\_\_ Seventy-Five (75) calendar days following the end of each fiscal year (June 30<sup>th</sup>), or the expiration or termination of the Agreement, whichever occurs first.

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2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122, OMB-circular A-87, etc.
4. It is mandatory that the CONTRACTOR send one representative to the cost report training annually that is held by COUNTY that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Attendance at the training is mandatory annually in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section K, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines and/or extension will immediately result in the withholding of future monthly reimbursements.
6. 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.
7. 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.

1 8. CONTRACTOR shall report Actual Costs separately, if deemed  
2 applicable and as per CONTRACTOR Schedule I, to provide  
3 Agreement Client Ancillary Services, Prescriptions, Health Maintenance  
4 Costs, and Flexible funding costs under this Agreement on the annual  
5 cost report. Where deemed applicable, Actual Costs for Indirect  
6 Administrative Expenses shall not exceed the percentage of cost as  
7 submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

8 L. BANKRUPTCY:

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

15 M. AUDITS:

- 16 1. CONTRACTOR agrees that any duly authorized representative of the  
17 Federal Government, the State or COUNTY shall have the right to  
18 audit, inspect, excerpt, copy or transcribe any pertinent records and  
19 documentation relating to this Agreement or previous Agreements in  
20 previous years.
- 21 2. If this Agreement is terminated in accordance with Section XXVII,  
22 TERMINATION PROVISIONS, the COUNTY, Federal and/or State  
23 governments may conduct a final audit of the CONTRACTOR. Final  
24 reimbursement to CONTRACTOR by COUNTY shall not be made until  
25 all audit results are known and all accounts are reconciled. If  
26 applicable, revenue collected by CONTRACTOR during this period for  
27 services provided under the terms of this Agreement will be regarded  
28 as revenue received and deducted as such from the final  
reimbursement claim.
3. Any audit exception resulting from an audit conducted by any duly  
authorized representative of the Federal Government, the State or

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COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Mental Health against amounts due under this Agreement or Agreement(s) in subsequent years.

4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan 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. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

N. TRAINING:

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

Rev. 14/15

**CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM**

<b>Billing/Service Period:</b>		<b>Amount Certified:</b>	
<b>DeptID:</b>	4100202293-74700-83550-530280		
<b>Provider Name:</b>	Telecare Corporation		
<b>Contract Name/Region:</b>	Desert Region- PHF and CSU		
<b>Service Location (Address):</b>	47915 Oasis Street, Indio, CA 92201		
<b>RU's Certified:</b>	33XXX and 33XXX		
<b>Bill Enumerator:</b>			

**Medi-Cal and/or Medicare Eligible Certification of Claims and Program Integrity (ONLY)**

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and 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 Medi-Cal and Medicare beneficiaries. The beneficiaries were eligible to receive Medi-Cal and/or Medicare services at the time the services were provided to the beneficiaries. The services included in the claim were actually provided to the beneficiaries in association with and as stipulated by the claim. Medical necessity was established by my organization for the beneficiaries as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame 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 beneficiaries 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.

\_\_\_\_\_  
Signature of Authorized Provider

\_\_\_\_\_  
Printed Name of Authorized Provider

Date: \_\_\_\_\_

**Non-Medi-Cal and/or Medicare Eligible Certification of Claims and Program Integrity (ONLY)**

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and 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 consumers who are referred by the County to the Provider for mental health specialty services. The beneficiaries were referred to receive services at the time the services were provided to the beneficiaries in association with and as stipulated by the claim. The services included in the claim were actually provided to the beneficiaries and for the time frame 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 care plan was developed and maintained for the beneficiaries that met all client care plan requirements established in the contract with the RCDMH and as stipulated by all applicable Federal, State and/or County law.

\_\_\_\_\_  
Signature of Authorized Provider

\_\_\_\_\_  
Printed Name of Authorized Provider

Date: \_\_\_\_\_

**RCDMH Admin. Use Only**

**SCHEDULE I  
MENTAL HEALTH**

DESERT REGION

CONTRACT PROVIDER NAME: **Telecare Corporation**

FISCAL YEAR **2014-2015**

NEGOTIATED RATE ( )      ACTUAL COST (X )      NET NEGOTIATED AMOUNT ( )

DEPT ID/PROGRAM **4100202293-83550-74700**

	PHF	PHF	CSU	CSU		
MODE OF SERVICE:		5*		10*		
SERVICE FUNCTION:		20		25		
NUMBER OF UNITS:		4,395		27,500		
PROCEDURE CODE		151,153,154		208 & 209NB		
COST PER UNIT based on Total Cost		\$879.61		\$107.27		
START UP COSTS	\$167,273		\$134,619			\$301,892
MAXIMUM OBLIGATION:	\$167,273	\$3,865,868	\$134,619	\$2,950,012		\$7,117,772
<b>REVENUES COLLECTED BY CONTRACTORS:</b>						
A. PATIENT FEES						
B. PATIENT INSURANCE		193,293		161,230		354,523
C. OTHER: Miscellaneous						
TOTAL CONTRACTOR REVENUES		193,293		\$161,230		\$354,523
COUNTY ESTIMATED FUNDING OBLIGATION	\$167,273	\$3,672,575	\$134,619	\$2,788,782		\$6,763,249
<b>SOURCES OF FUNDING FOR MAXIMUM OBLIGATION</b>						
A. MEDI-CAL/FFP		463,904		354,001	\$817,906	12.09%
B. FEDERAL FUNDS					\$0	0.00%
C. REALIGNMENT FUNDS	\$167,273	3,208,671			\$3,375,944	49.92%
D. STATE GENERAL FUNDS					\$0	0.00%
E. COUNTY FUNDS					\$0	0.00%
F. MHSA-CSS			134,619	2,434,781	\$2,569,400	37.99%
TOTAL (SOURCES OF FUNDING)	167,273	3,672,575	134,619	2,788,782	\$6,763,249	100.00%

\*Program costs include Medi-Cal non-reimbursable costs such as Board & Care, Client Support, Operating Income, and Medication and Laboratory costs for Non Medi-Cal clients. These costs are assumed to be reimbursed with MHSA and/or other county general funds.

FUNDING SOURCES DOCUMENT: \_\_\_\_\_

ADMINISTRATIVE ANALYST SIGNATURE: Susan Marshall 5-6-14