

COUNTY OF RIVERSIDE  
DEPARTMENT OF MENTAL HEALTH



This agreement is made and entered into by and between the County of Riverside, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and TELECARE CORPORATION, hereinafter referred to as "CONTRACTOR."

**PREAMBLE**


**WHEREAS**, the COUNTY wishes to extend to the residents of Riverside County certain mental health services contemplated and authorized by the California Welfare and Institutions Code (WIC) Section 5600 et seq., 5608 et seq., and Government Code Section 26227 et seq., California Code of Regulations, Title 9, Division 1, and Title 22, which the CONTRACTOR is equipped, staffed and prepared to provide; and

**WHEREAS**, the COUNTY believes it is in the best interest of the people of Riverside County to provide these mental health services by contract; and

**WHEREAS**, these services as described in Exhibit A attached hereto, shall be provided by CONTRACTOR in accordance with the applicable laws, codes and policies contained in, but not limited to, Exhibit B attached hereto;

**NOW THEREFORE**, in consideration of the mutual promises, covenants and conditions hereinafter contained, the Parties hereto mutually agree as provided on pages 1 through 56 and Exhibits A, B, C, Schedule I and Schedule K (if applicable) attached hereto and incorporated herein, hereinafter referred to as "Agreement."


**CONTRACTOR**

By:   
Marshall Langfeld SVP/CFO  
Print Name  
Date: 6/5/2015

**COUNTY**

By: \_\_\_\_\_  
Marion Ashley, Chairman  
Board of Supervisors  
Date: \_\_\_\_\_

**COUNTY COUNSEL:**

Gregory P. Priamos  
Approved as to form  
By:   
Deputy County Counsel

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I

DESCRIPTION OF SERVICES:

CONTRACTOR agrees to provide services in the form as outlined and described in Exhibit A, Exhibit B, Exhibit C, Schedule I, Schedule K (if applicable) and any other exhibits, attachments or addendums attached hereto and by this reference incorporated herein to this Agreement.

II

PERIOD OF PERFORMANCE:

This Agreement shall be effective as of July 1, 2015, and continue in effect through June 30, 2016. The Agreement may thereafter be renewed annually, by mutual agreement of the parties, up to an additional five (5) years, subject to the availability of funds and satisfactory performance of services.

III

REIMBURSEMENT AND USE OF FUNDS PAYMENT:

A. Reimbursement

In consideration of services provided by CONTRACTOR, COUNTY shall reimburse CONTRACTOR in the amount and manner outlined and described in Exhibit C and Schedule I or Schedule K, attached hereto and by this reference incorporated herein to this Agreement. CONTRACTOR agrees to submit their National Provider Identification (NPI) and other support or required documentation to the COUNTY prior to reimbursement be processed by the COUNTY.

B. Restrictions On Salaries

1 CONTRACTOR agrees that no part of any federal funds provided under this  
2 Agreement shall be used by the CONTRACTOR, or its Subcontractors to pay the  
3 salary of an individual at a rate in excess of Level 1 of the Executive Schedule.  
4 Salary schedules may be found at <http://www.opm.gov/oca>. CONTRACTOR shall  
5 be responsible for making sure that their organization is in full compliance with all  
6 applicable Federal, State, County or local salary restrictions in conjunction with  
7 performing the services herein.  
8

9 C. Union Organizing

- 10 1. CONTRACTOR will not assist, promote, or deter union organizing by  
11 employees performing work on a state service contract, including a public  
12 works contract.  
13  
14 2. CONTRACTOR will not, for any business conducted under this Agreement,  
15 use any state property to hold meetings with employees or supervisors, if the  
16 purpose of such meetings is to assist, promote or deter union organizing unless  
17 the state property is equally available to the general public for holding  
18 meetings.  
19  
20 3. If the CONTRACTOR incurs costs, or makes expenditures to assist, promote,  
21 or deter union organizing, CONTRACTOR will maintain records sufficient to  
22 show that no reimbursement from state funds has been sought for these costs,  
23 and the CONTRACTOR shall provide those records to the County and then to  
24 the Attorney General upon request.  
25

26 D. Lobbying And Restrictions And Disclosures Certification  
27  
28

1                   Applicable to federally funded contracts in excess of \$100,000 per 31 U.S.C. Section  
2                   1352 and 45 C.F.R. Part 93:

3                   1.    Certification and Disclosure Requirements

4                   a.    CONTRACTOR (or recipient) who requests or receives a contract, sub-  
5                   contract, grant or sub-grant, which is subject to 31 U.S.C. Section 1352,  
6                   and which exceeds \$100,000 at any tier, shall file a certification (in the  
7                   form set forth in by the COUNTY), consisting of one page, entitled  
8                   “Certification Regarding Lobbying” that the recipient has not made,  
9                   and will not make, any payment prohibited by sub-section B of this  
10                  provision.

11                  b.    CONTRACTOR shall file a disclosure (in the form set forth by the  
12                  COUNTY, entitled “Standard Form-LLL-Disclosure of Lobbying  
13                  Activities”) if any funds other than federally appropriated funds have  
14                  been paid or will be paid to any person for influencing or attempting to  
15                  influence any officer or employee of any agency, a Member of  
16                  Congress, an officer or employee of Congress, or any employee of a  
17                  Member of Congress in connection with this federal grant.

18                  c.    CONTRACTOR shall require that the language of this certification be  
19                  included in the award documents for all sub-awards at all tiers  
20                  (including subcontracts, sub-grants, and contracts under grants, loans  
21                  and cooperative agreements) and that all sub-recipients shall certify and  
22                  disclose accordingly.  
23  
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1 d. CONTRACTOR shall file a disclosure form at the end of each calendar  
2 quarter in which there occurs any event that requires disclosure or that  
3 materially affect the accuracy of the information contained in any  
4 disclosure form previously filed by such person under Paragraph 1(a)  
5 herein. An event that materially affects the accuracy of the information  
6 reported includes:  
7

8 (i) A cumulative increase \$25,000, or more in the amount paid or  
9 expected to be paid for influencing or attempting to influence a  
10 covered federal action;

11 (ii) A change in the person(s) or individual(s) influencing or  
12 attempting to influence a covered federal action;

13 (iii) A change in the officer(s), employee(s), or member(s) contacted  
14 for the purpose of influencing or attempting to influence a covered  
15 federal action;

16 (iv) CONTRACTOR who requests or receives from a person referred  
17 to in Paragraph 1(a) of this provision a contract, subcontract, grant  
18 or sub-grant exceeding \$100,000 at any tier under a contract or  
19 grant shall file a certification, and a disclosure form, if required, to  
20 the next tier above; and,  
21

22 (v) All disclosure forms (but no certifications) shall be forwarded from  
23 tier to tier until received by the entity referred to in Paragraph 1(a)  
24 of this provision. The CONTRACTOR shall forward all disclosure  
25  
26  
27  
28

1 forms to the COUNTY in order for the COUNTY to forward to  
2 Program/Regional Administrator.

3 E. Prohibition

4 31 U.S.C. Section 1352 provides in part that no Federal appropriated funds may be  
5 expended to pay any person influencing or attempting to influence an officer or  
6 employee of any agency, a Member of Congress, an officer or employee of  
7 Congress, or an employee of a Member of Congress in connection with any of the  
8 following covered federal actions: the awarding of any federal contract, the making  
9 of any federal grant, the making of any federal loan, entering into any cooperative  
10 agreement, and the extension, continuation, renewal, amendment, or modification of  
11 any federal contract, grant, loan or cooperative agreement.  
12  
13

14 F. National Provider Identifier (NPI)

15 All HIPAA covered healthcare providers must obtain an NPI. Provider's site NPIs  
16 must be submitted to the Riverside County Department of Mental Health (RCDMH)  
17 Information Services Unit prior to rendering services to clients. Contractors providing  
18 direct or indirect services for State reporting must also submit rendering (individual)  
19 provider NPIs to RCDMH Information Services Unit for each staff member providing  
20 Medi-Cal billable services. Contractor reimbursement will not be processed unless  
21 NPIs are on file with RCDMH in advance of providing services to clients. It is the  
22 responsibility of each contract provider site and individual staff member that bills  
23 Medi-Cal to obtain an NPI from the National Plan and Provider Enumeration System  
24 (NPPES). Each contract site, as well as every staff member that provides billable  
25 services, is responsible for notifying the National Plan & Provider Enumeration  
26  
27  
28



1 System (NPPES) within 30 days of any updates to personal information (worksite  
2 address, name changes, taxonomy code changes, etc.).

3 IV

4 PROGRAM SUPERVISION, MONITORING AND REVIEW:

5 Pursuant to Welfare & Institutions Code (WIC), Section 5608 services hereunder shall  
6 be provided by CONTRACTOR under the general supervision of the COUNTY Director of  
7 Mental Health, hereinafter called DIRECTOR, or his authorized designee.

9 A. CONTRACTOR agrees to extend to DIRECTOR or his designee, the COUNTY  
10 Contract Monitoring Team, COUNTY Case Management Staff, and other authorized  
11 County, Federal and/or State representatives, the right to enter the program facilities  
12 during operating hours to monitor client well-being and the right to review and  
13 monitor CONTRACTOR's facilities, programs, policies, practices, books, records, or  
14 procedures during operating hours.

- 15
- 16 1. In exercising the right to review or monitor CONTRACTOR's administrative,  
17 clinical, fiscal, and program components, staff and facility(ies), the COUNTY  
18 shall enforce Agreement provisions and applicable COUNTY policies identified  
19 throughout this Agreement, including those related to threats and violent behavior  
20 or harassment in the workplace concerning its employees.
  - 21 2. CONTRACTOR further agrees to authorize the COUNTY, under this Agreement,  
22 to have access to all COUNTY consumers, to collaborate with treating staff, and to  
23 review necessary documents to ensure that the consumer has received all necessary  
24 assessments, all necessary treatment planning with measurable goals, and  
25 documented progress towards goals.  
26  
27  
28

1 3. CONTRACTOR agrees to allow COUNTY to collaborate with CONTRACTOR  
2 personnel regarding COUNTY consumer aftercare services and continuity of care  
3 with the COUNTY.

4 B. As it pertains to the COUNTY and Program Monitoring, if at any point during the  
5 duration of this Agreement, the COUNTY determines CONTRACTOR is out of  
6 compliance with any provision in this Agreement, the COUNTY may request a plan  
7 of correction, after providing the CONTRACTOR with written notification and the  
8 basis for the finding of noncompliance.  
9

10 1. Within thirty (30) days of receiving notification, the CONTRACTOR shall  
11 provide a written plan of corrective action addressing the non-compliance.  
12

13 2. If the COUNTY accepts the CONTRACTOR'S proposed plan of correction,  
14 it shall suspend other punitive actions in order to give the CONTRACTOR  
15 the opportunity to come into compliance.  
16

17 3. If the COUNTY determines CONTRACTOR has failed to implement  
18 corrective action, funds may be withheld until compliance is achieved.  
19

20 4. CONTRACTOR shall cooperate with any such effort by COUNTY including  
21 follow-up investigation and interview of witnesses. Failure to cooperate or  
22 take corrective action may result in termination of this Agreement.  
23

24 C. CONTRACTOR agrees that any duly authorized representative of the Federal, the  
25 State, COUNTY or local government shall have the right to audit, inspect, excerpt,  
26 copy or transcribe any pertinent records and documentation relating to this  
27 Agreement or previous year's Agreements.  
28

1 D. If this Agreement is terminated in accordance with Section XXVII, TERMINATION  
2 PROVISIONS, COUNTY may conduct a final audit of the CONTRACTOR. Final  
3 reimbursement to CONTRACTOR by COUNTY shall not be made until audit results  
4 are known and all accounts are reconciled. Revenue collected by CONTRACTOR  
5 during this period for services provided under the terms of this Agreement will be  
6 regarded as revenue received and deducted as such from the final reimbursement  
7 claim.  
8

9 E. Any audit exception resulting from an audit conducted by any duly authorized  
10 representative of the Federal Government, the State or County shall be the  
11 responsibility of the CONTRACTOR. Any audit disallowance adjustments may be  
12 paid in full upon demand or withheld at the discretion of the DIRECTOR against  
13 amounts due under this Agreement or previous year's Agreement(s).  
14

15 F. The COUNTY will conduct an Annual Administrative, Fiscal, and Clinical Contract  
16 Monitoring. Upon completion of the monitoring, CONTRACTOR will be mailed a  
17 report summarizing the results of the site visit. If discrepancies are noted during the  
18 Contract Monitoring, a Corrective Plan of Action will be submitted by  
19 CONTRACTOR within thirty (30) calendar days of receipt of the report.  
20 CONTRACTOR'S failure to respond within thirty (30) calendar days may result in  
21 withholding of payment until the Corrective Plan of Action is received.  
22

23 G. Notwithstanding the foregoing, the COUNTY reserves the right, at any time and  
24 without a thirty (30) day written notice, to disallow or withhold CONTRACTOR  
25 funding if and when required for material non-compliance as it pertains to any  
26 provision of this Agreement.  
27  
28

V

STATUS OF CONTRACTOR:

- 1
- 2
- 3 A. CONTRACTOR acknowledges that this Agreement is by and between the
- 4 COUNTY and CONTRACTOR and is not intended, and shall not be construed, to
- 5 create the relationship of agent, servant, employee, partnership, joint venture, or
- 6 association, as between COUNTY and CONTRACTOR. CONTRACTOR is, and
- 7 shall at all times be deemed to be, an independent CONTRACTOR and shall be
- 8 wholly responsible for the manner in which it performs the services required.
- 9 CONTRACTOR assumes the exclusive responsibility for the acts of its employees
- 10 or agents as they relate to services to be provided. CONTRACTOR shall bear the
- 11 sole responsibility and liability for furnishing workers' compensation benefits to any
- 12 of its employees, agents and/or subcontractors for any injuries arising from or
- 13 connected with services performed on behalf of COUNTY pursuant to this
- 14 Agreement.
- 15
- 16
- 17 B. CONTRACTOR certifies that it will comply with all applicable state and federal
- 18 labor laws and regulations, including, but not limited to, those issued by the
- 19 Occupational Safety and Health Administration (OSHA) of the U.S. Department of
- 20 Labor and California Division of Occupational Safety and Health.
- 21
- 22 C. CONTRACTOR is responsible for payment and deduction of all employment-
- 23 related taxes on CONTRACTOR'S behalf and for CONTRACTOR'S employees,
- 24 including, but not limited, to all Federal, State and applicable local income taxes and
- 25 withholdings. COUNTY shall not be required to make any deductions from
- 26 compensation payable to CONTRACTOR for these purposes.
- 27
- 28

1 D. CONTRACTOR shall indemnify COUNTY against any and all claims that may be  
2 made against COUNTY based upon any contention by a third party that an  
3 employer-employee relationship exists by reason of this Agreement.

4 E. CONTRACTOR shall indemnify COUNTY for any and all federal or state  
5 withholding or retirement payments which COUNTY may be required to make  
6 pursuant to federal or state law.

7  
8 F. CONTRACTOR shall maintain on file at all times, and as deemed applicable and  
9 appropriate for CONTRACTOR, the following, but not limited to, organization  
10 status related documentation:

- 11 1. Articles of Incorporation;
- 12 2. Any and all Amendment of Articles;
- 13 3. List of Agency's Board of Directors and Advisory Board;
- 14 4. A resolution indicating who is empowered to sign all contract documents  
15 pertaining to the agency;
- 16 5. By-laws and minutes of Board meetings; and
- 17 6. All applicable Federal, State and County licenses and certificates.

18  
19 G. CONTRACTOR shall comply with the disclosure to COUNTY of ownership,  
20 control, and relationship information as required in 42 C.F.R. Sections 455.101 and  
21 455.104.  
22

23  
24 VI

25 ADMINISTRATIVE CHANGE IN STATUS:

26 A. If, during the term of the Agreement, there is a change in CONTRACTOR'S status,  
27 a detailed description of the change must be submitted to COUNTY in writing at  
28

1 least sixty (60) days prior to the effective date of the change. A change in status is  
2 defined as, but is not limited to, a name change not amounting to a change of  
3 ownership, a change in the name of the individual authorized to sign contract  
4 documents, moving a facility's service location within the same region, closing a  
5 facility with services being offered in another already existing contracted facility, or  
6 change in services offered without an increase to the Agreement maximum. Other  
7 changes to the Agreement may result in a more formal Agreement amendment.  
8 Involuntary changes of status due to disasters should be reported to the COUNTY as  
9 soon as possible.  
10

11 B. CONTRACTOR is responsible for providing to the COUNTY, annually, at the  
12 beginning of each fiscal year and upon execution of the CONTRACTOR'S  
13 Agreement, emergency and/or after hour contact information for the  
14 CONTRACTOR'S organization. CONTRACTOR'S emergency and/or after hour  
15 contact information shall include, but is not limited to, first and last name of  
16 emergency and/or after hour contact, telephone number, cellular phone number, and  
17 applicable address(s). CONTRACTOR shall provide this information to the  
18 COUNTY at the same time the CONTRACTOR provides the COUNTY with annual  
19 insurance renewals and/or changes to insurance coverage.  
20

21 C. CONTRACTOR shall be responsible for updating this information, immediately and  
22 in writing, when changes in CONTRACTOR'S emergency and/or after hour contact  
23 information occurs during the fiscal year or prior to the end of the fiscal year.  
24 Written CONTRACTOR'S updates of this information shall be provided to the  
25 COUNTY in accordance with Section XXXI, NOTICES, of this Agreement.  
26  
27  
28

1 D. If there are any CONTRACTOR administrative changes, such as signatory authority,  
2 management, site addresses, business locations, remittance addresses, tax  
3 identification numbers, business ownership, etc., a letter, on CONTRACTOR's  
4 letterhead and signed by the CONTRACTOR's Chairman of the Board or President  
5 or Chief Executive Officer, or its designee, and/or a copy of CONTRACTOR's  
6 Board minutes authorizing the change(s), the appropriate documentation must be  
7 submitted to COUNTY within two weeks of the change.  
8

9 VII

10 DELEGATION AND ASSIGNMENT:

- 11 A. CONTRACTOR may not delegate the obligations hereunder, either in whole or in  
12 part, without prior written consent of COUNTY; provided, however, obligations  
13 undertaken by CONTRACTOR pursuant to this Agreement may be carried out by  
14 means of subcontracts, provided such subcontracts are approved in writing by the  
15 DIRECTOR (or his designee), prior to CONTRACTOR'S finalization of the  
16 subcontract, meet the requirements of this Agreement as they relate to the service or  
17 activity under subcontract, and include any provisions that the DIRECTOR may  
18 require, nor shall any subcontract result in, or imply, the creation of a relationship  
19 between the COUNTY and any subcontractor.  
20  
21 B. No subcontract shall terminate or alter the responsibilities of CONTRACTOR to  
22 COUNTY pursuant to this Agreement.  
23  
24 C. CONTRACTOR may not assign the rights hereunder, either in whole or in part,  
25 without the prior written consent of COUNTY. Any attempted assignment or  
26 delegation in derogation of this paragraph shall be void.  
27  
28

1 D. Any change in the corporate or business structure of CONTRACTOR, such as a  
2 change in ownership or majority ownership change resulting in a change to the  
3 Federal Tax ID, shall be deemed an assignment for purposes of this paragraph.

