



Subject: : Memorandum of Understanding (MOU) between Riverside County Office on Aging (RCOOA) and Riverside County Department of Mental Health (RCDMH) to Amend Ordinance No. 440 pursuant to Resolution No. 440- 8856 submitted herewith. Caregiver Support Groups

The funding provided by Department of Mental Health will support the *Care Pathways* project which includes targeted outreach and caregiver support with special consideration to bi-lingual or mono-lingual caregivers and caregivers of older adults with dementia in the outlined service area.

The goal of the *Care Pathways* PEI support groups is to reduce the likelihood of caregivers developing mental health problems and having to seek formal mental health services.

There are sufficient funds in the Department of Mental Health Services Act – Prevention and Early Intervention FY 2010/2011 budget for these services. Two (2), part time Office on Aging Program Specialists I positions will assist the program manager in the implementation of this PEI caregiver program, one assigned for Western Region and one assigned for Mid –County Region. Minimum of one Program Specialist I will be qualified bi-lingual. The total annual cost of the program may not exceed \$162,226 and the annual cost for these two part time positions is \$96,639 for FY 2010-2011. The position(s) will be deleted when funds are exhausted, pursuant to Board Policy A-30.

The MOU is effective from July 1, 2010 through June 30, 2011, and may be renewed in one year increments, for up to three additional years, upon mutual, written consent and signatures by both Parties involved, with a completion date of June 30, 2014, subject to the availability of applicable State funds.

No additional county funds are required.

**Office on Aging  
SCHEDULE A-FY 10/11**

Adjusting revenue and appropriations:

**INCREASED ESTIMATED REVENUE:**

21450-5300100000-781360	Other Misc. Revenue	Total: 162,226
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**INCREASE APPROPRIATIONS:**

21450-5300100000-510040	Regular Salaries	64,192
21450-5300100000-518100	Budgeted Benefits	32,447
21450-5300100000-523700	Office Supplies	4,657
21450-5300100000-523760	Postage-Mailing	800
21450-5300100000-525440	Professional Services	23,880
21450-5300100000-526420	Advertising	5,000
21450-5300100000-527780	Special Program Expenses	16,900
21450-5300100000-527880	Training-Other	5,250
21450-5300100000-529040	Private Mileage Reimbursement	9,100
		=====
	Total	162,226

Schedule A: : Memorandum of Understanding (MOU) between Riverside County Office on Aging (RCOOA) and Riverside County Department of Mental Health (RCDMH) to Amend Ordinance No. 440 pursuant to Resolution No. 440- 8856 submitted herewith. Caregiver Support Groups

1 RESOLUTION NO. 440-8856

2  
3 BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in  
4 regular session assembled on January 25, 2011, that pursuant to Section 4(a)(ii) of  
5 Ordinance No. 440, the Director of Senior Service Systems is authorized to make the following listed  
6 change(s), operative on the date of approval, as follows:

7 Job			
<u>Code</u>	<u>+/-</u>	<u>Department ID</u>	<u>Class Title</u>
8 74090	+ 2	5300100000	Office on Aging Program Specialist I

9  
10 ROLL CALL:

11 Ayes: Buster, Stone, Benoit, and Ashley  
12 Nays: None  
13 Absent: Tavaglione

14 The foregoing is certified to be a true copy of a resolution duly  
15 adopted by said Board of Supervisors on the date therein set forth.

16 KECIA HARPER-IHEM, Clerk of said Board

17 By: \_\_\_\_\_  
18 Deputy

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21  
22  
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26  
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28  
FORM APPROVED COUNTY COUNSEL  
BY: Neal R. Kipnis DATE

/kc  
12/23/2010  
440 ResolutionsKC

## **MEMORANDUM OF UNDERSTANDING**

**DEPARTMENTS: RIVERSIDE COUNTY,  
DEPARTMENT OF MENTAL HEALTH**

**AND**

**RIVERSIDE COUNTY OFFICE ON AGING**

**TYPE OF SERVICE: PREVENTION AND EARLY INTERVENTION CAREGIVER  
SUPPORT GROUPS**

THIS MEMORANDUM OF UNDERSTANDING, herein after referred to as MOU, is entered into by and between Riverside County Department of Mental Health (hereinafter "RCDMH"), and Riverside County Office on Aging (hereinafter "RCOOA"). RCOOA will provide Prevention and Early Intervention (PEI) caregiver support groups in the Western and Mid-County Regions of Riverside County; and is based on the following representation and statements of purpose:

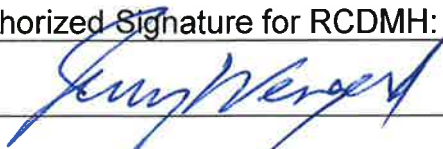
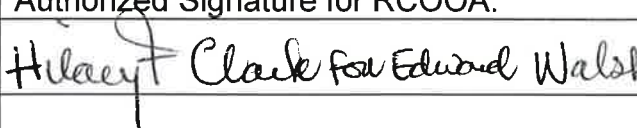
WHEREAS, RCOOA administers the Family Caregiver Support Program (FCSP), through direct services including, but not limited to an existing outreach program that links with over twelve senior centers, community centers or resource centers in these specified target regions. The FCSP currently provides community education presentations that will serve as a venue to identify new caregiver participants; and

WHEREAS, the RCOOA case management program, offered through FCSP has established relationships with six Adult Day Care/Adult Day Health Programs (ADC/ADHC) within the regions. The Adult Day programs provide services to a host of recipients, including targeted populations such as the Latino and Korean communities in the Inland region; and

WHEREAS, the RCOOA has strong relations within the network of Senior and Community Centers and the ADC/ADHC, as well as Inland Caregiver Resource Center, Alzheimer's Association, Inland Regional Center, The Amputee Connection, Blindness Support Services, Community Access Center, the Riverside Medical Clinic Foundation, the Latina Women's Forum, as well as local hospice organizations, home care agencies, county departments and health clinics; and

WHEREAS, the RCDMH, PEI community planning process identified the provision of FCSP as a priority, and is included in the RCDMH PEI plan approved by the state on September 24, 2009; and

NOW, THEREFORE, the RCDMH and RCOOA will enter into a MOU and RCOOA will provide said services in return for monetary compensation, all in accordance with the terms and conditions contained herein, of this MOU as follows:

Authorized Signature for RCDMH: 	Authorized Signature for RCOOA: 
Printed Name of Person Signing: Jerry A. Wengerd	Printed Name of Person Signing: Ed Walsh
Title: Mental Health Director	Title: Office on Aging Director
Address: 4095 County Circle Drive Riverside, California 92503	Address: 6296 Rivercrest Drive # K Riverside, CA 92507
IN WITNESS WHEREOF, the parties hereto have executed this MOU on this ___ day of ___ 2010.	

FORM APPROVED COUNTY COUNSEL  
 BY:  / 7 / 10  
 NEAL R. KIPNIS DATE

## **I. DUTIES AND RESPONSIBILITIES:**

### **A. RCOOA RESPONSIBILITIES.**

1. RCOOA will provide PEI FCSP in the Western (Rubidoux, East-Side Riverside, Casa Blanca and Moreno Valley) and Mid-County Regions (San Jacinto, Lake Elsinore, Perris, Romoland and Winchester) of Riverside County.
2. RCOOA will make targeted outreach efforts and give priority for participation in the support groups to:
  - caregivers of participants in PEI programs
  - caregivers of adults with mental illness
  - caregivers of older adults with dementia
3. Make targeted outreach efforts to the Spanish speaking community and provide support groups to monolingual and/or bilingual caregivers.
4. Caregiver curriculum requirements are identified in Attachment "A"
5. RCOOA will work cooperatively with RCDMH to determine the depression screening tool that will be used and implement the tool once approved by RCDMH.
6. Pilot PEI FCSP in each region for the first cycle of classes in August through December, 2010. The sessions will be held in six (6) week cycles; the class cycles will be identified as Schedule A and Schedule B. In-between Schedule A and Schedule B class cycles, there will be a break of 1 – 3 weeks. During the pilot, one class per week, per region will be operational.
7. After the pilot is complete, RCOOA will provide two (2) group sessions each week, in each region, in distinct locations estimating a total of 96 combined group sessions over the course of the fiscal year.—During the period covered by the MOU, a minimum of 144 individuals will participate in each of the regions.
8. Encourage participants to register over the phone; however walk-ins will be served as long as the class numbers do not exceed the maximum of fifteen participants per group session.
9. Verify caregiver status and have participants sign in for each class.
10. RCOOA may offer specialized topics featured in the months of December and June for workshops.
11. Administer a pre and post test, for depression screening and caregiver burden, to support group attendees during the first and last sessions.
12. Administer a client satisfaction survey developed by RCDMH to each participant at the end of each 12 week cycle.
13. RCOOA will include flexibility to accommodate caregivers throughout the workshop series.
14. Monitor measurement of lost participation. The facilitator of the group will be responsible for follow-up with the participant to encourage attendance

and/or secure a reason for dropping out.

15. Assign codes to track the measurement of lost participation.
16. Record class observations, progress and provide a brief synopsis of the workshops in a narrative format, to accompany required statistical data, reports and the Participant Satisfaction Surveys following each cycle of classes.
17. Provide the class sign in sheets, and the documentation included in #11 and # 12 above to DOHM within two weeks of the conclusion of each cycle of classes.
18. Take the lead role to establish a local coalition within the Inland Empire; thus, strengthening partnerships, enabling the FCSP to identify gaps in service, advocate on behalf the caregiver and coordinate programs to better serve residents of the inland communities.
19. RCOOA will design a flyer, for each region which will be updated as information changes.
20. Market the classes via flyers that will be posted and available for distribution at Community and Senior Centers, Adult Day Care/Adult Day Health Programs Centers (ADC/ADHC) serving the regions outlined, key partners in the care economy, including but not limited to the National Family Caregiver Support Program (NFCSP) contract agencies. Partner physicians will receive flyers for their patients.
21. Post announcements on community bulletin boards in faith based organizations, libraries and health clinics. The RCOOA Info-Van Program will be available and distribute the flyer to senior housing complexes, medical clinics, pharmacies, malls, in rural areas, centralized community meeting places including town hall meetings and store fronts (i.e., in Romoland the Info Van regularly distributes literature in front of the post office). The Info-Van Program, as well as staff from the FCSP, attend and participate in local health fairs and in many community events.
22. Mail flyers quarterly to caregivers residing in the target regions and surrounding communities that have been entered into a data base of family caregivers managed by the RCOOA staff, and updated quarterly. In addition, the flyer will be mailed to newly identified caregivers who call into the RCOOA HelpLink assistance center, throughout the year.
23. RCOOA will translate the flyer into Spanish and distribute it to the Latino communities through partner agencies and physicians offices known to serve Non-English speaking patients.
24. Staff will make announcements (in English and Spanish) at Senior Nutrition sites, as well as other gathering places for seniors and younger family caregivers.
25. RCOOA will work with partners of the Korean community, to inform them about the needs of the caregivers served by RCOOA and avenues for language sensitive appropriate materials will be provided.
26. Staff will outreach to specialized populations including the deaf and hard of hearing through the Model Deaf Community and partner with local



audiologists to disseminate information and services for the hard of hearing.

27. Provide ongoing web announcements posted on [www.riverside.networkofcare.org](http://www.riverside.networkofcare.org) under "Upcoming Caregiver Events" and the RCOOA's website [www.rcaging.org](http://www.rcaging.org).
  28. RCOOA will work with local media outlets, such as local cable television, public access television, as well as with newspaper agencies to advertise quarterly news releases.
  29. RCOOA staff will consist of one (1) Office on Aging Program Specialist II who will oversee operational requirements and monitor outcomes of this initiative. Two (2) permanent, part-time, per diem, and an RCOOA Program Specialist I positions that will provide staff support. A minimum of one (1) Program Specialist I will be qualified bi-lingual.
- B. RCDMH RESPONSIBILITIES.
1. RCDMH staff will work cooperatively with the RCOOA to provide referrals to the support groups of caregivers identified as the priority target populations.
  2. RCDMH will assist in the identification of the depression screening tool and a caregiver burden tool and provide support and technical assistance for administering pre and post testing.
  3. RCDMH will develop a Participant Satisfaction Survey for use by RCOOA.
  4. RCDMH will review and approve all screening tools and surveys used by RCOOA.
  5. RCDMH will provide technical assistance and monitor the program.
  6. Perform a qualitative report to be provided to the support group coordinator after each class cycle.
  7. Reimburse RCOOA for services, products, and other approved expenses as described in Section III.