4 VIII

5 ALTERATION:

6 No alteration or variation of the terms of this Agreement shall be valid unless made  
7 in writing and signed by the parties hereto. No oral understanding or agreement not  
8 incorporated herein, shall be binding on any of the parties hereto unless specifically made  
9 in writing by both parties hereto.  
10

11 IX

12 LICENSES:

13 A. CONTRACTOR warrants and certifies that it has all applicable, appropriate, and  
14 necessary licenses, permits, approvals, certifications, waivers, and/or exemptions  
15 necessary to provide the services outlined herein, for its business to operate, and for  
16 personnel to provide services hereunder, and as required by all applicable laws and  
17 regulations set forth by the Federal, State, County and local governments, and all  
18 other appropriate governmental agencies.  
19

20 B. CONTRACTOR agrees to maintain these licenses, permits, approvals, certifications,  
21 waivers, and exemptions, etc. throughout the term of this Agreement.  
22

23 C. CONTRACTOR shall notify DIRECTOR, or its designee, immediately and in  
24 writing of its inability to maintain, irrespective of the pendency of an appeal of such  
25 licenses, permits, approvals, certifications, waivers or exemptions.  
26

27 X



1 INDEMNIFICATION:

2 CONTRACTOR shall indemnify and hold harmless all Agencies, Districts, Special  
3 Districts, and Departments of the County of Riverside, their respective directors, officers,  
4 Board of Supervisors, employees, agents, elected and appointed officials and representatives  
5 from any liability whatsoever, based or asserted upon services of CONTRACTOR, its agents,  
6 employees, or subcontractors, arising out of or in anyway relating to this Agreement, for  
7 property damage, bodily injury, or death or any other element of damage of any kind or  
8 nature resulting from any acts or failure to act or omission on the part of the  
9 CONTRACTOR, its directors, officers, agents, employees or subcontractors hereunder, and  
10 CONTRACTOR shall defend, at its sole expense, including but not limited to attorney fees,  
11 all Agencies, Districts, Special Districts, and Departments of the County of Riverside, their  
12 respective directors, officers, Board of Supervisors, employees, agents, elected and appointed  
13 officials and representatives in any legal claim or action based upon such alleged acts, failure  
14 to act or omissions.  
15

16  
17  
18 COUNTY shall indemnify Contractor against any claim, demands, or liability arising  
19 from damage to property, and injuries to persons, which may arise out of or because of  
20 COUNTY'S performance of its duties under this Agreement, or failure to perform, but only  
21 in proportion to and to the extent such claim demands, damages or liability are caused by, or  
22 result from the negligent or intentional acts or omissions of COUNTY, its officers, agent, or  
23 employee.  
24

25 XI

26 INSURANCE:

27 Without limiting or diminishing the CONTRACTOR'S obligation to indemnify or  
28 hold the COUNTY harmless, CONTRACTOR shall procure and maintain the following

1 insurance coverage during the term of this Agreement. With respect to the insurance section  
2 only, the COUNTY herein refers to the County of Riverside, its Agencies, Districts, Special  
3 Districts, and Departments, their respective directors, officers, Board of Supervisors,  
4 employees, elected or appointed officials, agents, or representatives as Additional Insureds.

5  
6 A. Workers' Compensation

7 If CONTRACTOR has employees as defined by the State of California, CONTRACTOR  
8 shall maintain Workers' Compensation Insurance (Coverage A) as prescribed by the laws  
9 of the State of California. Policy shall include Employers' Liability (Coverage B)  
10 including Occupational Disease with limits not less than \$1,000,000 per person per  
11 accident. Policy shall be endorsed to waive subrogation in favor of the County of  
12 Riverside.  
13

14 E. Commercial General Liability

15 Commercial General Liability insurance coverage, including but not limited to, premises  
16 liability, unmodified contractual liability, products and completed operations liability,  
17 personal and advertising injury, and cross liability coverage, covering claims which may  
18 arise from or out of CONTRACTOR'S performance of its obligations hereunder. Policy  
19 shall name the COUNTY as an Additional Insured. Policy's limit of liability shall not be  
20 less than \$1,000,000 per occurrence combined single limit. If such insurance contains a  
21 general aggregate limit, it shall apply separately to this Agreement or be no less than two  
22 (2) times the occurrence limit.  
23  
24

25 C. Vehicle Liability

26 CONTRACTOR shall maintain liability insurance for all vehicles or other mobile  
27 equipment used in the performance of the obligations under this Agreement in an amount  
28

1 not less than \$1,000,000 per occurrence combined single limit. If such insurance  
2 contains a general aggregate limit, it shall apply separately to this Agreement or be no  
3 less than two (2) times the occurrence limit. Policy shall name the COUNTY as  
4 Additional Insured.

5 D. Professional Liability

6 CONTRACTOR shall maintain Professional Liability Insurance providing coverage for  
7 CONTRACTOR'S performance of work included within this Agreement, with a limit of  
8 liability of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate. If  
9 CONTRACTOR'S Professional Liability Insurance is written on a 'claims made' basis  
10 rather than on an 'occurrence' basis, such insurance shall continue through the term of this  
11 Agreement. Upon termination of this Agreement or the expiration or cancellation of the  
12 claims made insurance policy CONTRACTOR shall purchase at his sole expense either 1)  
13 an Extended Reporting Endorsement (also known as Tail Coverage); or, 2) Prior Dates  
14 Coverage from a new insurer with a retroactive date back to the date of, or prior to, the  
15 inception of this Agreement; or, 3) demonstrate through Certificates of Insurance that  
16 CONTRACTOR has maintained continuous coverage with the same or original insurer.  
17 Coverage provided under this section shall continue for a period of five (5) years beyond  
18 the termination of this Agreement.

19 E. General Insurance Provisions - All Lines

- 20 1. Any insurance carrier providing insurance coverage hereunder shall be admitted to  
21 the State of California and have an A.M. BEST rating of not less than an A: VIII (A:  
22 8) unless such requirements are waived, in writing, by the COUNTY Risk Manager.  
23  
24  
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1 If the COUNTY Risk Manager waives a requirement for a particular insurer, such  
2 waiver is only valid for that specific insurer and only for one policy term.

3 2. The CONTRACTOR'S insurance carrier(s) must declare its insurance deductibles or  
4 self-insured retentions. If such deductibles or self-insured retentions exceed  
5 \$500,000 per occurrence, such deductibles and/or retentions shall have the prior  
6 written consent of the COUNTY Risk Manager before the commencement of  
7 operations under this Agreement. Upon notification of deductibles or self insured  
8 retentions which are deemed unacceptable to the COUNTY, at the election of the  
9 COUNTY Risk Manager, CONTRACTOR'S carriers shall either; 1) reduce or  
10 eliminate such deductibles or self-insured retentions with respect to this Agreement  
11 with the COUNTY, or 2) procure a bond which guarantees payment of losses and  
12 related investigations, claims administration, defense costs and expenses.

13  
14  
15 3. The CONTRACTOR shall cause their insurance carrier(s) to furnish the County of  
16 Riverside with 1) a properly executed original Certificate(s) of Insurance and  
17 certified original copies of Endorsements effecting coverage as required herein; or,  
18 2) if requested to do so orally or in writing by the COUNTY Risk Manager, provide  
19 original Certified copies of policies including all Endorsements and all attachments  
20 thereto, showing such insurance is in full force and effect. Further, said Certificate(s)  
21 and policies of insurance shall contain the covenant of the insurance carrier(s) shall  
22 provide no less than thirty (30) days written notice be given to the County of  
23 Riverside prior to any material modification or cancellation of such insurance. In the  
24 event of a material modification or cancellation of coverage, this Agreement shall  
25 terminate forthwith, unless the County of Riverside receives, prior to such effective  
26  
27  
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1 date, another properly executed original Certificate of Insurance and original copies  
2 of endorsements or certified original policies, including all endorsements and  
3 attachments thereto evidencing coverage and the insurance required herein is in full  
4 force and effect. Individual(s) authorized by the insurance carrier to do so on its  
5 behalf shall sign the original endorsements for each policy and the Certificate of  
6 Insurance. Certificates of insurance and certified original copies of Endorsements  
7 effecting coverage as required herein shall be delivered to Riverside County Mental  
8 Health Department, P.O. Box 7549, Riverside, CA 92513-7549, Contracts Division.  
9 CONTRACTOR shall not commence operations until the County of Riverside has  
10 been furnished original Certificate(s) of Insurance and certified original copies of  
11 endorsements or policies of insurance, including all endorsements and any and all  
12 other attachments as required in this Section.  
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14

15 4. It is understood and agreed by the parties hereto and the CONTRACTOR'S  
16 insurance company(s), that the Certificate(s) of Insurance and policies shall so  
17 covenant and shall be construed as primary insurance, and the COUNTY'S  
18 insurance and/or deductibles and/or self-insured retentions or self-insured programs  
19 shall not be construed as contributory.  
20

21 5. CONTRACTOR shall pass down the insurance obligations contained herein to all  
22 tiers of subcontractors working under this Agreement.  
23

24 6. Failure by CONTRACTOR to procure and maintain the required insurance shall  
25 constitute a material breach of the Agreement upon which COUNTY may  
26 immediately terminate or suspend this Agreement.  
27  
28



1 recruitment advertising; layoff or termination; rate of pay or other forms of  
2 compensation; and selection for training, including apprenticeship. There shall  
3 be posted in conspicuous places, available to employees and applicants for  
4 employment, notices from DIRECTOR, or his designee, and/or the United  
5 States Equal Employment Opportunity Commission setting forth the provisions  
6 of this Section.  
7

8 2. All solicitations or advertisements for recruitment of employment placed by or  
9 on behalf of CONTRACTOR shall state that all qualified applicants will  
10 receive consideration for employment without regard to race, religion, color,  
11 creed, gender, national origin, age, sexual preference, marital status or  
12 physical, sensory, cognitive or mental disabilities.  
13

14 3. Each labor union or representative of workers with which CONTRACTOR has  
15 a collective bargaining agreement or other contract or understanding must post  
16 a notice advising the labor union or worker's representative of the  
17 commitments under this Nondiscrimination Section and shall post copies of the  
18 notice in conspicuous places available to employees and applicants for  
19 employment.  
20

21 4. In the event of noncompliance with this section or as otherwise provided by  
22 State and Federal law, this Agreement may be terminated or suspended in  
23 whole or in part and CONTRACTOR may be declared ineligible for future  
24 contracts involving Federal, State or COUNTY funds.  
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26 B. Services, Benefits, and Facilities  
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1. CONTRACTOR certifies that CONTRACTOR and any or all of its Subcontractors shall not unlawfully discriminate in the provision of services because of race, religion, color, creed, gender, national origin, age, sexual preference, marital status, or physical, sensory, cognitive, or mental disability as provided by state and federal law and in accordance with Title VI of the Civil Rights Act of 1964 [42 U.S.C. 2000(d)]; Age Discrimination Act of 1975 (42 U.S.C. 6101); Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) (as amended); Education Amendments of 1972 (20 U.S.C. 1681); Americans with Disabilities Act of 1990 (42 U.S.C. 12101); 45 C.F.R. Part 84; provisions of the Fair Employment and Housing Act and regulations promulgated hereunder (Government Code Section 12900 et. seq.) and 2 C.C.R. Section 7285.0 et. seq. Government Code Section 11135 et. seq.; and, 9 C.C.R. Section 10800 et. seq.

2. For the purpose of this Agreement, discrimination on the basis of race, religion, color, creed, gender, national origin, age, marital status, sexual preference, or mental disability includes, but is not limited to, the following: denying an otherwise eligible individual any service or providing benefit which is different, or is provided in a different manner or at a different time, from that provided to others under this Agreement; subjecting any otherwise eligible individual to segregation or separate treatment in any matter related to the receipt of any services; restricting an otherwise eligible individual in any way in the enjoyment of any advantages or privilege enjoyed by others receiving any services or benefit; and/or treating any individual differently from others in



1 determining whether such individual satisfied any admission, enrollment,  
2 eligibility, membership, or other requirement or condition which individuals  
3 must meet in order to be provided any service or benefit.

4 3. CONTRACTOR shall further establish and maintain written procedures under  
5 which any person, applying for or receiving services hereunder, may seek  
6 resolution from CONTRACTOR of a complaint with respect to any alleged  
7 discrimination in the provision of services by CONTRACTOR'S personnel.  
8 Such procedures shall also include a provision whereby any such person, who  
9 is dissatisfied with CONTRACTOR'S resolution of the matter, shall be referred  
10 by CONTRACTOR to the DIRECTOR, or his authorized designee, for the  
11 purpose of presenting his or her complaint of alleged discrimination. Such  
12 procedures shall also indicate that if such person is not satisfied with  
13 COUNTY'S resolution or decision with respect to the complaint of alleged  
14 discrimination, he or she may appeal the matter to the California Department  
15 of Health Care Services. CONTRACTOR will maintain a written log of  
16 complaints for a period of seven (7) years.

17 4. CONTRACTOR will maintain a safe facility in accordance with Title 9,  
18 Division 1 of the California Code of Regulations. CONTRACTOR will store  
19 and dispense medications in compliance with all applicable State and Federal  
20 laws and regulations and COUNTY'S "Medication Guidelines," available from  
21 the COUNTY Quality Improvement- Outpatient Division.  
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5. A completed ADA/504 Self-Evaluation (Access to Services) Plan, including a Checklist for Accessibility must be submitted as a part of the application process requirement for contracting.
  6. CONTRACTORS that relocate must find space that is accessible. CONTRACTORS that renovate their existing space must meet accessibility standards in order to maintain funding, certification or licensure.
  7. CONTRACTORS that are not currently accessible to people with disabilities must have a written and posted referral policy and plan developed in conjunction with the county mental health program administration and consumers must be provided with a copy of this policy.
  8. Existing facilities must provide a current written ADA/504 (Access to Services) Plan to the County at each renewal, including a current Disability Admission and Referral Policy developed in conjunction with the County Mental Health Administration.

18 XV

19 PERSONS WITH DISABILITIES:

20 CONTRACTOR agrees to comply with Section 504 of the Rehabilitation Act of  
21 1973, as amended (29 U.S.C. 794) and all requirements as imposed by the applicable  
22 Federal Department of Health and Human Services (DHHS) regulations (45 C.F.R. Part  
23 84), and all guidelines and interpretations issued pursuant thereto. No qualified person  
24 with a disability shall, on the basis of their disability be excluded from participation, be  
25 denied the benefits of, or otherwise be subjected to discrimination under any program,  
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1 service activity or employment opportunity provided by programs licensed or certified  
2 under this Agreement.

3 XVI

4 REPORTS:

5 A. CONTRACTOR shall participate in the COUNTY'S Management Information  
6 System (MIS) as required by the Director, or his authorized designee. CONTRACTOR  
7 shall report to the program, applicable client and staff related data regarding the  
8 CONTRACTOR'S program by the fifth (5<sup>th</sup>) working day of the following month.

9  
10 B. CONTRACTOR shall provide the COUNTY with applicable reporting documentation as  
11 specified and/or required by the COUNTY, State Department of Mental Health and Federal  
12 guidelines. COUNTY may provide additional instructions on reporting requirements.

13  
14 C. CONTRACTOR shall comply with the State reporting requirements pursuant to 9  
15 C.C.R. Section 10561. Upon the occurrence of any of the events listed hereafter, the  
16 CONTRACTOR shall make a telephonic report to the State department licensing staff  
17 (hereinafter "State") within one (1) working day. The telephonic report is to be  
18 followed by a written report to the COUNTY within twenty-four (24) hours of the  
19 incident and within seven (7) days of the event to the State. If a report to local  
20 authorities exists which meets the requirements cited, a copy of such a report will suffice  
21 for the written report required by the State.  
22

23 1. Events reported shall include:

- 24 a. Death of any resident from any cause;  
25  
26 b. Any facility related injury of any resident which requires medical treatment;

- 1 c. All cases of communicable disease reportable under Section 2502 of Title 17,  
2 California Code of Regulations shall be reported to the local health officer in  
3 addition to the State;  
4 d. Poisonings;  
5 e. Catastrophes such as flooding, tornado, earthquake or any other natural  
6 disaster; and,  
7 f. Fires or explosions which occur in or on the premises.

9 2. Information provided shall include the following:

- 10 a. Residents' name, age, sex, and date of admission;  
11 b. Date, time and nature of the event;  
12 c. Attending physician's name, findings and treatment, if any; and,  
13 d. The items below shall be reported to the State within ten (10) working days  
14 following the occurrence:  
15 (i) The organizational changes specified in Section 10531(a) of this  
16 subchapter;  
17 (ii) Any change in the licensee's or applicant's mailing address; and,  
18 (iii) Any change of the administrator of the facility. Such notification shall  
19 include the new administrator's name, address and qualifications.  
20  
21  
22

23 D. CONTRACTOR must adhere to all applicable Federal, State and County reporting  
24 requirements as mandated. The COUNTY shall provide necessary instructions and  
25 direction to CONTRACTOR regarding COUNTY policies and procedures for meeting  
26 requirements.  
27  
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1 E. CONTRACTOR shall report client and staff data about the CONTRACTOR's program  
2 and services as required by the DIRECTOR, or its authorized designee, or by the State,  
3 regarding the CONTRACTOR's activities as they affect the duties, roles,  
4 responsibilities, and purposes contained in this Agreement, and as may be specifically  
5 referenced in Exhibit A. COUNTY shall provide CONTRACTOR with at least thirty  
6 (30) days prior written notice of any additional, required reports in this matter.  
7 COUNTY shall provide instructions on the reporting requirements as required herein.  
8

9 F. As Mental Health and/or Substance Use service providers and funding recipients, under  
10 the State Charitable Choice requirements, CONTRACTOR must adhere to the  
11 following:  
12

- 13 1. Ensure that CONTRACTOR provides notice to all its clients of their right to  
14 alternative services if, when and where applicable;
- 15 2. Ensure that CONTRACTOR refers clients to alternative services if, when and  
16 where applicable; and
- 17 3. Fund and/or provide alternative service if, when and where applicable.  
18  
19 Alternative services are services determined by the State to be accessible,  
20 comparable, and provided within a reasonable period of time from another Mental  
21 Health and/or Substance Use provider (or alternative provider if, when and where  
22 applicable) to which the client has no objection.  
23

24 XVII

25 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

26 CONTRACTOR is subject to all relevant requirements contained in the Health  
27 Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191,  
28

1 enacted August 21, 1996, Title 42 Code of Federal Regulations, Part 2, and the laws and  
2 regulations promulgated subsequent thereto. The CONTRACTOR hereto agrees to  
3 cooperate in accordance with the terms and intent of this Agreement for implementation of  
4 relevant law(s) and/or regulation(s) promulgated under this law.

5  
6 XVIII

7 CONFIDENTIALITY:

8 CONTRACTOR shall maintain the confidentiality of all client identifying  
9 information contained in records, including but not limited to patient/client records/charts,  
10 billing records, research and client identifying reports, and the COUNTY'S client  
11 management information system (ELMR) in accordance with WIC Sections 14100.2 and  
12 5328 et seq, 42 C.F.R. Sections 431.300 et. seq., 42 U.S.C. Section 1320d et. seq. (the  
13 Health Insurance Portability and Accountability Act) as well as the corresponding  
14 regulations (including but not limited to 45 C.F.R. Parts 142, 160, 162, 164) and all other  
15 applicable COUNTY, State and Federal laws, regulations, ordinances and directives  
16 relating to confidentiality and security of client records and information.  
17  
18

19 A. The CONTRACTOR shall protect from unauthorized disclosure, confidential client  
20 identifying information obtained or generated in the course of providing services  
21 pursuant to this Agreement except for non-identifying statistical information. The  
22 CONTRACTOR shall not use identifying information for any purpose other than  
23 carrying out the CONTRACTOR'S obligations under this Agreement.  
24

25 B. The CONTRACTOR shall not disclose confidential client identifying information  
26 except as authorized by client, clients' legal representative or as permitted by Federal  
27 or State law, to anyone other than the COUNTY or State without prior valid  
28

1 authorization from the client or clients' legal representative in accordance with State  
2 and Federal laws. Any disclosures made shall be logged and the log maintained in  
3 accordance with State and Federal law.

4 C. If CONTRACTOR receives any requests by subpoena, from attorneys, insurers or  
5 beneficiaries for copies of bills, or other documents, CONTRACTOR will provide the  
6 COUNTY with a copy of any document released as a result of such request, and will  
7 provide the name, address and telephone number of the requesting party.  
8

9 D. For purposes of the above paragraphs, identifying information is considered to be any  
10 information that reasonably identifies an individual and their past, present, or future  
11 physical or mental health or condition. This includes, but is not limited to, any  
12 combination of the person's name, address, Social Security Number, date of birth,  
13 identifying number, symbol, or other identifying particular assigned to the individual,  
14 such as finger fingerprint or photograph.  
15

16 E. Notification of Electronic Breach or Improper Disclosure

17 During the term of this Agreement, CONTRACTOR shall notify COUNTY,  
18 immediately upon discovery of any breach of Protected Health Information (PHI)  
19 and/or data where the information and/or data is reasonably believed to have been  
20 acquired by an unauthorized person. Immediate notification shall be made to the  
21 COUNTY Mental Health Compliance Officer within two (2) business days of  
22 discovery at (800) 413-9990. The CONTRACTOR shall take prompt corrective  
23 action to cure any deficiencies and any action pertaining to such unauthorized  
24 disclosures as required by applicable Federal, State and or County laws and  
25 regulations. The CONTRACTOR shall investigate such breach and provide a written  
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1 report of the investigation to the COUNTY Mental Health Compliance Officer,  
2 postmarked within thirty (30) working days of the discovery of the breach to the  
3 address as follows:

4 Attention: Mental Health Compliance Officer

5 Riverside County Department of Mental Health

6 P.O. Box 7549

7 Riverside, CA 92513

8  
9 If the security breach requires notification under Civil Code section 1798.82,  
10 CONTRACTOR agrees to assist the COUNTY in any way, in any action pertaining  
11 to such unauthorized disclosure required by applicable, Federal, State and/or County  
12 laws and regulations.  
13

14 F. Safeguards

15 The CONTRACTOR shall implement administrative, physical, and technical  
16 safeguards that reasonably and appropriately protect the confidentiality, integrity,  
17 and availability of the Protected Health Information (PHI), included electronic PHI,  
18 that it creates, receives, maintains, or transmits on behalf of COUNTY; and to  
19 prevent use or disclosure of PHI other than as provided for by this Agreement. In  
20 addition, CONTRACTOR shall develop and maintain a written information privacy  
21 and security program that includes administrative, technical and physical safeguards  
22 appropriate to the size and complexity of the CONTRACTOR's operations and the  
23 nature and scope of its activities. CONTRACTOR shall also provide COUNTY  
24 with a copy of information outlining such safeguards that are developed and  
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1 implemented by the CONTRACTOR upon thirty (30) days written request by the  
2 COUNTY.

3 G. The CONTRACTOR shall implement strong access controls and other security  
4 safeguards and precautions as noted in the following to restrict electronic and  
5 physical access to confidential, personal (e.g. PHI) or sensitive data to authorized  
6 users only. The CONTRACTOR shall enforce the following administrative and  
7 technical password controls on all systems used to process or store confidential,  
8 personal, or sensitive data:  
9

10 1. Passwords must not be:

- 11 a. Shared or written down where they are accessible or recognizable by anyone  
12 else, such as taped to computer screens, stored under keyboards, or visible  
13 in a work area;  
14  
15 b. A dictionary word; and  
16  
17 c. Stored in clear text.

18 2. Passwords must be:

- 19 a. Eight (8) characters or more in length;  
20  
21 b. Changed every 90 days;  
22  
23 c. Changed immediately if revealed or compromised; and,  
24  
25 d. Composed of characteristics from at least three of the following four groups  
26 from the standard keyboard:  
27 (i) Upper Case letter (A-Z);  
28 (ii) Lower case letters (a-z);  
(iii) Arabic numerals (0 through 9); and

1 (iv) Non-alphanumeric characters (punctuation symbols).

2 H. The CONTRACTOR shall implement the following security controls on each  
3 workstation or portable computing device (e.g., laptop computer) containing  
4 confidential, personal, or sensitive data:

- 5 1. Network-based firewall and/or personal firewall;
- 6 2. Continuously updated anti-virus software; and,
- 7 3. Patch management process including installation of all operating  
8 system/software vendor security patches.

9  
10 I. The CONTRACTOR shall utilize a commercial encryption solution that has  
11 received FIPS 140 -2 validation to encrypt all confidential, personal, or sensitive  
12 data stored on portable electronic media (including, but not limited to, CDs and  
13 thumb drives) and on portable computing devices (including, but not limited to,  
14 laptop and notebook computers). The CONTRACTOR shall not transmit  
15 confidential, personal, or sensitive data via-e-mail or other internet transport  
16 protocol unless the data is encrypted by a solution that has been validated by the  
17 National Institute of Standards and Technology (NIST) as conforming to the  
18 Advanced Encryption Standard (AES) Algorithm or Triple DES.

19  
20  
21 1. Mitigation of Harmful Effects

22 The CONTRACTOR shall mitigate, to the extent practicable, any harmful effect  
23 that is known to CONTRACTOR of a use or disclosure of PHI by  
24 CONTRACTOR or its subcontractors in violation of the requirements of these  
25 Provisions.

26  
27 2. Employee Training and Discipline

1 The CONTRACTOR shall train and use reasonable measures to ensure  
2 compliance with the requirements of these Provisions by employees who assist  
3 in the performance of functions or activities on behalf of COUNTY under this  
4 Agreement and use or disclose PHI; and discipline such employees who  
5 intentionally violate any of these Provisions, including termination of  
6 employment.  
7

8 3. Disclaimer

9 COUNTY makes no warranty or representation that compliance by  
10 CONTRACTOR with these Provisions, HIPAA or HIPAA regulations will be  
11 adequate or satisfactory for CONTRACTOR's own purposes or that any  
12 information in CONTRACTOR's possession or control, or transmitted or  
13 received by CONTRACTOR, is or will be secure from unauthorized use or  
14 disclosure. CONTRACTOR is solely responsible for all decisions made by  
15 CONTRACTOR regarding the safeguarding of PHI.  
16

17 4. Interpretation

18 The terms and conditions in these Provisions shall be interpreted as broadly as  
19 necessary to implement and comply with HIPAA, the HIPAA regulations and  
20 applicable State laws. The parties agree that any ambiguity in the terms and  
21 conditions of these Provisions shall be resolved in favor of a meaning that  
22 complies and is consistent with HIPAA and the HIPAA regulations.  
23

24 CONTRACTOR shall require all its officers, employees, associates, and agents  
25 providing services hereunder to acknowledge, in writing, understanding of and  
26

1 agreement to comply with all confidentiality provisions as set forth in this  
2 Agreement.

3 J. For the purposes of the above paragraphs, identifying information is considered to be  
4 any information that reasonably identifies an individual in their past, present, or  
5 future physical or mental condition. This includes, but is not limited to, any  
6 combination of the person's first and last name, address, Social Security Number,  
7 date of birth, identifying number, symbol, or other identifying particulars assigned to  
8 the individual, such as fingerprint or photograph.  
9

10 XIX

11 RECORDS/INFORMATION AND RECORD RETENTION:

12 All records shall be available for inspection by the designated auditors of COUNTY,  
13 State Department of Justice, State Department of Health Care Services, U.S. Department  
14 of Health and Human Services and the U.S Office of the Inspector General at reasonable  
15 times during normal business hours. Records include, but are not limited to all physical  
16 and electronic records originated or prepared pursuant to the performance under this  
17 Agreement including, but not limited to, working papers, reports, financial records or  
18 books of account, medical records, prescription files, subcontracts, any and other  
19 documentation pertaining to medical and non-medical services for clients. Upon request,  
20 at any time during the period of this Agreement, the CONTRACTOR will furnish any  
21 such record or copy thereof, to the COUNTY. CONTRACTOR shall be subject to the  
22 examination and audit of the Office of the Inspector General for a period of three (3) years  
23 after final payment under the Agreement.  
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1 A. Medical/Client Records

2 CONTRACTOR shall adhere to the licensing authority, the State Department of  
3 Social Services, the State Department of Health Care Services, and Medi-Cal  
4 documentation standards, as applicable. CONTRACTOR shall maintain adequate  
5 medical records on each individual patient which includes at a minimum, a client care  
6 plan, diagnostic procedures, evaluation studies, problems to be addressed,  
7 medications provided, and records of service provided by the various personnel in  
8 sufficient detail to make possible an evaluation of services, including records of  
9 patient interviews and progress notes.  
10

11 B. Financial Records

12 CONTRACTOR shall maintain complete financial records that clearly reflect the cost  
13 of each type of service for which payment is claimed. Any apportionment of costs  
14 shall be made in accordance with generally accepted accounting principles and shall  
15 evidence proper audit trails reflecting the true cost of the services rendered.  
16 Allowable costs shall be those costs defined in Centers for Medicare and Medicaid  
17 Services Manual (CMS 15-1). Statistical data shall be kept and reports made as  
18 required by the DIRECTOR, or his designee, and the State of California. All such  
19 records shall be available for inspection by the designated auditors of COUNTY or  
20 State at reasonable times during normal business hours.  
21

22 C. Financial Record Retention

23  
24  
25 Appropriate financial records shall be maintained and retained by CONTRACTOR  
26 for at least five (5) years or, in the event of an audit exception and appeal, until the  
27 audit finding is resolved, whichever is later.  
28

1 D. Patient/Client Record Retention

2 Patient/Client records shall be maintained and retained by CONTRACTOR for a  
3 minimum of seven (7) years following discharge of the client. Records of minors  
4 shall be kept for seven (7) years after such minor has reached the age of eighteen  
5 (18) years. Thereafter, the client file is retained for seven (7) years after the client  
6 has been discharged from services.  
7

8 E. Shared Records/Information

9 CONTRACTOR and COUNTY shall maintain a reciprocal shared record and  
10 information policy, which allows for sharing of client records and information  
11 between CONTRACTOR and COUNTY. Either COUNTY or CONTRACTOR  
12 shall not release these client records or information to a third party without a valid  
13 authorization.  
14

15 F. Client Records

16 COUNTY is the owner of all patient care/client records. In the event that the  
17 Agreement is terminated, the CONTRACTOR is required to prepare and box the  
18 client medical records so that they can be archived by the COUNTY, according to  
19 the procedures developed by the COUNTY. The COUNTY is responsible for taking  
20 possession of the records and storing them according to regulatory requirements. The  
21 COUNTY is required to provide the CONTRACTOR with a copy of any medical  
22 record that is requested by the CONTRACTOR, as required by regulations, at no  
23 cost to the CONTRACTOR, and in a timely manner.  
24  
25

26 G. Records Inspection  
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1 All records shall be available for inspection by all applicable and designated Federal,  
2 State, and COUNTY auditors during normal business hours. Records shall include,  
3 but are not limited to, all physical and electronic records originated or prepared  
4 pursuant to the performance under this Agreement; including, but not limited to,  
5 working papers, reports, financial records or books of account, medical records,  
6 prescription files, subcontracts, any and other documentation pertaining to medical  
7 and non-medical services for clients. Upon request, at any time during the period of  
8 this Agreement, the CONTRACTOR will furnish any such records or copies thereof,  
9 to the applicable Federal, State and COUNTY auditors. CONTRACTOR shall be  
10 subject to the examination and audit of the Office of the Inspector General for a  
11 period of no less than five (5) years pertaining to individuals over the age of eighteen  
12 (18) years of age related documentation after final payment under Agreement.  
13  
14

15 XX

16 STAFFING:

17  
18 CONTRACTOR shall comply with the staffing expectations as required by state  
19 licensing requirements and as may be additionally described in Exhibit A. Such personnel  
20 shall be qualified, holding appropriate license(s)/certificate(s) for the services provided in  
21 accordance with the WIC Section 5751.2, the requirements set forth in Title 9 of the  
22 California Code of Regulations (CCR), the Business and Professions Code, State  
23 Department of Health Care Services policy letters, and any amendments thereto.  
24 CONTRACTOR shall maintain specific job descriptions/duty statements for each position  
25 describing the assigned duties, reporting relationship, and shall provide sufficient detail to  
26 serve as the basis for an annual performance evaluation. Furthermore, CONTRACTOR  
27  
28

1 acknowledges all its officers, board members, employees, associates, and agents providing  
2 services hereunder are eligible for reimbursement for said services by their exclusion from  
3 the Federal "List of Excluded Parties" registry.

4 A. During the term of this Agreement, CONTRACTOR shall maintain and shall provide  
5 upon request to authorized representatives of COUNTY, the following:

6  
7 1. A list of persons by name, title, and professional degree, including, but not limited  
8 to, licensing, experience, credentials, Cardiopulmonary Resuscitation (CPR)  
9 Training, First Aid training, languages spoken, Race/Ethnicity with an option to  
10 select "Prefer Not to Say" and/or certification and experience of persons providing  
11 services hereunder, and any other information deemed necessary by the  
12 DIRECTOR or designee. All certifications should comply with applicable  
13 California Health and Safety Code of Regulations.

14  
15 2. Previously established and/or updated Personnel policies and procedures;

16  
17 3. Updated personnel file for each staff member (including subcontractors, as  
18 approved by COUNTY and volunteers) that includes at minimum the following:

19 a. Resume, employment application, proof of current licensure, all applicable  
20 employment related certifications, registration;

21 b. List of all applicable trainings during time of employment to present.