## II. TERM OF MOU

The period of performance shall be July 1, 2010 until June 30, 2011, and may be renewed in one-year increments, for up to three additional years, upon mutual, written consent and signatures by both Parties involved with a completion date of June 30, 2014.

## III. REIMBURSEMENT/PAYMENT

- A. The RCDMH shall be responsible for reimbursing RCOOA up to the maximum amount of \$162,226 for services performed, products provided and expenses incurred as describe in Attachment "A". RCDMH is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products.
- B. Services provided by RCOOA pursuant to this understanding, shall receive quarterly reimbursement based upon Attachment "B" Budget and Claiming's actual cost breakdown and shall not to exceed the maximum obligation of RCDMH as specified herein.

- C. RCOOA shall submit a quarterly claim, a Journal Entry (JE) Worksheet and invoices copies in accordance with the claiming and JE instructions included in Attachment "B".
- D. In consideration of services provided by RCOOA, RCDMH shall reimburse RCOOA in the amount and manner described in Attachment "C".
- E. Claiming period shall consist of a three (3) calendar month (quarterly) claiming period. All claims must be submitted on a quarterly basis to RCDMH for reimbursement no later than thirty (30) calendar days after the end of each quarter in which the services were provided. If by the 30th calendar day, actual figures are not available, an estimated claim shall be submitted. Upon submission, RCDMH will pay all claims completed and submitted in a timely manner within fifteen (15) days of receipt by RCDMH.
- F. The RCDMH obligation for payment of this MOU beyond the current fiscal year end is contingent upon and limited by the availability of RCDMH funding from which payment can be made. No legal liability on the part of the RCDMH shall arise for payment of services provided beyond June 30 of each calendar year unless funds are made available for such payment. In the event that such funds are not forthcoming for any reason, RCDMH shall immediately notify RCOOA in writing; and this MOU shall be deemed terminated and have no further force and effect.

#### **IV. REALLOCATION OF FUNDS:**

Funds allocated for certain items budgeted and/or regions may be reallocated with verification of adequate funding and with written approval given by the Mental Health Services Act Program Manager prior to the end of either the MOU Period of Performance or Fiscal year.

#### **V. TERMINATION OF THE MOU**

- A. Either party may terminate this MOU immediately upon breach of the MOU by the other party, provided written notice of such breach is given and the notifying Party fails to cure such breach to the reasonable satisfaction of the noticing party within ten (10) days of delivery of the notice of breach, or such extended period as is necessary to cure the breach. Such termination by the noticing party shall be effective at the end of the cure period if no cure has been affected.
- B. This MOU may be terminated without cause by either party upon the giving of thirty (30) days written notice to the other party. In the event RCDMH elects to abandon, indefinitely postpone, or terminate the MOU, RCDMH shall make payment for all services performed up to the date that the written notice was given in a prorated amount.
- C. Additionally, this MOU may be terminated subject to availability of funds provided by MHSA PEI funding. In this event, RCDMH shall notify RCOOA immediately and provide a date of termination.

#### **VII. FINANCIAL RECORDS**

- A. RCOOA shall maintain financial, programmatic, statistical and other supporting records of its operations and financial activities in accordance with State and Federal requirements. All records shall be open to inspection and may be audited by the authorized representatives of RCDMH, and any State and/or

Federal governing agencies.

- B. All financial records, supporting documents, statistical records, and all other records pertaining to the use of the funds provided under this MOU shall be retained collectively by RCDMH and RCOOA for a period of seven (7) years, at a minimum, and shall be made available for audit by County, State or Federal representatives as necessary. In the event of litigation, claim or audit, the records shall be retained until all litigation, claims and audit findings involving the records, have been fully resolved. The seven (7) year period commences upon issuance of certificate of occupancy to RCOOA. Exceptions to the seven (7) year retention period will be made if County, State, and/or Federal laws mandate a longer retention period.

**VIII. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)/CONFIDENTIALITY**

- A. RCDMH and RCOOA in this MOU are subject to all relevant requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191, enacted August 21, 1996, and the laws and regulations promulgated subsequent thereto. RCDMH and RCOOA hereto agree to cooperate in accordance with the terms and intent of this MOU for implementation of relevant law(s) and/or regulation(s) promulgated under this Law. The RCDMH and RCOOA further understands that it shall be in compliance, and shall remain in compliance with the requirements of HIPAA, and the laws and regulations promulgated subsequent hereto, as may be amended from time to time.