22  
23 B. During the term of this Agreement, CONTRACTOR with fifteen (15) or more  
24 employees will designate a Disability Access Coordinator. The Access Coordinator is  
25 responsible for the development and implementation of the program's ADA/ 504 Self-  
26 Evaluation Plan and Annual Updates.



- 1 C. CONTRACTOR shall institute and maintain an in-service training program of  
2 treatment review and case conferences and/or prevention strategies as appropriate, in  
3 which professional and other appropriate personnel shall participate.
- 4 D. The CONTRACTOR recognizes the importance of child and family support  
5 obligations and shall fully comply with all applicable State and Federal laws relating  
6 to child and family support enforcement, including, but not limited to, disclosure of  
7 information and compliance with earnings assignment orders, as provided in Family  
8 Code Section 5200 et. seq..
- 9  
10 E. CONTRACTOR shall establish and disseminate written policies for all employees  
11 that include detailed information about the False Claims Act and the other provisions  
12 named in the Social Security Act Section 1902(a)(68)(A). Included in these written  
13 policies shall be detailed information about CONTRACTOR'S policies and  
14 procedures for detecting and preventing fraud, waste, and abuse in federal, state and  
15 local health care programs. CONTRACTOR shall also include in any employee  
16 handbook a specific discussion of the laws described in the written policies, the  
17 rights of employees to be protected as whistleblowers, and a specific discussion of  
18 CONTRACTOR'S policies and procedures for detecting and preventing fraud, waste  
19 and abuse.
- 20  
21 F. CONTRACTOR shall follow all Federal, State and County policies, laws and  
22 regulations regarding Staffing and/or Employee compensation. CONTRACTOR  
23 shall not pay or compensate any of its Staff, Personnel or Employees by means of  
24 cash. All payments or compensation made to CONTRACTOR Staff, Personnel  
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1 and/or Employees in association with the fulfillment of this Agreement shall be  
2 made by means of Staff, Personnel and/or Employee Certified Payroll only.

3 G. CONTRACTOR is responsible for notifying the COUNTY of all changes to indirect  
4 and direct personnel service providers that will have an impact on its Electronic  
5 Management of Records (ELMR) system. These changes include, but are not  
6 limited to, adding new personnel, modifying existing personnel, or terminating  
7 personnel. CONTRACTOR is responsible for completing the Computer Account  
8 Request Form (CARF) included with this agreement, when such changes occur and  
9 will have an impact on ELMR data entry or system access, and shall submit, via  
10 email, the completed CARF form to its designated COUNTY Program Analyst for  
11 review and approval. The COUNTY designated Program Analyst will then review  
12 CARF for accuracy and will then submit CARF to the COUNTY'S Information  
13 Technology (I.T.) staff for processing. The COUNTY'S designated Program Analyst  
14 will communicate with the CONTRACTOR, via email, with confirmation of  
15 submission for processing, and a COUNTY I.T. or ELMR personnel will contact the  
16 CONTRACTOR direct, via telephone, to confirm receipt of the CARF and provide  
17 confirmation that computer access has been granted or changed as requested by the  
18 CONTRACTOR.  
19  
20  
21

22 H. CONTRACTOR shall be responsible for checking, on a quarterly basis, the Office of  
23 the Inspector General (OIG) website (<http://www.oig.hhs.gov>) to validate that none  
24 of CONTRACTOR'S officers, board members and employees are on the OIG or  
25 Medi-Cal list of excluded individuals to provide direct services to COUNTY clients.  
26 CONTRACTOR shall notify, in writing within thirty (30) calendar days, if and when  
27  
28

1 any CONTRACTOR'S personnel are found listed on this site and what action has  
2 been taken to remedy the matter.

3 I. CONTRACTOR is responsible for ensuring that any of its staff members or personnel  
4 in which they employ is licensed or certified to practice, and is in possession of a  
5 valid, current license or certificate to practice or to provide mental health or other  
6 required services, to COUNTY consumers. CONTRACTORS who receive Medi-Cal  
7 funds are required to validate and submit a signed statement to COUNTY with their  
8 monthly invoice confirming that their staff are not on either the OIG Exclusion List at  
9 the website <http://exclusions.oig.hhs.gov/search.aspx> and the Medi-Cal List of  
10 Suspended or Ineligible Providers list at <http://www.medi-cal.ca.gov>. In addition,  
11 CONTRACTORS providing Medi-Cal billable services must have, and provide in  
12 writing to COUNTY, pursuant to Section XXXI, NOTICES, of this Agreement, a  
13 valid rendering site and/or individual provider NPI and taxonomy code that  
14 corresponds with the work they are performing. Any updates or changes must be  
15 made by the CONTRACTOR to the National Plan & Provider Enumeration System  
16 (NPES) within thirty (30) days. CONTRACTOR shall establish their own  
17 procedures to ensure adherence to these requirements.  
18  
19  
20

21 XXI

22 CULTURAL COMPETENCY

23 A. CONTRACTOR shall provide services pursuant to this Agreement in a culturally  
24 competent manner by recruiting, hiring, maintaining and providing staff who can  
25 deliver services in the manner specified to the diverse multi-cultural population  
26 served under this Agreement. CONTRACTOR shall provide multi-cultural services  
27  
28

1 in a language appropriate and culturally sensitive manner, in a setting accessible to  
2 diverse communities. Multi-cultural diversity includes, but is not limited to,  
3 ethnicity; age; sexual preference; gender and persons who are disabled.  
4 CONTRACTOR shall document its efforts to provide multi-cultural services in the  
5 manner specified. Documentation may include, but is not limited to the following:  
6 records in personnel files attesting to efforts made in recruitment and hiring  
7 practices; participation in COUNTY sponsored and other cultural competency  
8 training; the availability of literature in multiple languages/formats as appropriate;  
9 and identification of measures taken to enhance accessibility for, and sensitivity to,  
10 persons with disabilities.  
11

12  
13 B. CONTRACTOR shall demonstrate program access; linguistically appropriate and  
14 timely mental health service delivery; staff training; and organizational policies and  
15 procedures related to the treatment of culturally diverse populations. CONTRACTOR  
16 shall perform specific outcome studies, on-site reviews and written reports to be made  
17 available to the COUNTY upon request.  
18

19 C. CONTRACTOR shall provide services that are non-discriminatory and that meet the  
20 individual needs of the multi-cultural beneficiaries to be served. CONTRACTOR  
21 shall ensure that high quality accessible mental health care includes:

- 22  
23 1. Clinical care and therapeutic interventions which are linguistically and culturally  
24 appropriate; including, at a minimum, admission, discharge, and medication  
25 consent forms available in Spanish;  
26  
27  
28

- 1 2. Have a comprehensive management strategy to address culturally and
- 2 linguistically appropriate services, including strategic goals, plans, policies,
- 3 procedures and designated staff responsible for implementation;
- 4 3. Medically appropriate interventions, which acknowledge specific cultural
- 5 influences;
- 6 4. Provision and utilization of qualified interpreters within twenty-four (24) hours of
- 7 identified need;
- 8 5. Screening and certification of interpreters as specified in subparagraph 3 a below;
- 9 6. Training to mental health providers in building the cultural knowledge and skill
- 10 required to provide culturally appropriate treatment of client population served;
- 11 7. Develop and implement a strategy to recruit, retain and promote qualified, diverse
- 12 and culturally competent administrative, clinical and support staff that are trained
- 13 and qualified;
- 14 8. Client related information translated into the various languages of the diverse
- 15 populations served; and,
- 16 9. Provide oral and written notices, including translated signage at key points of
- 17 contact, to clients in their primary language informing them of their right to
- 18 receive no-cost interpreter services.
- 19
- 20
- 21
- 22

23 D. CONTRACTOR shall make available bilingual professional staff or qualified  
24 interpreter to ensure adequate communication between clients and mental health staff.  
25 Any individual with limited English language capability or other communicative  
26 barriers shall have equal access to mental health services.  
27  
28

- 1 1. A qualified interpreter is defined as someone who is fluent in English and in  
2 the necessary second language, who can accurately speak, read and readily  
3 interpret the necessary second language and/or accurately sign and read sign  
4 language. A qualified interpreter must be able to translate in linguistically  
5 appropriate mental health terminology necessary to convey information such as  
6 symptoms or instructions to the client in both languages; and,  
7  
8 2. A fluently bilingual person, who is not trained in the provision of mental health  
9 services, must complete training prior to providing services, which covers  
10 terms and concepts associated with mental health medications, and cultural  
11 beliefs and practices which may influence the client's mental health condition.  
12

13 E. CONTRACTOR agrees to comply with the COUNTY'S Cultural Competency Plan  
14 as set forth in the Board of Supervisors approved Cultural Competency Plan. The  
15 Cultural Competency Plan may be obtained from the COUNTY'S website at  
16 <http://www.rcdmh.org> or by contacting the COUNTY'S Cultural Competency  
17 Manager or designee upon written request via certified mail or facsimile to:  
18

19 Riverside County Department of Mental Health Cultural Competency Program

20 P.O. Box 7549

21 Riverside, California 92513

22 Attention: Cultural Competency Manager

23 Fax: 951-358-4792  
24

25 F. CONTRACTOR agrees to meet with COUNTY'S Cultural Competency Program  
26 Manager, as needed by the CONTRACTOR and as coordinated by the COUNTY, to  
27 determine and implement cultural competency activities that shall include, but is not  
28

1 limited to, compliance with the cultural competency requirements outlined in  
2 Section XXI of this Agreement.

3 G. COUNTY will provide technical assistance to CONTRACTOR in the areas of  
4 cultural competency as needed and requested by CONTRACTOR.

5  
6 H. CONTRACTOR will be responsible for participating in cultural competency  
7 trainings as required by the COUNTY'S Cultural Competency Plan. The following is  
8 a partial list of annual cultural competency trainings and topics that may be available  
9 through the COUNTY to assist CONTRACTORS with meeting training  
10 requirements, though capacity will be limited: Cultural Formulation; Multicultural  
11 Knowledge; Cultural Sensitivity; Cultural Awareness; Social/Cultural Diversity;  
12 Mental Health Interpreter Training; Training Staff in the use of Mental Health  
13 Interpreters; Training in the Use of Interpreters in the Mental Health Setting. In  
14 order to attend the COUNTY offered trainings, CONTRACTOR must contact the  
15 Cultural Competency Manager at the contact information location in subparagraph 4  
16 of paragraph A. in Section XXI, CULTURAL COMPETENCY.

17  
18  
19 I. CONTRACTOR will be responsible for reporting back to the COUNTY, annually in  
20 writing, all cultural competency related trainings that staff members have taken. The  
21 following format is recommended:

22

Name of Training Event	Description of Training	How long and how often attended	Attendance by Service Function	No. of Attendees and Total	Date of Training	Name of Presenter
Example:	Overview of cultural competence issues in mental health treatment settings.	Four hours annually	*Direct Services *Direct Services Contractors *Administration *Interpreters	15 20 4 2 Total: 41	1/21/10	John Doe

23  
24  
25  
26  
27  
28

1 CONTRACTOR training information shall be submitted via facsimile to 951-358-  
2 4792 to the attention of the COUNTY Cultural Competency Program Manager on or  
3 before June 30 of each fiscal year.

4 J. CONTRACTOR is responsible for notifying the COUNTY Cultural Competency  
5 Program Manager in writing if the June 30<sup>th</sup> deadline can not be met.

6 CONTRACTOR will be responsible for requesting an extension from the  
7 COUNTY'S Cultural Competency Program Manager. All requests for extensions  
8 must be put in writing and mailed or faxed to the COUNTY'S Cultural Competency  
9 Program Manager at the contact information listed herein.  
10

11 XXII

12 INFORMING MATERIALS:

13  
14 CONTRACTOR shall provide all clients with a Notice of Privacy Practices  
15 information brochure or pamphlet during the time of the client's first visit. The  
16 CONTRACTOR is subsequently responsible for issuing the Notice of Privacy Practices  
17 (NPP) information brochure or pamphlet to all clients every three (3) years at a minimum  
18 and/or every time the Notice of Privacy Practices information is updated and/or changed.  
19 Also, the CONTRACTOR is responsible for having the client or consumer sign,  
20 acknowledging receipt of the NPP information, and CONTRACTOR must keep client or  
21 consumer signed acknowledgement on file every three (3) years upon receipt from client or  
22 consumer.

23 XXIII

24 CONFLICT OF INTEREST:

25 CONTRACTOR shall employ no COUNTY employee whose position in COUNTY  
26 enables him to influence the award of this Agreement or any competing Agreement, and  
27  
28



1 no spouse or economic dependent of such employee in any capacity herein, or in any other  
2 direct or indirect financial interest in this Agreement.

3 XXIV

4 PATIENTS' RIGHTS:

5 Patients' rights shall be observed by CONTRACTOR as provided in the Welfare and  
6 Institutions Code, Section 5325.1, as well as Titles 9 and 22 of the C.C.R. COUNTY  
7 Patients' Rights Advocates will be given access to clients, clients' records, and facility  
8 personnel to monitor the CONTRACTOR'S compliance with said statutes and regulations.  
9

10 XXV

11 WAIVER OF PERFORMANCE:

12 No waiver by COUNTY at any time of any of the provisions of this Agreement shall  
13 be deemed or construed as a waiver at any time thereafter of the same or any other  
14 provisions contained herein or of the strict and timely performance of such provisions.  
15

16 XXVI

17 DRUG-FREE WORKPLACE CERTIFICATION:

18 If State funds are utilized to fund this Agreement as specified in Schedule I or  
19 Schedule K, the following Drug-Free Workplace requirements shall apply. By signing  
20 this Agreement, the CONTRACTOR hereby certifies under penalty of perjury under the  
21 laws of the State of California that the CONTRACTOR will comply with the requirements  
22 of the Drug-Free Workplace Act of 1990 (Government Code Section 8350 et seq.) and  
23 will provide a drug-free workplace doing all of the following.  
24

- 25 A. Publish a statement notifying employees that unlawful manufacture, distribution;  
26 dispensation, possession, or use of controlled substances is prohibited and specifying  
27  
28

1 actions to be taken against employees for violations, as required by Government  
2 Code Section 8355 (a).

3 B. Establish a Drug-Free Awareness Program as required by Government Code Section  
4 8355 (a) to inform employees about all of the following:

- 5 1. The dangers of substance use in the workplace;
- 6 2. The CONTRACTORS policy of maintaining a drug-free workplace;
- 7 3. Any available counseling, rehabilitation, and employee assistance programs;
- 8 and,
- 9 4. Penalties that may be imposed upon employees for substance use violations.

10 C. Provide as required by Government Code Section 8355 (a) that every employee who  
11 works on the proposed Agreement:

- 12 1. Will receive a copy of the CONTRACTOR'S drug-free policy statement, and
- 13 2. Will agree to abide by the terms of the CONTRACTOR'S statement as a  
14 condition of employment on the Agreement.

15 D. Failure to comply with these requirements may result in suspension of payments  
16 under the Agreement or termination of the Agreement or both and the  
17 CONTRACTOR may be ineligible for award of future State contracts if the  
18 COUNTY determines that any of the following has occurred:

- 19 1. The CONTRACTOR has made a false certification or,
- 20 2. Violates the certification by failing to carry out the requirements as noted above.

21 XXVII

22 TERMINATION PROVISIONS:

23 A. Either party may terminate this Agreement without cause, upon sixty (60) days  
24 written notice served upon the other party.

1 B. Termination does not release CONTRACTOR from the responsibility of securing  
2 Protected Health Information (PHI) data.

3 C. The COUNTY may terminate this Agreement upon thirty (30) days written notice  
4 served upon the CONTRACTOR if sufficient funds are not available for  
5 continuation of services.

6 D. The COUNTY reserves the right to terminate the Agreement without warning at the  
7 discretion of the Director or designee, when CONTRACTOR has been accused  
8 and/or found to be in violation of any County, State, or Federal laws and regulations.

9 E. The COUNTY may terminate this Agreement immediately due to a change in  
10 status, delegation, assignment or alteration of the Agreement not consented to by  
11 COUNTY.

12 F. The COUNTY may terminate this Agreement immediately if, in the opinion of the  
13 Director of Mental Health, CONTRACTOR fails to provide for the health and safety  
14 of patients served under this Agreement. In the event of such termination, the  
15 COUNTY may proceed with the work in any manner deemed proper to the  
16 COUNTY.

17 G. If CONTRACTOR fails to comply with the conditions of this Agreement, COUNTY  
18 may take one or more of the following actions as appropriate:

- 19
- 20 1. Temporarily withhold payments pending correction of the deficiency;
  - 21 2. Disallow (that is deny funds) for all or part of the cost or activity not in  
22 compliance; or,
  - 23
  - 24
  - 25
  - 26
  - 27
  - 28

1 3. Wholly or partially suspend or terminate the Agreement, and if necessary,  
2 request repayment to COUNTY if any disallowance is rendered after audit  
3 findings.

4 H. After receipt of the Notice of Termination, pursuant to Paragraphs A, B, C, D, E, or  
5 F above, or the CONTRACTOR is notified that the Agreement will not be extended  
6 beyond the termination date as specified in Section II, PERIOD OF  
7 PERFORMANCE, CONTRACTOR shall:  
8

- 9 1. Stop all services under this Agreement on the date, and to the extent specified,  
10 in the Notice of Termination;  
11 2. Continue to provide the same level of care as previously required under the  
12 terms of this Agreement until the date of termination;  
13 3. If clients are to be transferred to another facility for services, furnish to  
14 COUNTY, upon request, all client information and documents deemed  
15 necessary by COUNTY to affect an orderly transfer;  
16 4. If appropriate, assist COUNTY in effecting the transfer of clients in a manner  
17 consistent with the best interest of the clients' welfare;  
18 5. Cancel outstanding commitments covering the procurement of materials,  
19 supplies, equipment and miscellaneous items. In addition, CONTRACTOR  
20 shall exercise all reasonable diligence to accomplish the cancellation of  
21 outstanding commitments required by this Agreement, which relate to personal  
22 services. With respect to these canceled commitments, the CONTRACTOR  
23 agrees to provide a written plan to Director (or his designee within thirty (30)  
24 days for settlement of all outstanding liabilities and all claims arising out of  
25  
26  
27  
28

1 such cancellation of commitments. Such plan shall be subject to the approval  
2 or ratification of the COUNTY, which approval or ratification shall be final for  
3 all purposes of this clause;

4 6. Transfer to COUNTY and deliver in the manner, at the times, and to the  
5 extent, if any, as directed by COUNTY, any equipment which, if the  
6 Agreement had been completed, would have been required to be furnished to  
7 COUNTY;

8 7. Take such action as may be necessary, or as COUNTY may direct, for the  
9 protection and preservation of the equipment related to this Agreement which  
10 is in the possession of CONTRACTOR and in which COUNTY has or may  
11 acquire an interest; and,

12 8. COUNTY shall continue to pay CONTRACTOR at the same rate as  
13 previously allowed until the date of termination, as determined by the Notice  
14 of Termination.

15 I. The CONTRACTOR shall submit a termination claim to COUNTY promptly after  
16 receipt of a Notice of Termination, or on expiration of this Agreement as specified in  
17 Section II, PERIOD OF PERFORMANCE, but in no event, later than thirty-two  
18 (32) days from the effective date thereof, unless an extension, in writing, is granted  
19 by the COUNTY.

20 J. In instances where the CONTRACTOR'S Agreement is terminated and/or allowed  
21 to expire by the COUNTY and not renewed for a subsequent fiscal year, COUNTY  
22 reserves the right to enter into settlement talks with the CONTRACTOR in order to  
23 resolve any remaining and/or outstanding contractual issues, including but not  
24  
25  
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1 limited to, financials, services, billing, cost report, etc. In such instances of  
2 settlement and/or litigation, CONTRACTOR will be solely responsible for  
3 associated costs for their organizations' legal process pertaining to these matters  
4 including, but not limited to, legal fees, documentation copies, and legal  
5 representatives.

6  
7 K. The rights and remedies of COUNTY provided in this section shall not be exclusive  
8 and are in addition to any other rights and remedies provided by law or under this  
9 Agreement.

10 XXVIII

11 DISPUTE:

12  
13 In the event of a dispute between a designee of the DIRECTOR and the  
14 CONTRACTOR over the execution of the terms of this Agreement, the quality of patient  
15 services being rendered, and/or the withholding of CONTRACTOR'S payments due to  
16 instances such as material non-compliance or audit disallowances or both, the  
17 CONTRACTOR may file a written protest with the appropriate Program/Regional  
18 Administrator of the COUNTY. CONTRACTOR shall continue with the responsibilities  
19 under this Agreement during any dispute. The Program/Regional Administrator shall  
20 respond to the CONTRACTOR in writing within ten (10) working days. If the  
21 CONTRACTOR is dissatisfied with the Program/Regional Administrator's response, the  
22 CONTRACTOR may file successive written protests up through the Department of  
23 Mental Health's administrative levels of Assistant Director, and (finally) DIRECTOR.  
24 Each administrative level shall have twenty (20) working days to respond in writing to the  
25  
26  
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28

1 CONTRACTOR. The DIRECTOR will have the final authority to rescind, modify or  
2 uphold the finding/decision.

3 XXIX

4 SEVERABILITY:

5 If any provision of this Agreement or application thereof to any person or  
6 circumstances shall be declared invalid by a court of competent jurisdiction, or is in  
7 contravention of any Federal, State, or County statute, ordinance, or regulation, the  
8 remaining provisions of this Agreement or the application thereof shall not be invalidated  
9 thereby and shall remain in full force and effect, and to that extent the provisions of this  
10 Agreement are declared severable.  
11

12 XXX

13 VENUE:

14 This Agreement shall be construed and interpreted according to the laws of the State  
15 of California. Any action at law or in equity brought by either of the parties hereto for the  
16 purpose of enforcing a right or rights provided by this Agreement shall be tried in a court of  
17 competent jurisdiction in the County of Riverside and the parties hereby waive all provisions  
18 of law providing for a change of venue in such proceedings in any other COUNTY.  
19  
20

21 XXXI

22 NOTICES:

23 All correspondence and notices required or contemplated by this Agreement shall be  
24 delivered to the respective parties at the addresses set forth below and are deemed  
25 submitted one day after their deposit in the United States mail, postage prepaid:  
26  
27  
28

CONTRACTOR:

COUNTY:

1  
2 TELECARE CORPORATION  
3 1080 MARINA VILLAGE PARKWAY,  
4 SUITE # 100, ALAMEDA, CA 94501  
5 ATTENTION: MS. FAITH RICHIE,  
6 SENIOR VICE PRESIDENT,  
7 DEVELOPMENT

RIVERSIDE COUNTY  
BOARD OF SUPERVISORS  
4080 LEMON STREET  
RIVERSIDE, CA 92501

INFORMATIONAL COPY TO:

8 RIVERSIDE COUNTY  
9 DEPARTMENT OF MENTAL HEALTH  
10 ATTENTION: PROGRAM SUPPORT  
11 P.O. BOX 7549  
12 RIVERSIDE, CA 92513-7549

XXXII

MEETINGS:

14 As a condition of this Agreement, CONTRACTOR shall agree to attend the mandatory  
15 all provider meeting as scheduled by the County Program Administrator/Manager or  
16 Designee. Appropriate level of CONTRACTOR'S staff to attend this meeting shall be at  
17 Program Director level or above. Critical information and data is disseminated at these  
18 meetings and will not be provided at any other time.



Department of Mental Health – Management Information Services

Support Desk – (951) 358-4530

COMPUTER ACCOUNT REQUEST FORM – MENTAL HEALTH CONTRACTORS

FORM MUST BE APPROVED BY SUPERVISOR – PLEASE ALLOW ONE WEEK FOR PROCESSING

RU MUST BE SET-UP THROUGH FISCAL SERVICES BEFORE THIS FORM CAN BE PROCESSED

<input type="checkbox"/> NEW PROVIDER/AGENCY	<input type="checkbox"/> TERMINATED CONTRACT	<input type="checkbox"/> EFFECTIVE DATE:
<input type="checkbox"/> CHANGE	Current Name:	New Name:

Submitted By:	Date:
Supervisor's Name:	Supervisor Phone #:

**Section 1 – CONTRACTING PROVIDER**

Contracting Provider Name:		<input type="checkbox"/> Facility	<input type="checkbox"/> Provider
Registration Date:	Federal Tax ID #:	<input type="checkbox"/> In Network	<input type="checkbox"/> Out of Network
Funding Source: Mental Health	Location:		
Primary Mailing Address Street: City: State: Zip: County:		Telephone: Office Fax #:	
Billing Address Street: City: State: Zip: County:			

Checks Payable To:	City:	Zip:
Contact 1 Name:	Contact 1 Title:	Primary Phone:
Contact 2 Name:	Contact 2 Title:	Primary Phone:
Program Name:	Contact Person:	Program Phone:
Program Name:	Contact Person:	Program Phone:
Program Name:	Contact Person:	Program Phone:
Program Name:	Contact Person:	Program Phone:

Facility NPI:	Is Program Handicap Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address:	Special Accommodations:

Department of Mental Health - Management Information Services  
Support Desk - (951) 358-4530

**COMPUTER ACCOUNT REQUEST FORM - MENTAL HEALTH CONTRACTORS**

**Section 2 - PERFORMING PROVIDER INFORMATION**

<b>CALPM</b>	Performing Provider's Name:		Contracting Provider:		
	Discipline: <--Select Discipline-->		Category (See Attached Sheet):		
	Categories for Coverage (See Attached Sheet):		Phone:	<input type="checkbox"/> No Direct Billable Services	
	Physical Address: City:                      State:                      Zip:		NPI:	Medicare PIN:	
	Staff License #:		Taxonomy Code:                      License Renewal Date:		

<b>MSO</b>	E-mail Address:		Gender: <--Select Gender-->	
	Registration Start Date:		Registration End Date:	
	DOB:		License Type: <--Select-->	
	License State:		License Expiration Date:	
	License Data Verified By:		License Data Verification Source:	
	Program/ RU#(s):			

<b>CALPM</b>	Performing Provider's Name:		Contracting Provider:		
	Discipline: <--Select Discipline-->		Category (See Attached Sheet):		
	Categories for Coverage (See Attached Sheet):		Phone:	<input type="checkbox"/> No Direct Billable Services	
	Physical Address: City:                      State:                      Zip:		NPI:	Medicare PIN:	
	Staff License #:		Taxonomy Code:                      License Renewal Date:		

<b>MSO</b>	E-mail Address:		Gender: <--Select Gender-->	
	Registration Start Date:		Registration End Date:	
	DOB:		License Type: <--Select-->	
	License State:		License Expiration Date:	
	License Data Verified By:		License Data Verification Source:	
	Program/ RU#(s):			

<b>CALPM</b>	Performing Provider's Name:		Contracting Provider:		
	Discipline: <--Select Discipline-->		Category (See Attached Sheet):		
	Categories for Coverage (See Attached Sheet):		Phone:	<input type="checkbox"/> No Direct Billable Services	
	Physical Address: City:                      State:                      Zip:		NPI:	Medicare PIN:	
	Staff License #:		Taxonomy Code:                      License Renewal Date:		

<b>MSO</b>	E-mail Address:		Gender: <--Select Gender-->	
	Registration Start Date:		Registration End Date:	
	DOB:		License Type: <--Select-->	
	License State:		License Expiration Date:	
	License Data Verified By:		License Data Verification Source:	
	Program/ RU#(s):			

Department of Mental Health – Management Information Services

Support Desk – (951) 358-4530

COMPUTER ACCOUNT REQUEST FORM – MENTAL HEALTH CONTRACTORS

Practitioner Category

- 01 - ACSW (Associate Clinical Social Worker)
- 02 - BHS I (Behavioral Health Specialist I)
- 03 - BHS II (Behavioral Health Specialist II)
- 04 - BHS III (Behavioral Health Specialist III)
- 05 - BHS IV (Behavioral Health Specialist IV)
- 06 - CAC (Certified Addiction Counselor)
- 07 - CSA (Community Services Assistant)
- 08 - CSAC (Certified Substance Abuse Counselor)
- 09 - DO (Doctor of Osteopathy)
- 10 - Drug and Alcohol Counselor (AOD)
- 11 - EMSC II (Employment Services Counselor I)
- 12 - Intern
- 13 - LCSW (Licensed Clinical Social Worker)
- 14 - LMFT (Marriage & Family Therapist)
- 15 - LPT (Licensed Psych Tech)
- 16 - LVN I (Licensed Vocational Nurse I)
- 17 - LVN II (Licensed Vocational Nurse II)
- 18 - MD (Medical Doctor/Psychiatrist)
- 19 - MECON (Medical Consultant)
- 20 - MFTi (Marriage and Fam Ther Intern)
- 21 - MHSA (Mental Health Services Adm)
- 22 - MHSD (Mental Health Services Director)
- 23 - MHSM (Mental Health Services Prog Mgr)
- 24 - MHSMD (Mental Health Services Med Dir)
- 25 - MHSS A (Mental Health Services Supv A)
- 26 - MHSS B (Mental Health Services Supv B)
- 27 - MSW (Masters in Social Work)
- 28 - OT I (Occupational Therapist I)
- 29 - OT II (Occupational Therapist II)
- 30 - PhD (Doctor of Philosophy)
- 31 - PPART (Parent Partner)
- 32 - PPS (Peer Planning and Policy Spec)
- 33 - PRADV (Patient's Rights Advocate)
- 34 - PSS (Peer Support Specialist)
- 35 - PSST (Peer Support Specialist Trainee)
- 36 - PsyD (Doctor of Psychology)
- 37 - RCOUNS (Rehabilitation Counselor)
- 38 - RN (Registered Nurse)
- 39 - RN II (Registered Nurse II)
- 40 - RN III (Registered Nurse III)
- 41 - RN IV (Registered Nurse IV)
- 42 - RN V (Registered Nurse V)
- 43 - SA II (Student Aid II)
- 44 - SPSS (Senior Peer Support Specialist)
- 45 - SRMHPS (Senior Mental Health Peer Spec)
- 46 - SSA (Social Services Assistant)
- 47 - SSP (Social Services Planner)
- 48 - SUPBHS (Supv Behavioral Health Spec)
- 49 - Unlicensed PhD/PsyD
- 50 - UW (Unlicensed Worker)
- 51 - LPCC (Licensed Prof Clinic Counselor)

Practitioner Categories For Coverage

- 01 - Associate Social Worker (Non-Licensed)
- 02 - Behavioral Health Specialist I
- 03 - Behavioral Health Specialist II
- 04 - Behavioral Health Specialist III
- 05 - Behavioral Health Specialist IV
- 06 - Child & Adolescent Psychiatrist
- 07 - Clinical Nurse Specialist (Masters Level)
- 08 - Community Service Assistant (CSA)
- 09 - Drug and Alcohol Counselor
- 10 - Employment Services Counselor (ESC) I
- 11 - Employment Services Counselor (ESC) II
- 12 - Licensed Clinical Social Worker (LCSW)
- 13 - Licensed Marriage Family Therapist, LMFT
- 14 - Licensed Profession Clinic Couns, LPCC
- 15 - Licensed Psychiatric Technician (PT)
- 16 - Licensed Vocation Nurse I (LVN I)
- 17 - Licensed Vocation Nurse II (LVN II)
- 18 - Marriage Fam Therapy Intern Unlicensed
- 19 - Mental Health Services Prog Mgr (MHSM)
- 20 - Mental Health Services Sup A (MHSS A)
- 21 - Mental Health Services Sup B (MHSS B)
- 22 - MFT Trainee/Social Worker Intern
- 23 - Nurse (RN)
- 24 - Occupational Therapist I
- 25 - Occupational Therapist II
- 26 - Parent Partner (PPART)
- 27 - Patient's Rights Advocate (PRADV)
- 28 - Peer Planning and Policy Special (PPPS)
- 29 - Peer Support Specialist
- 30 - Peer Support Specialist Trainee (PSST)
- 31 - Psychiatrist
- 32 - Psychiatrist Intern
- 33 - Psychologist (Licensed)
- 34 - Psychologist (Unlicensed)
- 35 - Psychologist Intern
- 36 - Registered Nurse, Psych /Mental Health
- 37 - Senior Mental Health Peer Spec (SRMHPS)
- 38 - Social Services Assistant (SSA)
- 39 - Student Aid I (SA I)
- 40 - Student Aid II (SA II)
- 41 - Supervising BHS
- 42 - Unlicensed Worker

TELECARE ISRC-CRISIS HOSPITAL REGION

EXHIBIT A  
(SCOPE OF SERVICE)

CONTRACTOR NAME: TELECARE CORPORATION, INC.

PROGRAM GOALS

This program is designed to operationalize the core values and infrastructure requirements of evidence-based practices. Each individual identified as eligible for the program must be offered an individualized service and support plan. The service and support plans must operationalize the fundamental concepts of community collaboration in service delivery, cultural competency, consumer/family driven, wellness/recovery/resiliency focus, and integrated services.

Provisions will be made for:

Services based upon consumer's recovery goals and desires, provided by a team that embraces the principles of recovery and resilience:

- A. The program must agree to work with the individual and her/her family, as appropriate, to provide all necessary and desired services and supports in order to assist that person/family in achieving the goals identified in their plan.
- B. Individuals will have an individualized service plan that is person-centered, and that give individuals and their families sufficient information to allow them to make informed choices about the services in which they participate.
- C. Services include linkage to, or provision of, all needed services or supports as defined by the consumer and/or family in consultation with the Integrated Services and Recovery Center (ISRC) staff. This includes the capability of increasing or decreasing service intensity as needed.
- D. All fully served individuals will have a single person of responsibility who will coordinate services for that individual so that:
  1. Their availability to the individual and family is appropriate to their service needs.
  2. They are able to provide intensive services and supports when needed.
  3. They can give the individual served and/or family member considerable personal attention.

Support services and crisis response to the consumer and his/her family 24 hours a day, 7 days a week, including the ability to respond to landlords, local crisis stabilization and hospital emergency rooms, and law enforcement. This “best practice” strategy is intended to provide immediate interventions that reduce negative outcomes for individuals, including unnecessary hospitalizations, incarcerations, and housing evictions.

Integrated treatment of co-occurring mental health and substance abuse disorders (COD), using evidence-based practices.

Family education, support, and advocacy.

Assistance in accessing medical care, and coordinating services with health care providers.

Culturally appropriate and gender-specific services and services addressing the needs of lesbian/gay/bisexual/transgender individuals must be provided.

Collaboration with community agencies, such as veterans’ services, faith-based organizations, ethnic and cultural support groups, and education systems to assist consumers to participate in a range of recovery and wellness activities in the community.

Vocational services grounded in the evidence-based practice of supported employment, which focuses on people finding competitive jobs in the community and provides the supports necessary to ensure success at the workplace.

Work with consumers to seek out, obtain, and maintain safe and affordable housing, across a range of housing choices.