All privacy complaints should be referred to:  
Riverside County Dept. of Mental Health  
Attn: Mary Stetkevich  
P.O. Box 7549  
Riverside, CA 92503  
(951) 358-4521

**B. CONFIDENTIALITY**

RCDMH and RCOOA understand to maintain the confidentiality of all mental health and/or substance abuse client information in accordance with all applicable Federal, State and local laws and regulations. RCDMH and RCOOA will ensure that names, addresses, phone numbers, and any other individually identifiable information concerning mental health and/or substance abuse clients and the services they may be receiving are kept confidential. Applicable confidentiality laws include, but may not be limited to, California Welfare & Institution Code, Section 5328 through 5330, inclusive, 45 CFR Section 205.50,42 CFR-Chapter 1-Part 2. The RCDMH will notify the RCDMH Compliance Officer of any breach of applicable confidentiality laws referenced herein.

**IX. ALTERATION OF TERMS AND ENTIRE AGREEMENT**

- A. The body of this MOU along with all incorporated Attachments fully expresses all understandings of the parties concerning all matters covered and shall constitute the total MOU. No addition to, or alteration of, the terms of this MOU, whether by

written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this MOU, which is formally approved and executed by RCDMH and RCOOA.

- B. All notices pertaining to this MOU shall be sent to the following:

Riverside County Department of Mental Health  
Joe Sebastian, Older Adult Manager  
10182 Indiana Avenue  
Riverside, CA 92503  
Tel: 951-358-5293 Fax: 951-358-7312

Riverside County Department of Mental Health  
Janine Moore, MHSA/PEI Coordinator  
P.O. Box 7549  
Riverside, CA 92503  
Tel: 951-358-3941 Fax: 951-358-6924

Riverside County Office on Aging  
Michele Haddock, Deputy Director  
6296 Rivercrest Drive #K  
Riverside, CA 92507  
951-867-3800

**X. AVAILABILITY OF FUNDING**

- A. Funding for this MOU is contingent upon the availability of funds through the Mental Health Service Act/Prevention and Early Intervention from which payment can be made. In addition, this MOU is subject to any additional restrictions, limitations, or conditions enacted by the State of California, which may affect the funding for this project.
- B. No legal liability on the part of RCDMH shall arise for payment of services provided beyond June 30, 2011, unless funds are made available for such performance.

**XI. SUPLANTATION**

- A. According to the California Code of Regulations, Title 9, Division 2, Chapter 14, Section 3410, the MHSA's non-supplant requirements related to county expenditure consist of the following, all of which must be met in order for an expenditure to be eligible for reimbursement under the MHSA.
1. Funds cannot be used to replace other state or county funds required to be used to provide mental health services. Funds must be used on programs that were not in existence in the county at the time of the enactment of MHSA, November 2, 2004, or to expand the capacity of existing services that were being provided at the time of MHSA enactment.

## **XII. MISCELLANEOUS PROVISIONS**

- A. MOU: This MOU shall not be assigned by RCOOA, either in whole or in part, without prior written consent from RCDMH. Any assignment or purported assignment of this MOU by RCOOA without the prior written consent of RCDMH will be deemed void and of no force or effect.
  
- B. LICENSE AND CERTIFICATION: RCDMH and RCOOA verifies upon execution of this MOU, possession of a current and valid license in compliance with any local, State, and Federal laws and will be performed by properly trained and licensed staff. RCOOA warrants and certifies that it shall comply with new, amended, or revised laws, regulations and/or procedures that apply to the performance of this MOU.
  
- C. SEVERABILITY: If any provision in this MOU is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will nevertheless continue in full force without being impaired or invalidated in anyway.

## ATTACHMENT "A" CURRICULUM

The curriculum is organized to cover approximately 12 group sessions. Curriculum will be developed using a variety of resources including literature, booklets, videos and relevant articles specific to the needs of the caregiver. The FCSP offers an extensive library of literature and research material on caregiving and will use these resources to develop the curriculum. The workshop series will be organized into two hour group sessions. The proposal has listed 11 classes. Two of those classes (Legal Issues Related to Caregiving and Communicating in Challenging Situation) may be subdivided and cover 2 group sessions. RCOOA has agreed to add a last session to cover Healthy Lifestyles as suitable to RCDMH. Each participant will receive a copy of the book, The Caregiver Help book-Powerful Tools for Caregiver, published by Legacy Caregiver Services. The topics proposed will include, but will not be limited to the following:

**Goal:** To provide caregivers the opportunity to attend two hour PEI support group sessions that will include psycho-educational curriculum, in a supportive environment.