Flexible funding to do “whatever it takes” to meet the unique needs consumers encounter as they work to achieve their recovery, educational and vocational goals, and to maintain the individual in the community and avoid institutional settings.

Linkage and support to consumers transitioning to Peer Support and Resource Centers, and similar lower levels of care, as consumers succeed in achieving their recovery goals and require less intensive support.

## **TARGET POPULATION CRITERIA**

The population to be served will be adult residents of Riverside County (ages 18-59+) who are referred by RCDMH. The consumers will have a severe and persistent mental illness, are at risk of psychiatric hospitalization, and require an intensive level of support to avoid or discharge from treatment in locked treatment facility. They will have any of the following characteristics:

- A. Co-occurring substance abuse disorders;
- B. Forensic populations (those discharged from correctional facilities, on probation or parole);
- C. High users of services (acute inpatient services, outpatient crisis services, IMD's, state hospitals); or
- D. Transition-age older adults (approximately ages of 55 to 59) with any of the above characteristics.

### GEOGRAPHICAL LOCATION OF SERVICES

Services shall be provided in all three regions of the County. The three regions are defined as follows:

1. Mid-County Region, including Hemet/San Jacinto, Idyllwild, Anza/Aguanga, Temecula/Murrieta, Wildomar/Lake Elsinore, Perris/Mead Valley, Lakeview, Nuevo, Homeland/Romoland, Winchester, Menifee/Sun City;
2. Western Region, including Corona/Norco, Riverside City, Jurupa, Moreno Valley; and
3. Desert Region, including Banning and all easterly parts—to the Arizona border.

Main service delivery sites shall be certified as a Short-Doyle/Medi-Cal provider location. Services provided may only be funded by Mental Health Services Act (MHSA) funds when funding under any other public or private payor source or entitlement program is inadequate or unavailable. Other entitlement programs include, but are not limited to, mental health services pursuant to Medi-Cal.

## GENERAL PROGRAM REQUIREMENTS

Provide expanded ISRC program services for Riverside County consumers for up to a total of 36,500 consumer days (365 calendar days x 100 consumers). Staff to consumer ratio shall be set at no more than 1:8.3, or one staff serving no more than 8.3 consumers. Individuals served by the program will be RCDMH consumers who are designated by RCDMH as appropriate for the program.

### PROGRAM DESCRIPTION

#### 1.0 General Program Type

##### 1.1 Program Intensity

- A. The ISRC team shall be available to provide treatment, rehabilitation and support services twenty-four (24) hours per day, seven days per week throughout the entire year.
  1. ISRC staff work schedules shall be responsive to consumer needs and shall permit staff to work evenings and weekends.
  2. During off-hours periods, ISRC staff shall maintain on-call coverage on a rotating basis and shall be available to respond on a timely basis to ISRC program participants by telephone or in person, as dictated by consumer needs. Psychiatric support shall be available during off-hours periods.
- B. ISRC team service delivery shall be the unified team approach, in which multiple staff members with a diversity of skills address each consumer's mental health and community life support needs in a comprehensive manner.
- C. The ISRC team shall have the capacity to provide as many contacts as needed to consumers experiencing significant problems in daily living.
- D. The ISRC team shall have the flexibility to increase service intensity to a consumer in response to a consumer's needs.
- E. The ISRC team's highest priority shall be outreach to ISRC program participants and the provision of services according to individual consumer needs and desires, with the majority of clinical contacts occurring in settings outside of the offices of the ISRC program. At least seventy-five percent of the ISRC team's direct service time will be spent in face-to-face contact with ISRC consumers.

- F. RCDMH program manger(s) and supervisor(s) will meet regularly with the mangers/administrators of the ACT program for purposes of contract monitoring and assessing program performance.

## 1.2 Services To Be Provided And Service Coordination

This section delineates the services which ISRC teams must provide to consumers designated by RCDMH and sets requirements for service coordination among ISRC teams and other service providers.

- A. In cases where ISRC program participants are housed in Institutes for Mental Disease (IMD) or Augmented Board and Care (ABC) facilities, the ISRC case managers shall have access to the consumer's case conferences and may take the consumer on outings as appropriate to his/her rehabilitation, treatment and training. In so doing, ISRC staff will show all possible care not to interfere with the activities of the ABC or IMD program.
- B. Contractor will assume placement costs of new enrollees after thirty (30) days of enrollment in the ISRC program. Consumers residing in a contract ABC bed will not stay longer than 30 days in the ABC bed from the date of enrollment in the ISRC program. If the stay at the ABC bed exceeds the 30 day period, the ISRC program will assume the daily augmented cost of the bed or facilitate the transition to a basic bed in any licensed residential care facility.
- C. In order to assist the ISRC program participant to cope with and gain mastery of symptoms and disabilities due to mental illness and/or substance abuse, the ISRC team shall be available to provide symptom assessment, case management and supportive counseling. These services shall include but not be limited to the following:
  - 1. Ongoing assessment of the consumer's mental illness symptoms and response to treatment.
  - 2. Education of the consumer regarding his/her mental illness and the effects (including side effects) of prescribed medications.
  - 3. Symptom management efforts directed to helping the consumer identify the symptoms and their occurrence patterns and development of methods (internal, behavioral, adaptive) to lessen their effects.



4. Provision, both on a planned and on an "as needed" basis, of such psychological support as is necessary to help consumers accomplish their personal goals and to cope with the stresses of day-to-day living.
- D. The ISRC team shall be available to provide crisis assessment and intervention twenty-four (24) hours per day, seven days per week throughout the year, including telephone and face-to-face contact as needed.
1. Response to crisis shall be rapid and flexible.
  2. If screening center services, extended crisis evaluation beds, crisis housing, short-term care and inpatient treatment (voluntary or involuntary) are necessary, the ISRC staff shall collaborate with the treatment in these facilities. The ISRC program shall provide support to the maximum extent possible, including accompanying the consumer to the facility, remaining there with the consumer during the assessment, and beginning as soon as possible with the consumer the process of planning for discharge and return to the community.
  3. Crisis intervention shall be limited to those ISRC program participants who are at licensed residential care level of care or lower. It is presumed that ABC and IMD personnel can and will manage crises experienced by their residents, and that they will inform the ISRC team of the crisis event and resolution as soon as possible.
- E. The ISRC team shall provide services in the areas of medication prescription, administration, monitoring and documentation.
1. The ISRC team psychiatrist shall:
    - a. Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication.
    - b. Regularly review and document the consumer's mental illness symptoms, as well as his/her response to the prescribed medications.
    - c. Monitor, treat and document any medication side effects.
  2. The ISRC nurse(s) shall establish medication policies and procedures which identify processes to:

- a. Record physician's orders.
  - b. Order medications.
  - c. Arrange for all consumer medications to be organized through the team and integrated into staff's daily and weekly schedules.
  - d. Provide security for medications and set aside a private designated area for set-up of medications.
  - e. Administer medications to program consumers in accordance with their provider status; train other team members regarding medication education, medication delivery, observation of self-administration of medication and medication monitoring; regularly assess other team members' competency in this area.
3. All ISRC team staff shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.
  4. Regarding ISRC program participants residing in Institutes IMD's, ABC's, and licensed residential care facilities: These facilities are responsible for providing resident supervision and/or assistance during self-administration of medications and for documenting any observed instance where medications are not taken. Contractor is responsible for working with the facilities and the consumers to insure that medications are taken as prescribed.

ISRC team staff shall collaborate with the facilities in which program participants are located to ensure that participants are receiving prescribed medications. This shall include mutual sharing of information regarding ISRC consumers' mental illness symptoms and behavior in response to medication and medication side effects.

5. The ISRC team shall regularly review the facility records of ISRC program participants after the written consent to do so has been obtained from the consumer, and in accordance with policies and procedures of RCDMH.
  - a. ISRC staff shall also regularly advise facility staff or facility nurses as to which medications are being prescribed and

ordered by the ISRC psychiatrist, communicate to the staff about ISRC consumers' treatment plans, goals, objectives and interventions, and provide medication education for the ISRC consumers.

- b. For those facilities which are not "registered generators" under the Dept. of Environmental Protection and thus are unable to dispose of syringes and cannot administer injectable medications, ISRC nurses shall administer injectable psychotropic medications, maintain a record of these injections in the consumer's ISRC record, and communicate to the facility that such injections have been given.
- F. The ISRC team shall provide whatever direct assistance is reasonable and necessary to ensure that the consumer obtains the basic necessities of daily life, including but not limited to:
1. Safe, clean, affordable housing.
  2. Food and clothing.
  3. Medical and dental services.
  4. Appropriate financial support, which may include supplemental security income, Social Security disability insurance, general relief, and money management services.
    - a. The CONTRACTOR shall ensure that the ISRC team members are able to have on hand, in their possession, during regular working hours (and when appropriate during on-call hours) an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for ISRC consumers.
    - b. The CONTRACTOR shall ensure that ISRC team members have efficient, rapid access to larger sums of client assistance funds for security deposits, purchases of furniture, and other items needed by ISRC consumers.
    - c. The CONTRACTOR'S designated staff may serve as a "representative payee" for some consumers' SSI/SSD benefits.

- d. The ISRC program may utilize client assistance funds to assist consumers with short-term loans or grants, as necessary.
  5. Social services.
  6. Transportation supports that may include direct transportation to community resources and/or training/support in assisting consumers to access public transportation, including bus passes when appropriate.
  7. Linkage and support for consumers to access legal services or supports to help consumers resolve outstanding legal issues.
- G. The ISRC team shall provide training and instruction, including individual support, problem-solving, skill development, modeling and supervision, in home and community settings, to teach the consumer to:
1. Carry out personal hygiene tasks.
  2. Perform household chores, including housekeeping, cooking, laundry and shopping.
  3. Develop or improve money management skills.
  4. Locate, finance and maintain safe, clean and affordable housing.
- H. The ISRC team shall develop and support the consumer's participation in recreational, social activities and relationships. The highest priority shall be given to supporting and helping individual consumers to establish positive social relationships and activities in normative community settings. Such services shall include, but not be limited to assisting consumers in:
1. Developing social skills and, where needed, the skills to develop meaningful personal relationships.
  2. Planning appropriate and productive use of leisure time, including familiarizing consumers with available social and recreational opportunities and increasing their use of these activities.
  3. Interacting with landlords, neighbors and others effectively and appropriately.

4. Developing assertiveness and restoring self-esteem.
  5. Using existing self-help and peer support centers, self-help groups and other social, church, and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.
- I. The ISRC team shall provide alcohol, tobacco and drug abuse services as needed, including but not limited to, individual and group interventions to assist consumers in:
1. Identifying alcohol, tobacco and drug abuse effects and patterns.
  2. Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications.
  3. Developing motivation for decreasing alcohol, tobacco and drug use.
  4. Developing coping skills and alternative to minimize alcohol, tobacco and drug use.
  5. Achieving periods of abstinence and stability.
  6. Attending appropriate recovery or self-help meetings.
- J. The ISRC team shall provide information, in an educational format, about the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also be included about eating disorders, gambling, overspending, sexual and other addictions, as appropriate.
- K. The ISRC team shall make appropriate referrals and linkages to addiction services that are beyond the scope of expanded ISRC services to individuals with coexisting alcohol, tobacco and drug abuse and other addictive symptoms.
- L. The ISRC team shall act to minimize consumer involvement with the criminal justice system, with services to include but not be limited to:
1. Helping the consumer identify precipitants to the consumer's criminal involvement.

2. Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the consumer's mental illness.
  3. Collaborating with police, court personnel and jail/prison officials to ensure appropriate use of legal and mental health services.
- M. The ISRC team shall provide rehabilitation and support to assist consumers to find and maintain employment. Services to be provided shall include, but not be limited to:
1. Assessment of job-related interests and abilities based on a complete education and work history. This assessment shall consider the effects of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate the behaviors.
  2. Assistance with each consumer's individual needs for job development, job-seeking skills, and on-the-job assessment, referral to training, and support so that consumers will acquire and maintain appropriate job and social skills necessary to get and keep employment:
    - a. Individual supportive counseling to assist the consumer to identify and cope with the symptoms of mental illness that may interfere with his/her work performance.
    - b. On-the-job or work-related crisis intervention.
    - c. Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation.
- N. The ISRC team shall provide support to the consumer's family and other members of the consumer's social network to help them manage the symptoms and illness of the consumer, reduce the level of family and social stress associated with the illness. The ISRC program shall assist them and the consumer to relate in a positive and supportive manner through such means as:
1. Education about the consumer's illness and their role in the therapeutic process.
  2. Supportive counseling.

3. Intervention to resolve conflict.
  4. Referral, as appropriate, of the family to therapy, self-help, peer supports, and other family support services; and
  5. Provision, as appropriate, of the consumer's other support systems with education and information about serious mental illnesses and ISRC treatment.
0. The CONTRACTOR shall coordinate services with other community mental health and non-mental health providers, as well as other medical professionals, and shall provide the following functions for all consumers served:
1. Development of formal and informal affiliations with appropriate mental health, health care, addictions, and other human service providers, and inpatient units.
  2. Involvement of other pertinent agencies, the consumer's family, and members of the consumer's social network in the coordination of the assessment, and in the development, implementation and revision of service plans.
  3. Advocacy for and assistance to consumers to obtain needed benefits and services such as supplemental security income, housing subsidies, food stamps, medical assistance, and legal services.
  4. Coordination of meetings of the consumer's service providers in the community.
  5. Maintenance of ongoing communication with all other agencies serving the consumer, including hospitals, rehabilitation services and housing providers, as required.
  6. Maintain working relationships with other community services, such as education, law enforcement and social services.
  7. Coordination with existing community agencies to develop needed community support resources, including housing, employment options and income assistance; and
  8. Maintenance of a clinical treatment relationship with the consumer on a continuing basis, whether the consumer is in the hospital, in

the community, involved with other agencies or the criminal justice system.

9. Methods for service coordination and communication between contractor and other service providers serving the same consumers shall be developed and implemented consistent with County of Riverside confidentiality rules.
- P. CONTRACTOR will provide licensed residential care housing as needed by program participants.
1. CONTRACTOR'S case managers will provide training and assistance to program participants in locating, securing and inhabiting housing which is appropriate to their levels of functioning.
  2. ISRC staff will correctly complete, within 14 days, all admission and discharge documentation (State hospital/and admit-discharge forms, change of status forms) each time an ISRC member is admitted or discharged from and IMD, State Hospital or ABC bed.

1.3 Assessment, Service Planning, Progress Notes

- A. Each clinical record shall contain an initial and comprehensive assessment.
1. The initial assessment shall be conducted at the time of the consumer's admission (also the date of the first face-to-face contact), documented in accordance with Department regulations and Medi-Cal/Medicare rules. The initial assessment shall include:
    - a. The referral source.
    - b. The reason for referral to the ISRC.
    - c. The rationale for admission to the ISRC.
  2. A comprehensive assessment shall be completed prior to the development of the comprehensive treatment plan. The comprehensive assessment shall include:
    - a. The clinical necessity for entry into or continued provision of ISRC services.
    - b. An identification of the strengths, abilities, needs, and preferences of the consumer.



- c. The consumer's expectations and desired outcomes.
- d. The outcomes anticipated by the assessor.
- e. Evidence of consultation with the consumer and, as appropriate, family members and significant others, to complete the assessment.
- f. Current psychiatric symptoms and mental status.
- g. Psychiatric history, including pattern of hospitalization and compliance with and response to prescribed medical/psychiatric treatment.
- h. Medical history; and complete and current physical which may be provided directly by the ISRC team, e.g., the psychiatrist, or through referral to a medical professional in the community.
- i. Medical, dental, and other health needs; e.g., nutritional.
- j. Extent and effect of alcohol, tobacco, and drug use.
- k. Housing situation and conditions of daily living.
- l. Vocational and educational functioning, including job-related interests and abilities, as well as on-the-job assessments; and assessment of the effect of the consumer's mental illness on employment. Specific behaviors that interfere with the consumer's work performance shall be identified and interventions to reduce or eliminate these behaviors shall be developed.
- m. Extent and effect of criminal justice involvement.
- n. Current social functioning.
- o. Recent life events.
- p. Self-care and independent living capacity.
- q. Relationship with consumer's family, significant others, family needs and supports.
- r. Other specified problems and needs.

- s. Treatment recommendations.
  - 3. Each assessment shall be conducted with active participation of the consumer, the consumer's family and significant others, when appropriate, and in accordance with the legal requirements for consumer consent to such involvement. Such participation shall be clearly documented in the clinical record.
  - 4. The comprehensive assessment shall include consideration of all available information, including self-reports, input of family members and other significant parties and written summaries from other agencies, including police, courts, and inpatient facilities, where applicable.
- B. Each clinical record shall contain an initial and comprehensive service plan and service plan revision.
- 1. An initial written service plan shall be developed on the date of the client's admission to the ISRC program. The initial service plan shall include:
    - a. The interventions which address the consumer's immediate needs for food, clothing, shelter, and medication.
    - b. Reason for referral/rationale for admission.
  - 2. A comprehensive service plan shall be completed within required Medi-Cal certification time frames. The comprehensive service plan shall be based on the comprehensive assessment and shall include:
    - a. Goals and specific objectives written in behavioral, measurable terms, including target dates.
    - b. Specific treatment, rehabilitation and support interventions (including staff responsible for them), frequency and duration of interventions.
    - c. Key areas including symptom stability, symptom education and management, medication monitoring, substance abuse.
    - d. Criteria for termination of treatment, rehabilitation and support services.

- e. The signatures of all participants involved in the development of the plan, including the psychiatrist, and the consumer, family members and/or significant others.
3. The comprehensive service plan shall document collaboration of the ISRC team, representatives from other agencies and facilities; e.g., IMD, ABC, licensed residential care facility, and/or other medical service providers, the consumer, members of the consumer's social network and, when indicated, the consumer's family.
  4. Service plan revisions shall be based on:
    - a. Assessment of current functioning.
    - b. A summary of the consumer's progress or lack of progress since the last plan development or review.
    - c. The consumer's goals for treatment and/or changes the consumer would like to make in the service plan.
- C. Each clinical record shall contain progress notes.
1. Progress notes shall be completed for each individual in compliance with Medi-Cal certification requirements shall be included in the clinical record within 72-hours. Documentation of services that occur after the team's regular working hours may be recorded the next working day. On weekends and holidays, there should be a documented exchange of information between on-call staff.
  2. On-call services shall be documented in a log to track after hour services to insure that follow-up documentation is completed.
  3. Progress notes shall, at a minimum, address the following:
    - a. The date, time, and location where the service was provided, the duration of the contact, and the names of staff who rendered the services.
    - b. A risk assessment.
    - c. The type of visit and the services provided.

- d. The consumer's condition at the time of contact; including appearance, mood, affect, and mental illness symptoms.
- e. Interventions and their relationship to the treatment plan goals and objectives.
- f. A description of the consumer's response to treatment interventions.
- g. Ongoing monitoring of administration of medications and the detection of adverse drug reactions as appropriate.
- h. Ongoing communication with other service providers, including health care providers as appropriate.

1.4 **Staffing Responsibilities and Qualifications**

Awarded contractor(s) shall ensure that the following staffing requirements, which include, but are not limited to, the following, are met:

- A. Ensure the provision of culturally competent services.
- B. Provide administrative, supervisory, and clerical support for the program.
- C. Comply with fidelity measures required by the evidence-based practice.
- D. Provide outcome measures to all program participants as outlined in section 4.0.
- E. Ensure that all staff working with individuals receiving service be fingerprinted (Live Scan), and pass DOJ and FBI background checks.
- F. Ensure that personnel are competent and qualified to provide the services necessary.
- G. The Program Administrator (PA) shall employ sufficient numbers of qualified staff to provide required services at a 1:8.3 staff to consumer ratio as set forth in this agreement.
- H. The staff to consumer ratio on each team shall be no less than one full-time equivalent (FTE) to 8.3 consumers, excluding clerical and psychiatric staff
- I. CONTRACTOR shall assign an administrator who shall function as the ISRC Director/Coach, devoting a minimum of 10 hours per week per team. The

expanded ISRC Director/Coach does not function as a member of the team, but is responsive to the team's needs in order to:

1. Ensure that the team is operating in an egalitarian manner.
  2. Support the dynamic interaction and smooth functioning of the team.
  3. Promote efficient and effective utilization of staff functions.
  4. Coach team members in addressing conflicts that the team itself has been unable to resolve.
  5. Interact with outside agencies, organizations, and systems around development and coordination of affiliation agreements and mutual service provision for consumers.
  6. Advocate on behalf of the team for resources and support to enable the team to carry out its daily operations.
- J. Each ISRC team shall, at a minimum, consist of the following staff, all of whom shall be full-time unless otherwise noted below:
1. A licensed or board-certified psychiatrist, who shall provide a minimum of sixteen (16) hours of time face-to-face with consumers and/or team members each week for a caseload of 50 consumers, increased on a pro-rated basis for larger caseloads.
  2. Two licensed nurses (one Registered Nurse, one Licensed Vocational Nurse) who hold valid licenses in California and have two years of experience working with individuals with serious and persistent mental illness.
  3. At least one clinician who shall minimally hold a master's degree in a behavioral health science or counseling specialty from an accredited institution and have two years of post-Bachelor's experience working with individuals with serious and persistent mental illness. Contractor shall be responsible for providing Board of Behavioral Science required clinical supervision for any unlicensed clinician under waiver with State Department of Health Services/Mental Health.
  4. At least one substance abuse specialist who shall have two years of experience working with individuals with serious and persistent mental illness.

- a. Specialist(s) shall be appropriately credentialed as a Certified Alcohol and Drug Counselor (CADC), Certified MICA Specialist (CMS), Nationally Certified Alcohol and Drug Counselor (NCADC), Certified Drug Counselor (CDC), Certified Substance Abuse Counselor (CSAC), or Certified Alcohol Counselor (CAC).
  - b. Substance abuse specialists currently employed by the contractor on the date of adoption of these rules have up to three years from the date of the adoption of these rules to meet the licensure and/or credentialing requirements of this section. Substance abuse specialists hired after the date of adoption of these rules have three years from the date of hire to meet the credentialing requirements of this section.
  - c. Substance abuse specialists currently employed by the contractor on the date of adoption of these rules, or hired after the date of adoption of these rules, who are not actively credentialed shall minimally hold a Bachelor's degree in a behavioral science from an accredited institution and have two (2) years post-Bachelor's experience working with individuals with co-occurring serious and persistent mental illness and substance abuse.
  - d. RCDMH will monitor the completion of these credentialing requirements.
5. At least one rehabilitation, occupational or vocational specialist who shall hold a Bachelor's degree in a behavioral science from an accredited institution. This specialist shall have two years of post-Bachelor's experience in vocational assessment, job preparation or individualized job placement and/or job coaching with individuals with serious and persistent mental illness.
  6. At least three mental health specialists, e.g., "Mental Health Advocate", "Peer Advocate". Contractor may determine the exact job titles for these specialists. At least one of the mental health specialists shall be a primary consumer. These specialists shall meet, at a minimum, one of the following requirements:
    - a. Hold a Bachelor's degree in a behavioral health science from an accredited institution and have two years post Bachelor's experience in the provision of mental health services; or
    - b. A primary consumer who does not possess a Bachelor's degree as required in this section for the mental health specialist position shall be regarded as a full, professional member of the clinical

team, function under the same job description as other mental health specialists, and receive salary parity. The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a bachelor's degree.

- c. Decisions regarding disclosure to consumer recipients of ISRC services or to their families and significant others that a staff person is himself/herself a consumer shall respect the individual preference of that staff person, be clinically driven, and made in consultation with the ACT team director/coach and the ACT team.
7. CONTRACTOR shall designate one team member as team facilitator. The team facilitator may assume minimal administrative responsibilities inherent in that role. The facilitator shall maintain constant communications with the ISRC Director/Coach around team functioning and service delivery, empower the team by modeling strong leadership and conveying the philosophy and principles of the expanded ISRC, create a climate that supports the dynamic interaction and participatory process of the team, ensure an equal distribution of team responsibilities, keep the team focused to complete daily and team issues meetings, efficiently and effectively, promote cross-training/education among various disciplines on the team, and facilitate a productive decision-making process around client needs.
8. ISRC teams shall be egalitarian and clinically self-directed. No one staff member or discipline, including the team facilitator, shall exercise sole administrative or clinical authority over any other members on the team. All staff shall be expected to work together and to share equally in decision-making, assessment, and treatment planning and treatment provision.
9. Clinical supervision shall be provided within the team by a master's level mental health professional. In the event that the team is unable to reach a collaborative decision via an egalitarian process, a master's level clinician may assume responsibility for the final decision. Additionally, the team may consult the expanded ISRC Director/Coach and/or other resources.
10. All team members shall rotate the provision of on-call services, including the outreach component.

11. The ISRC team shall conduct daily organizational meetings, held at regularly scheduled times, which shall include a review of the treatments, services and activities to be carried out on that day.
12. RCDMH may grant a time-limited waiver of staff requirements, provided that the following conditions are satisfied:
  - a. CONTRACTOR shall submit a written request for a waiver of staffing requirements to RCDMH.
  - b. The waiver request shall include all documentation justifying issuance of the waiver, including type and degree of hardship that would result to the program if a waiver were not granted, and clear clinical or programmatic justification for the waiver.
  - c. RCDMH reserves the right to request additional information before processing a waiver request.
  - d. Waivers of specific staffing standards shall be granted at the discretion of RCDMH, provided that the waiver does not adversely affect the health, safety and welfare or the rights of the consumers.
  - e. All waiver requests must be reviewed and approved by RCDMH.
  - f. Each grant of a waiver may be for a maximum time period of one year, subject to renewal upon request.
  - g. RCDMH shall communicate in writing to the contractor indication which requirements have been waived, the expiration date of the waiver, and any conditions or limitations which have been placed on the waiver.
  - h. Requests for staffing waiver may lead to adjustment of the monthly reimbursement.

## 2.0 REGULATORY COMPLIANCE

CONTRACTOR shall:

- A. Comply with any and all Federal, State, or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.



- B. Participate in the RCDMH annual contract monitoring as well as more frequent program reviews. Any associated RCDMH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- C. Submit monthly documentation to RCDMH as outlined by RCDMH.
- D. Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

### 3.0 DOCUMENTATION OF SERVICES

The CONTRACTOR shall maintain appropriate records documenting all of the services provided to or on behalf of consumers. These records shall include, but are not limited to:

- A. Individualized Service Plans—The CONTRACTOR will develop and maintain Individualized Service Plans identifying the treatment needs and recovery goals of each consumer. The service plan will provide a description of recovery goals and the methods and services that will be used to achieve those goals. The service plan must be signed by the consumer, indicating agreement with the plan, and signed by the family/support person(s) when feasible (with consumer consent).
- B. Service Documentation—The program will maintain referrals, assessments, progress notes, and any other documentation related to consumers' care in accordance with State and Federal standards and RCDMH policies. Service documentation will provide information regarding each consumer's level of involvement in the different treatment activities and his/her progress towards the achievement of his/her treatment goals.
- C. Medi-Cal reimbursable services will meet documentation standards of the Title 9, and be consistent with RCDMH policies and billing compliance standards.
- D. CONTRACTOR shall enter consumer and services information (consumer registration, fiscal and legal status, service billing, etc.) into the COUNTY's electronic database. Data entry needs to be completed within 3 business days of the date of the service delivered.
- E. CONTRACTOR will document all adverse incidents affecting the physical and emotional welfare of consumers in accordance with RCDMH Policy 248. Examples of adverse incidents include, but are not limited to, serious physical harm to self or others, serious destruction of property, missing persons, etc. The Contractor will notify RCDMH within twenty-four (24) hours of any serious adverse incidents affecting consumers' welfare.

- F. All clinical records must comply with Federal and State regulations, HIPAA, and RCDMH policies and procedures. Records shall conform to the requirements of the licensing authorities (Federal CMS and State Department of Health Services).
- G. CONTRACTOR shall submit a monthly contract report to RCDMH, as outline by RCDMH, which summarizes Contractor activities. Performance outcome measures will be completed based upon State Mental Health and RCDMH requirements.
- H. Records maintained by the Contractor on behalf of RCDMH are the property of RCDMH.

4.0 **PERFORMANCE OUTCOMES**

RCDMH will coordinate with evidence-based practice model guidelines and fidelity measurements to determine the required outcome measures to be utilized and monitored for this project. Outcome reporting as assigned by The Mental Health Services Oversight and Accountability Commission will be an additional requirement of awarded contractor(s).

5.0 **DISASTER PREPAREDNESS**

The awarded contractor(s) shall develop and update contingency plans to continue the delivery of services in the event of a man-made or natural disaster. Bidders are not required to address disaster preparedness in their proposals. However, bidders shall note that awarded contractor(s) will be required to develop and update contingency plans as part of any contracts resulting from this procurement. The County would expect that the awarded contractor(s) have a disaster plan in place and RCDMH would expect the contractor to have it available for review upon request and/or during contract monitoring visits.

6.0 **COUNTY SUPPORT AND TECHNICAL ASSISTANCE**

RCDMH shall provide technical assistance on an as-needed basis for new program contractors. Such technical assistance typically includes, but is not limited to, orientation to the County's MIS systems and data entry guidelines; reviewing and interpreting County policies and procedures; providing on-going agency liaison with RCDMH and the Department's other contractors to ensure optimal collaborations, etc.

1 EXHIBIT B - MENTAL HEALTH

2 LAWS, REGULATIONS AND POLICIES

3 Services shall be provided in accordance with policies and procedures as developed by  
4 COUNTY as well as those Federal and State laws, regulations and policies applicable to the  
5 terms of this AGREEMENT, which may include, but may not be limited to the following  
6 specific statutes or relevant sections therein:  
7

8  
9 FEDERAL

10 Americans with Disabilities Act – 1990 (42 U.S.C. §§ 12101 et seq.)

11 Title 42 of the Code of Federal Regulations

12 45 C.F.R Parts 160, 162 and 164

13 Drug-Free Workplace Act (DFWA) - 1990

14 HIPAA / HITECH Act - 2009

15 Labor Laws & Regulations (Labor and Workforce Development Agency)

16 National Voter Registration Act of 1993

17 Rehabilitation Act of 1973, § 504, Public Law 93-112

18 Title VI of the Civil Rights Act of 1964

19 42 U.S.C. §§ 1320d and 1320d-2

20 42 C.F.R. §438.608 (Program Integrity Requirements)

21 McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)

22 45 C.F.R. § 205.50

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26 STATE

27 Mental Health Services – Welfare and Institutions Code § 5000 to 5914

28 Business and Professions Code

1 Laura's Law – Assembly Bill 1367

2 The California Child Abuse and Neglect Reporting Act (CANRA) 2013

3 Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.

4 Title 2, C.C.R. §§ 7285 et seq. (General Terms and Conditions)

5 Senate Bill 35 (SB35), Chapter 505, Statutes of 2012

6 9 C.C.R. Division 1, Chapter 1, Subchapter 3, Article 3.5

7 Government Code § 12900 et seq.

8 Family Code, § 5200 (Child Support)

9 Government Code § 8350 et Seq. (Drug-Free Workplace Act of 1990)

10 Government Code § 26227 (Contracting with County)

11 Government Code § 8546.7 (Audits)

12 Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)

13 Welfare & Institution Code §§ 14100.2, 14705 and 14725

14 Welfare & Institution Code §§ 18350 et seq.

15 State Department of Health Care Services Publications

16 9 C.C.R. Division 1, Chapters 2, 3, 4, 4.5, 9, 11, 12 (Rehabilitative and Developmental  
17 Services)

18 Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)

19 Welfare and Institutions Code 17608.05 (Maintenance of Effort)

20 Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.

21 Centers for Medicare and Medicaid Services Manual

22 Family Code § 5200 (Child Support)

23 22 C.C.R. Division 6 (Social Security, Licensing of Community Care Facilities) Welfare &  
24 Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)

25 22 C.C.R. Divisions 3 and 5

1 2 C.C.R. Division 9, Chapter 1

2 DMH Letter 03-04 (Health Care Facility Rates)

3 DMH Letter 86-01 (Life Support Supplemental Rate)

4 22 C.C.R. § 70707

5 Government Code § 7550 (Reports)

6 9 C.C.R. § 640 (Records)

7 9. C.C.R. § 1810.226 (State Department of Mental Health Plan)

8 Welfare and Institutions Code § 14132.47

9  
10  
11 COUNTY

12 Department of Mental Health Policies

13 Confidentiality Guidelines for Family / Social support Network – Policy 206

14 Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239

15 Health Privacy & Security – Board of Supervisors Policy B-23

16 Harassment in the Workplace - Board of Supervisors Policy C-25

17 Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298

18 Workplace Violence, Threats and Security - Board of Supervisors Policy C-27

19 Cultural Competency Plan – Policy 162

20 Riverside County Mental Health Plan

21 Riverside County Mental Health Plan Provider Manual

22 Riverside County Mental Health “Psychotropic Medication Protocols for Children and

23 Adolescents” Publication

24 Riverside County Mental Health “Medication Guidelines” Publication

25 County and Departmental policies, as applicable to this Agreement

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

**CONTRACTOR NAME: TELECARE CORPORATION**  
**PROGRAM NAME: CRISIS HOSPITAL – ISRC/RISE PROGRAM**  
**DEPARTMENT ID: 4100206286/74750/530280, 530580, 530600**

**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, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:

The Interim Reimbursement 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.

One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.

Actual Cost, as invoiced by expenditure category specified in Schedule K.

2. CONTRACTOR'S Schedule I, and Schedule K when applicable, 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). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.

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X  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.

X  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, whichever is applicable; or customary charges (published rate), whichever is the lowest rate, less revenue collected.

\_\_\_\_\_ 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 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 for the provision of services.

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

\_\_\_\_\_ The final year-end and local match settlement for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.

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.

1 B. MAXIMUM OBLIGATION:

2 COUNTY'S maximum obligation for FY 2015/2016 shall be \$1,754,655 subject  
3 to availability of applicable Federal, State, local and/or COUNTY funds.

4 C. BUDGET:

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

12 D. MEDI-CAL (M/C):

- 13 1. With respect to services provided to Medi-Cal beneficiaries,  
14 CONTRACTOR shall comply with applicable Medi-Cal cost containment  
15 principles where reimbursement is based on actual allowable cost,  
16 approved Medi-Cal rate, RCMAR, Drug Medi-Cal rate, or customary  
17 charges (published rate), whichever rate is lower, as specified in Title 19  
18 of the Social Security Act, Title 22 of the California Code of Regulations  
19 and applicable policy letters issued by the State.
- 20 2. RCMAR is composed of Local Matching Funds and Federal Financial  
21 Participation (FFP).

22 E. LOCAL MATCH REQUIREMENTS:

23 CONTRACTOR is required to make quarterly estimated EPSDT local match  
24 payments to COUNTY based on 5% of the amount invoiced. Local match  
25 requirement is subject to annual settlement.