**A. How to Talk to Your Doctor**

**Objective:** Participants will learn how to effectively communicate with their health care practitioner.

1. Choosing Doctors you can Talk To
2. How Should I Prepare? Getting Ready for an Appointment.
3. What Can I Say? Giving Appropriate Information
4. What Can I Ask?
5. Making Decisions With Your Doctor

**B. Legal Issues Related to Caregiving**

**Objective:** Participants will understand their legal rights and responsibilities as a caregiver.

1. Laws and Policies that Help the Caregivers
  - a. Family Medical Leave Act
  - b. Paid Family Leave
  - c. Community Spouse Resource Allowance
2. Legal and Financial Decision Making
  - a. Durable Power of Attorney
  - b. Wills
  - c. Trusts
  - d. Representatives Payee
  - e. Conservatorship

**C. Preventing Caregiver Burnout**

**Objective:** Participants will be able to identify signs and symptoms of caregiver burnout and will gain knowledge of community resources to alleviate stress.

1. Managing Self Care
2. Taking Care of You
3. Setting Goals and Making Action Plans
4. Problem Solving

## 5. Community Resources

### D. Learning From Our Emotions

**Objective:** Participants will learn about the importance of emotional health and self-help techniques to alleviate emotional stress.

1. What is Depression?
2. Reducing Anxiety, Guilt and Fear
3. Practicing Self-care

### E. Signs of Stress and Stress Reduction Techniques

**Objective:** Participants will be able to identify stressors and challenges related to caregiving and will learn three stress reduction techniques.

1. Factors that Affect Stress
2. Steps to Maintain Health and Avoid Stress
3. Using Techniques that Lower Stress (meditation, breathing for relaxation, humor, journaling, art therapy, music therapy, aromatherapy)

### F. Communicating In Challenging Situations

**Objective:** Participants will gain an understanding of effective communication and its importance in self-care and methods to facilitate positive interaction with the care recipient.

1. Communicating to Take Care of You
  - a. Setting Limits
  - b. Asking for Help
  - c. Criticism
  - d. Frustration and Anger
2. Communicating with Older Adults
  - a. Hearing impaired
  - b. Visually impaired
  - c. Memory Impaired

### G. Taking Charge of Your Health

**Objective:** Participants will learn how emotional health affects their physical health.

1. Healthy Diet, Healthy Weight
2. Staying Active, Staying Healthy
3. Screening for Good Health
4. Channeling Emotions

### H. Managing Medications

**Objective:** Participants will learn to ask the right questions regarding medications, strategies to prevent over medication and the importance of safe medication practices.

1. How to Manage My Medication
2. Importance of a Medication Summary
3. Tips for Safe Medication Practices
4. Proper Medication Disposal

**I. Grieving - a Natural Reaction to Loss**

**Objective:** Participants will gain an understanding of the role grief plays in emotional health and they will learn that there are many different responses to loss.

1. Grieving Your Own Way
2. Anticipatory Grief
3. Tasks of Grieving
4. Grieving Your Losses

**J. Living with Dementia**

**Objective:** Participants will gain an understanding of dementia, safety issues and strategies in dealing with challenging behaviors.

1. Causes of Dementia
2. Family Adjustment – How to Help Yourself
3. Coping with Problem Behaviors
4. Supporting the Care Receiver

**K. Healthy Lifestyles**

**Objective :** To be determined between RCOOA and RCDMH



**ATTACHMENT "B"  
BUDGET AND CLAIMING**

1. This MOU is funded in accordance with the Mental Health Services Act, PEI Plan. RCOOA shall perform duties described in Section 1: Duties and Responsibilities.
2. The MOU maximum reimbursement for the PEI FCSP shall not exceed \$162,226. Reimbursement will be made in accordance with Section III, REIMBURSEMENT/PAYMENT. The cost breakdown is as follows:

<b>ACCOUNT</b>		<b>TOTAL</b>
<b>510000</b>	<b>SALARIES &amp; BENEFITS</b>	
510040	Regular Salaries	64,192
518100	Budgeted Benefits	<u>32,447</u>
	<b>SUB-TOTAL</b>	<b>96,639</b>
	<b>SERVICES &amp; SUPPLIES</b>	
523700	Office Supplies	4,657
523760	Postage-Mailing	800
525440	Professional Services	23,880
526420	Advertising	5,000
527780	Special Program Expense	16,900
527880	Training-Other	5,250
529040	Private Mileage	<u>9,100</u>
	<b>SUB-TOTAL</b>	<b>65,587</b>
	<b>GRAND TOTAL</b>	<b><u>162,226</u></b>

3. RCOOA will provide RCMHD copies of invoices to supplement the Claim Form and JE Worksheet which are to be submitted quarterly for reimbursement/payment.
4. Instructions for JE Worksheet Contractor Payment Request

The Debt Id to be used for reimbursement is 4100221539-74720.

- JE Number: Leave Blank. (This number will be assigned by Oasis at the time JE is processed by MRU.)

In ( ) are the amount of characters required and allowed for description.

Fill in the required information for your department per line needed.

(Required fields are in BOLD.)

- **Business Unit (5)**
- **Account (6)**
- **Fund (5)**
- **Dept ID (10)**
- **Program (5)**
- **Class (10)**
- **Project/Grant (15)**
- **Debit/Credit Amount**
- **Description (30)**
- **Signature of Approved by and Date**

- Prepared by and Phone number.

MRU will process all JE's and will supply other Department with a copy of processed JE.

5. Instructions for Claim Form.

- a. Enter the Date and Dept Id - 4100221539-74720.
- b. Fill in the total claimed amount for each line item in the appropriate quarter claiming period for your department. Prior quarter claims should also be entered.
- c. Contact Information should include name of preparer, position title, phone number and email address.

# ATTACHMENT "B" (cont.) JE WORKSHEET

**COUNTY OF RIVERSIDE  
JOURNAL ENTRY WORKSHEET**

TRANS TYPE: JE      JE DATE: \_\_\_\_\_      FY: 2010/2011

Debit Doc Total	Credit Doc Total
\$0.00	\$0.00

SET ID: RIVCO

Line #	BUS UNIT (5)	ACCOUNT (6)	FUND (5)	DEPT ID (10)	PROGRAM (5)	CLASS (10)	PROJECT/GRANT (15)	DEBIT AMOUNT (+)	CREDIT AMOUNT (-)	DESCRIPTION (30)
1	RIVCO									
2	RIVCO									
3	RIVCO									
4	RIVCO									
5										
6										
7										
8										
9										
10										
11										
12										

CASH DEBIT

CASH CREDIT

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_      APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_  
 PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_      PREPARED BY \_\_\_\_\_ PHONE \_\_\_\_\_

**ATTACHMENT "B" (Cont.)  
SAMPLE CLAIM FORM**

**MEMORANDUM OF UNDERSTANDING  
QUARTERLY CLAIM - FY 2010/2011**

DATE: \_\_\_\_\_

RCOOA  
6296 Rivercrest Drive #K  
Riverside, CA 92507

RCMHD  
Janine Moore, MHSA/PEI Coordinator  
P.O. Box 7549  
Riverside, CA 92503

DEPT ID # \_\_\_\_\_

ACCOUNT	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	BUDGET TOTAL	Remaining Balance
	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT		
<b>SALARIES &amp; BENEFITS</b>						
510040 Regular Salaries					64,192	
518100 Budgeted Benefits					32,447	
<b>SUB-TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>96,639</b>	<b>0</b>

ACCOUNT	1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	BUDGET TOTAL	Remaining Balance
	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT	QUARTER CLAIM AMOUNT		
<b>SERVICES &amp; SUPPLIES</b>						
523700 Office Supplies					4,657	
523760 Postage-Mailing					800	
525440 Professional Services					23,880	
526420 Advertising					5,000	
527780 Special Program Expense					16,900	
527880 Training-Other					5,250	
529040 Private Mileage					9,100	
<b>SUB-TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>65,587</b>	<b>0</b>
<b>GRAND TOTAL</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>162,226</b>	<b>0</b>

**CONTACT INFO:**

**ATTACHMENT "C"**  
**ADDITIONAL FISCAL PROVISIONS**

**A. GENERAL FISCAL PROVISIONS:**

1. Unless otherwise notified by RCDMH, RCOOA claims will be paid by RCDMH fifteen (15) days after the date the claim is received by the applicable RCDMH Program/Region.
2. The final year-end settlement shall be based on the actual allowable cost of services provided; less revenue collected and shall not exceed the maximum obligation of the RCDMH as specified herein.
3. Monthly reimbursements may be withheld at the discretion of the Director or designee due to material non-compliance, including audit disallowances and/or adjustments or disallowances resulting from RCDHM'S Program Monitoring and/or Cost Report process.