26 F. REVENUES:

27 As applicable:

- 28 1. Pursuant to the provisions of Sections 4025, 5717 and 5718 of the  
Welfare & Institutions Code, and as further contained in the State  
Department of Health Care Services Revenue Manual, Section 1,  
CONTRACTOR shall collect revenues for the provision of the services



1 described pursuant to Exhibit A. Such revenues may include but are  
2 not limited to, fees for services, private contributions, grants or other  
3 funds. All revenues received by CONTRACTOR shall be reported in  
4 their annual Cost Report, and shall be used to offset gross cost.

- 5 2. CONTRACTOR shall be responsible for checking and confirming Medi-  
6 Cal eligibility for its patient(s)/client(s) prior to providing and billing for  
7 services in order to ensure proper billing of Medi-Cal.
- 8 3. Patient/client eligibility for reimbursement from Medi-Cal, Private  
9 Insurance, Medicare, or other third party benefits shall be determined  
10 by the CONTRACTOR at all times for billing or service purposes.  
11 CONTRACTOR shall pursue payment from all potential sources in  
12 sequential order, with Medi-Cal as payor of last resort.
- 13 4. CONTRACTOR shall notify COUNTY of patient/client private insurance,  
14 Medicare, or other third party benefits.
- 15 5. CONTRACTOR is to attempt to collect first from Medicare (if site is  
16 Medicare certified and if CONTRACTOR staff is enrolled in Medicare  
17 program), then insurance and then first party. In addition,  
18 CONTRACTOR is responsible for adhering to and complying with all  
19 applicable Federal, State and local Medi-Cal and Medicare laws and  
20 regulations as it relates to providing services to Medi-Cal and Medicare  
21 beneficiaries.
- 22 6. If a client has both Medicare or Insurance and Medi-Cal coverage, a  
23 copy of the Medicare or Insurance Explanation of Benefits (EOB) must  
24 be provided to the COUNTY within thirty (30) days of receipt of the EOB  
25 date.
- 26 7. CONTRACTOR is obligated to collect from the client any Medicare co-  
27 insurance and/or deductible if the site is Medicare certified or if provider  
28 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.

1 CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal  
2 Share of Cost(s) within seventy two (72) hours (excluding holidays) of  
3 the CONTRACTOR'S received notification from the State.  
4 CONTRACTOR shall be responsible for faxing the cleared Medi-Cal  
5 Share of Cost documentation to fax number (951) 955-7361 OR to your  
6 organization's appropriate COUNTY Region or Program contact.  
7 Patients/clients with share of cost Medi-Cal shall be charged their  
8 monthly Medi-Cal share of cost in lieu of their annual liability. Medicare  
9 clients will be responsible for any co-insurance and/or deductible for  
10 services rendered at Medicare certified sites.

- 11 8. All other clients will be subject to an annual sliding fee schedule by  
12 CONTRACTOR for services rendered, based on the patient's/client's  
13 ability to pay, not to exceed the CONTRACTOR'S actual charges for  
14 the services provided. In accordance with the State Department of  
15 Health Care Services Revenue Manual, CONTRACTOR shall not be  
16 penalized for non-collection of revenues provided that reasonable and  
17 diligent attempts are made by the CONTRACTOR to collect these  
18 revenues. Past due patient/client accounts may not be referred to  
19 private collection agencies. No patient/client shall be denied services  
20 due to inability to pay.
- 21 9. If and where applicable, CONTRACTOR shall submit to COUNTY, with  
22 signed Agreement, a copy of CONTRACTOR'S customary charges  
23 (published rates).
- 24 10. If CONTRACTOR charges the client any additional fees (i.e. Co-Pays)  
25 above and beyond the contracted Schedule I rate, the CONTRACTOR  
26 must notify the COUNTY within each fiscal year Agreement period of  
27 performance.
- 28 11. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client  
fees. Notification must be made within ten (10) days following any fee  
increase.

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G. 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 unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.
3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.

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  
4 COUNTY of Riverside Department of Mental Health.

5 I. PAYMENT:

- 6 1. Monthly reimbursements may be withheld and recouped at the discretion  
7 of the Director or its designee due to material Agreement non-  
8 compliance, including overpayments as well as adjustments or  
9 disallowances resulting from the COUNTY Contract Monitoring Team  
10 Review (CMT), COUNTY Program Monitoring, Federal or State Audit,  
11 and/or the Cost Report Reconciliation/Settlement process.
- 12 2. In addition, if the COUNTY determines that there is any portion (or all) of  
13 the CONTRACTOR invoice(s) that cannot be substantiated, verified or  
14 proven to be valid in any way for any fiscal year, then the COUNTY  
15 reserves the right to disallow payments to CONTRACTOR until proof of  
16 any items billed for is received, verified and approved by the COUNTY.
- 17 3. In addition to the annual CMT, Program Monitoring, and Cost Report  
18 Reconciliation/Settlement processes, the COUNTY reserves the right to  
19 perform impromptu CMTs without prior notice throughout the fiscal year  
20 in order to minimize and prevent COUNTY and CONTRACTOR loss and  
21 inaccurate billing/reports. The COUNTY, at its discretion, may withhold  
22 and/or offset invoices and/or monthly reimbursements to  
23 CONTRACTOR, at any time without prior notification to CONTRACTOR,  
24 for service deletes and denials that may occur in association with this  
25 Agreement. COUNTY shall notify CONTRACTOR of any such instances  
26 of services deletes and denials and subsequent withholds and/or  
27 reductions to CONTRACTOR invoices or monthly reimbursements.
- 28 4. Notwithstanding the provisions of Paragraph I-1 and I-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 (1/12<sup>th</sup>) monthly basis, or based upon the actual cost invoice by  
2 expenditure category, as specified in Paragraph A-1 above.

- 3 1. CONTRACTOR will be responsible for entering all service related  
4 data into the COUNTY's MIS (i.e. Provider Connect or CalOMS)  
5 on a monthly basis and approving their services in the MIS for  
6 electronic batching (invoicing) and subsequent payment.
- 7 2. CONTRACTOR is required to enter all units of service into the  
8 COUNTY'S MIS no later than 5:00 p.m. on the fifth (5<sup>th</sup>) calendar  
9 day following the date of service. Late entry of services into the  
10 COUNTY'S MIS may result in financial and/or service denials  
11 and/or disallowances to the CONTRACTOR.
- 12 3. CONTRACTOR must also submit to the COUNTY a signed  
13 Program Integrity Form (PIF) (attached as Exhibit C,  
14 Attachment A) signed by the Director or authorized designee of  
15 the CONTRACTOR organization. This form must be faxed and/or  
16 emailed (PDF format only) to the COUNTY at (951) 358-4792,  
17 and/or emailed to [ELMR\\_PIF@rcmhd.org](mailto:ELMR_PIF@rcmhd.org). The CONTRACTOR  
18 PIF form must be received by the COUNTY via fax and/or email  
19 for the prior month no later than 5:00 p.m. on the fifth (5<sup>th</sup>)  
20 calendar day of the current month.
- 21 4. Services entered into the MIS more than 60 calendar days after  
22 the date of service without prior approval by the COUNTY may  
23 result in financial and/or service denials and/or disallowances to  
24 the CONTRACTOR.
- 25 5. In addition to entering all service-related data into the COUNTY'S  
26 MIS and the submission of a signed Program Integrity Form (PIF),  
27 contracts reimbursed based on a Schedule K as specified in  
28 Paragraph A-1 above are required to submit a monthly invoice for  
the actual cost of services provided, per expenditure category, as  
identified on Schedule K.

1 6. Failure by the CONTRACTOR to enter and approve all applicable  
2 services into the MIS for the applicable month, faxing and/or e-  
3 mailing the signed PIF, and when applicable, faxing and/or e-  
4 mailing the actual cost invoice, will delay payment to the  
5 CONTRACTOR until the required documents as outlined herein  
6 are provided.

7 5. CONTRACTOR shall work with their respective COUNTY Regions or  
8 Programs to generate a monthly invoice for payment through the MIS  
9 batching process.

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

13 7. In order to ensure that CONTRACTOR will receive reimbursement for  
14 services rendered under this Agreement, CONTRACTOR shall be  
15 responsible for notifying Medi-Cal if at any time CONTRACTOR  
16 discovers or is made aware that client Medicare and/or Insurance  
17 coverage has been terminated or otherwise is not in effect.  
18 CONTRACTOR shall provide COUNTY with a print screen from the  
19 Medi-Cal eligibility website indicating the Medicare and/or Insurance  
20 coverage has been removed within ten (10) days of termination request.  
21 CONTRACTOR shall include their name and the comment  
22 "Medicare/OHC Termed" on the documentation provided to the  
23 COUNTY.

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

28 J. 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

1 statement and applicable supporting documentation to reconcile to the  
2 Cost Report within one of the length of times as follows and as indicated  
3 below by an "X":

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

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

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

- 13 2. The Cost Report shall detail the actual cost of services provided. The  
14 Cost Report shall be provided in the format and on forms provided by the  
15 COUNTY.
- 16 3. CONTRACTOR shall follow all applicable Federal, State and local  
17 regulations and guidelines to formulate proper cost reports, including but  
18 not limited to OMB-circular A-122 and OMB-circular A-87.
- 19 4. It is mandatory that the CONTRACTOR send one representative to the  
20 COUNTY'S annual cost report training that covers the preparation of the  
21 year-end Cost Report. The COUNTY will notify CONTRACTOR of the  
22 date(s) and time(s) of the training. Annual attendance at the training is  
23 mandatory in order to ensure that the Cost Reports are completed  
24 appropriately. Failure to attend this training will result in delay of any  
25 reimbursements to the CONTRACTOR.
- 26 5. CONTRACTOR will be notified in writing by COUNTY, if the Cost  
27 Report has not been received within the specified length of time as  
28 indicated in Section I, 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

1 deadlines or extensions will immediately result in the withholding of  
2 future monthly reimbursements.

- 3 6. The Cost Report shall serve as the basis for year-end settlement to  
4 CONTRACTOR including a reconciliation and adjustment of all  
5 payments made to CONTRACTOR and all revenue received by  
6 CONTRACTOR. Any payments made in excess of Cost Report  
7 settlement shall be repaid upon demand, or will be deducted from the  
8 next payment to CONTRACTOR.
- 9 7. All current and future payments to CONTRACTOR will be withheld by  
10 the COUNTY until all final, current and prior year Cost Report(s) have  
11 been reconciled, settled and signed by CONTRACTOR, and received  
12 and approved by the COUNTY.
- 13 8. CONTRACTOR shall report Actual Costs separately, if deemed  
14 applicable and as per CONTRACTOR'S Schedule I, to provide  
15 Agreement Client Ancillary Services, Prescriptions, Health Maintenance  
16 Costs, and Flexible funding costs under this Agreement on the annual  
17 cost report. Where deemed applicable, Actual Costs for ~~Indirect~~  
Administrative Expenses shall not exceed the percentage of cost as  
submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

18 K. BANKRUPTCY:

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

25 L. AUDITS:

- 26 1. CONTRACTOR agrees that any duly authorized representative of the  
27 Federal Government, the State or COUNTY shall have the right to  
28 audit, inspect, excerpt, copy or transcribe any pertinent records and



1 documentation relating to this Agreement or previous Agreements in  
2 previous years.

- 3 2. If this Agreement is terminated in accordance with Section XXVII,  
4 TERMINATION PROVISIONS, the COUNTY, Federal and/or State  
5 governments may conduct a final audit of the CONTRACTOR. Final  
6 reimbursement to CONTRACTOR by COUNTY shall not be made until  
7 all audit results are known and all accounts are reconciled. Revenue  
8 collected by CONTRACTOR during this period for services provided  
9 under the terms of this Agreement will be regarded as revenue received  
10 and deducted as such from the final reimbursement claim.
- 11 3. Any audit exception resulting from an audit conducted by any duly  
12 authorized representative of the Federal Government, the State or  
13 COUNTY shall be the sole responsibility of the CONTRACTOR. Any  
14 audit disallowance adjustments shall be paid in full upon demand or  
15 withheld at the discretion of the Director of Mental Health against  
16 amounts due under this Agreement or Agreement(s) in subsequent  
17 years.
- 18 4. The COUNTY will conduct Program Monitoring Review and/or Contract  
19 Monitoring Team Review (CMT). Upon completion of monitoring,  
20 CONTRACTOR will be mailed a report summarizing the results of the  
21 site visit. If and when necessary, a corrective Action Plan will be  
22 submitted by CONTRACTOR within thirty (30) calendar days of receipt  
23 of the report. CONTRACTOR'S failure to respond within thirty (30)  
24 calendar days will result in withholding of all payment until the corrective  
25 plan of action is received. CONTRACTOR'S response shall identify time  
26 frames for implementing the corrective action. Failure to provide  
27 adequate response or documentation for this or subsequent year's  
28 Agreements may result in Agreement payment withholding and/or a  
disallowance to be paid in full upon demand.

1 M. TRAINING:

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

10 Rev. 15/16

COUNTY OF RIVERSIDE  
DEPARTMENT OF MENTAL HEALTH  
SCHEDULE I  
FY 2015/2016

CONTRACT PROVIDER NAME: **TELECARE CORPORATION**

FISCAL YEAR: 2015/2016

REGION	CRISIS HOSPITAL	REVISION	5/22/2015
MONTHLY REIMBURSEMENT	NEGOTIATED RATE		
YEAR END SETTLEMENT	ACTUAL COST		
DEPT ID / PROGRAM:	4100206286-74750-530280, 530580 & 530600	SYSTEM RU NUMBER:	33MWFA & 33MWFA

SYSTEM RU #	33MWFA	33MWFA	33MWFA		33MWFA	33MWFA	33MWFA	33MWFA	33MWFA	33MWFA	33MWFA	33MWFA	
TYPE OF MODALITY	Case Mgmt	Case Mgmt (Non-billable)	Collateral & Individual Therapy	Collateral & Individual Therapy (Non- billable)	Assessment/ Psychological Evaluation	Assessment/ Psychological Evaluation (Non- billable)	Medication Support/E&M Evaluation	Crisis Intervention	Crisis Intervention (Non-billable)	Flexible Funding - Housing Support	Flexible Funding Flexible Support	Medications	TOTAL
	520, 590	529NB	90846NF, 90832IT, 90834IT, 93837IT, 90847F, 90847NF, 360, 363, 90853G	419NB, 429NB, 449NB, 369NB, 379NB	90794AI, 9610I	339NB, 319NB	99212MD, 99212MT, 99212NF, 99213MD, 99212MT, 99213NF, 99214I, 99214MD, 99214MT, 99214NF, 99215MD, 99215MT, 99215NF	90839CI	409NB				
MODE OF SERVICE:	15	15	15	15	15	15	15	15	15	N/A	N/A	N/A	
SERVICE FUNCTION:	01	01	10/40/45/50	10/40/45/50	30	30	60	70	70	N/A	N/A	N/A	
UNIT REIMBURSEMENT	Minute	Minute	Minute	Minute	Minute	Minute	Minute	Minute	Minute	Actual cost	Actual cost	Actual cost	
COUNTY MAX ALLOWABLE RATE	\$2.02	\$2.02	\$2.61	\$2.61	\$2.61	\$2.61	\$4.82	\$3.88	\$3.88	N/A	N/A	N/A	
NUMBER OF UNITS:	34,571	8,643	304,724	76,181	32,942	8,235	104,675	4,236	1,059	N/A	N/A	N/A	575,266
MEDI-CAL COST PER UNIT:	\$1.93	\$1.93	\$2.49	\$2.49	\$2.49	\$2.49	\$4.61	\$3.71	\$3.71	N/A	N/A	N/A	
PROGRAM COST	\$66,725	\$16,681	\$759,930	\$189,982	\$82,152	\$20,537	\$482,075	\$15,706	\$3,926	\$12,500	\$24,369	\$3,781	\$1,678,366
OPERATING INCOME/PROFIT	\$3,108	\$777	\$35,400	\$8,850	\$3,827	\$957	\$22,456	\$732	\$183	\$0	\$0	\$0	\$76,289
GROSS COST:	\$69,834	\$17,458	\$795,330	\$198,832	\$85,979	\$21,494	\$504,531	\$16,437	\$4,109	\$12,500	\$24,369	\$3,781	\$1,754,655
INTERIM REIMBURSEMENT RATE	\$2.02	\$2.02	\$2.61	\$2.61	\$2.61	\$2.61	\$4.82	\$3.88	\$3.88	\$0.00	\$0.00	\$0.00	
LESS REVENUES COLLECTED BY CONTRACTORS:													
A. PATIENT FEES													
B. PATIENT INSURANCE													
C. MEDI-CAL/FFP	\$33,363		\$379,965		\$41,076		\$241,038	\$7,853					\$703,294
D. MEDICARE													
E. MHSA-CSS	\$36,471	\$17,458	\$415,365	\$198,832	\$44,903	\$21,494	\$263,494	\$8,584	\$4,109	\$12,500	\$24,369	\$3,781	\$1,051,361
TOTAL (Sources of Funding)	\$69,834	\$17,458	\$795,330	\$198,832	\$85,979	\$21,494	\$504,531	\$16,437	\$4,109	\$12,500	\$24,369	\$3,781	\$1,754,655

FUNDING SOURCES DOCUMENT

CLIB FY 2014/15

STAFF ANALYST SIGNATURE:

*Kola [Signature]*

DATE:

*6/10/2015*

FISCAL SERVICES SIGNATURE:

*Caroli Mallari*

DATE:

*6/11/15*

ADMINISTRATIVE SERVICES MANAGER SIGNATURE:

DATE:

**CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM**

Billing/Service Period:		Amount Certified:	
DeptID:			
Provider Name:			
Contract Name/Region:			
Service Location (Address):			
RU's Certified:			
Bill Enumerator:			

**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
BATCH #'s: _____