**B. REALLOCATION OF FUNDS:**

RCOOA may not, under any circumstances and without prior approval and/or written consent from the Regional Administrator/Program Manager and confirmed by the Supervisor of RCDMH Fiscal Unit, reallocate funds between line item categories as designed in the Attachment B – "Budget and Claiming". Approval shall not exceed the total maximum obligation for the fiscal year.

**A. COST REPORT:**

1. For each fiscal year, or portion thereof, that this MOU is in effect, RCOOA shall provide to RCDMH two (2) copies for each Reporting Unit (RU) number and/or Department Identification (DeptID) number, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within forty-six (46) calendar days following the end of each fiscal year (June 30), the expiration or termination of the MOU, which ever occurs first. The Cost Report shall detail the actual cost of services provided to include staff time accounting. The Cost Report shall be provided in the format and on forms provided by RCDMH. Final payment to RCOOA shall not be made by RCDMH until receipt of a properly prepared Cost Report and shall not exceed the maximum obligation of this MOU.
2. RCOOA shall use OMB-circular A-122 to formulate proper cost allocation methods to distribute cost between RCDMH and non-County programs.
3. RCOOA shall send one representative to the training held by RCDMH regarding preparation of the year-end Cost Report. RCDMH will notify RCOOA of the date and time of the training. Attendance at the training is necessary in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training may result in delay of payment. RCOOA is required to report by maximum obligation type, all expenditures, revenues, and when applicable, units by mode. Detailed instructions on the preparation of the Cost Reports are provided at the training.

4. RCOOA will be notified in writing by RCDMH, if the Cost Report has not been received within forty-six (46) calendar days after the end of RCDMH's Fiscal year. If the Cost Report is not postmarked in the forty-six (46) calendar day time frame, future monthly reimbursements will be withheld until RCDMH is in possession of a completed cost report. Future monthly reimbursements will be withheld if the Cost Report contains errors which are not corrected within ten (10) calendar days of written or verbal notification from RCDMH. Failure to meet any pre-approved deadline extensions will immediately result in the withholding of future monthly reimbursements.
5. A cost report shall be submitted as required by WIC 5718 (c) and shall include a reconciliation of payments to RCOOA and all revenue received by RCOOA.
6. Current and/or future MOU service payments to RCOOA will be withheld by the RCDMH until the year-end Cost Report(s) and/or any other previous year cost report(s) are reconciled, settled and signed by RCOOA, and received and approved by the RCDMH.[S1]

**D. AUDITS:**

1. RCOOA agrees that any duly authorized representative of the Federal Government, the State or RCDMH shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this MOU or previous years' MOU(s).
2. RCDMH will conduct an Annual Program Monitoring. Upon completion of monitoring, RCOOA will be mailed a report summarizing the results of the site visit. A corrective Plan of Action will be submitted by RCOOA within thirty (30) calendar days of receipt of the report. RCOOA'S failure to respond within thirty (30) calendar days will result in withholding of payment until the corrective plan of action is received. RCOOA'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or previous years' MOU(s) may result in MOU payment withholding and/or a disallowance to be paid in full upon demand.
3. Termination in accordance with Section V of the MOU allows RCDMH, Federal and/or State governments to conduct a final audit of RCOOA. Final reimbursement to RCOOA by RCDMH shall not be made until all audit results are known and all accounts are reconciled. Revenue collected by RCOOA during this period for services provided under the terms of this MOU will be regarded as revenue received and deducted as such from the final reimbursement claim.
4. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or RCDMH shall be the responsibility of RCOOA. Any audit disallowance adjustments may be paid in full upon demand or withheld at the discretion of the Director of Mental Health against amounts due under this MOU or MOU(s) in subsequent years.