- Stop all services under this Agreement on the date, and to the extent specified, in the Notice of Termination;
- 2. Continue to provide the same level of care as previously required under the terms of this Agreement until the date of termination;
- 3. If clients are to be transferred to another facility for services, furnish to COUNTY, upon request, all client information and documents deemed necessary by COUNTY to affect an orderly transfer;
- 4. If appropriate, assist COUNTY in effecting the transfer of clients in a manner consistent with the best interest of the clients' welfare;
- 5. Cancel outstanding commitments covering the procurement of materials, supplies, equipment and miscellaneous items. In addition, CONTRACTOR shall exercise all reasonable diligence to accomplish the cancellation of outstanding commitments required by this Agreement, which relate to personal services. With respect to these canceled commitments, the CONTRACTOR agrees to provide a written plan to Director (or his designee within thirty (30) days for settlement of all outstanding liabilities and all claims arising out of such cancellation of commitments. Such plan shall be subject to the approval or ratification of the COUNTY, which approval or ratification shall be final for all purposes of this clause;
- 6. Transfer to COUNTY and deliver in the manner, at the times, and to the extent, if any, as directed by COUNTY, any equipment which, if the Agreement had been completed, would have been required to be furnished to COUNTY; and

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- 7. Take such action as may be necessary, or as COUNTY may direct, for the protection and preservation of the equipment related to this Agreement which is in the possession of CONTRACTOR and in which COUNTY has or may acquire an interest;
- 8. COUNTY shall continue to pay CONTRACTOR at the same rate as previously allowed until the date of termination, as determined by the Notice of Termination.
- I. The CONTRACTOR shall submit a termination claim to COUNTY promptly after receipt of a Notice of Termination, or on expiration of this Agreement as specified in Section II, PERIOD OF PERFORMANCE, but in no event, later than thirty-two (32) days from the effective date thereof, unless an extension, in writing, is granted by the COUNTY.
- J. In instances where the CONTRACTOR'S Agreement is terminated and/or allowed to expire by the COUNTY and not renewed for a subsequent fiscal year, COUNTY reserves the right to enter into settlement talks with the CONTRACTOR in order to resolve any remaining and/or outstanding contractual issues, including but not limited to, financials, services, billing, cost report, etc. In such instances of settlement and/or litigation, CONTRACTOR will be solely responsible for associated costs for their organizations' legal process pertaining to these matters including, but not limited to, legal fees, documentation copies, and legal representatives. CONTRACTOR further understands that if settlement agreements are entered into in association with this Agreement, the COUNTY reserves the right

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to collect interest on any outstanding amount that is owed by the CONTRACTOR back to the COUNTY at a rate of no less than 5% of the balance.

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

XXVIII

DISPUTE:

In the event of a dispute between a designee of the DIRECTOR and the CONTRACTOR over the execution of the terms of this Agreement, the quality of patient services being rendered, and/or the withholding of CONTRACTOR'S payments due to instances such as material non-compliance or audit disallowances or both, the CONTRACTOR may file a written protest with the appropriate Program/Regional Administrator of the COUNTY. CONTRACTOR shall continue with the responsibilities under this Agreement during any dispute. The Program/Regional Administrator shall respond to the CONTRACTOR in writing within ten (10) working days. If the CONTRACTOR is dissatisfied with the Program/Regional Administrator's response, the CONTRACTOR may file successive written protests up through the Department of Mental Health's administrative levels of Assistant Director, and (finally) DIRECTOR. Each administrative level shall have twenty (20) working days to respond in writing to the CONTRACTOR. The DIRECTOR will have the final authority to rescind, modify or uphold the finding/decision.

XXIX

SEVERABILITY:

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

XXX

VENUE:

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

XXXI

NOTICES:

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

CONTRACTOR:

COUNTY:

RECOVERY INNOVATIONS, INC. ATTENTION: EUGENE JOHNSON, PRESIDENT AND CEO 2701 NORTH 16TH STREET, SUITE 316 PHOENIX, AZ 85006 RIVERSIDE COUNTY BOARD OF SUPERVISORS 4080 LEMON STREET RIVERSIDE, CA 92501

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			되다. 이 경험 및 다입니다.	나는 사람들은 아이들이 살아갔다.	
		그는 병사가 되었다고 있다.	시청요 - '첫 '소시' (하네요		여행이 그녀를 하다.
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INFORMATIONAL COPY TO: RIVERSIDE COUNTY DEPARTMENT OF MENTAL HEALTH P.O. BOX 7549 RIVERSIDE, CA 92513-7549 ATTENTION: PROGRAM SUPPORT

XXXII

MEETINGS:

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

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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

Submitted By:			Date:	. 하는 의 그를 웃으고 하늘 하다
Supervisor's Name:			Supervis	sor Phone #:
Contracting Provider Name:				☐ Facility ☐ Provider
Registration Date:		Federal Tax ID #:		☐ In Network ☐ Out of Network
Funding Source: Mental Health		Location:		그리는 사람들은 하지 않아야 하고 있다. 그렇게 되었다.
				
Primary Mailing Address Street: City: State:	Zip	county:		Telephone: Office Fax #:
City: State:				
City: State: Billing Address Street: City: State:	Zip			
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기계의 현실 기계의 교육 - 교육 기계				

Department of Mental Health – Management Information Services Support Desk – (951) 358-4530 COMPUTER ACCOUNT REQUEST FORM – MENTAL HEALTH CONTRACTORS

	Performing Provider's Name:	Contracti	ing Provider:		
5	Discipline: <select discipline=""></select>	Category	(See Attached Sheet):		
CALPIN	Categories for Coverage (See Attached Sheet):	Phone:	☐ No Direct Billable Services		
5	Physical Address: City: State: Zip:		NPI: Medicare PIN: Taxonomy Code:		
	Staff License #:		License Renewal Date:		
	E-mail Address:	Gender:	<select gender=""></select>		
	Registration Start Date:	Registrat	tion End Date:		
MSC	DOB:	License :	Type: <select></select>		
ž	License State:	License	Expiration Date:		
	License Data Verified By:	License I	Data Verification Source:		
	Program/ RU#(s):				
	Performing Provider's Name:	Contract	ing Provider:		
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CALPM	Categories for Coverage (See Attached Sheet):	Phone:	☐ No Direct Billable Services		
5	Physical Address: City: State: Zip:		NPI: Medicare PIN: Taxonomy Code:		
	Staff License #:		License Renewal Date:		
	E-mail Address:	Gender:	<select gender=""></select>		
	Registration Start Date:	Registra	tion End Date:		
MSO	DOB:	License	Type: <select></select>		
ž	License State:	License	Expiration Date:		
i. Tr	License Data Verified By:	License	Data Verification Source:		
A .	Program/ RU#(s):				
******	Performing Provider's Name:	Contract	ting Provider:		
Σ	Discipline: <select discipline=""></select>	Category	y (See Attached Sheet):		
CALP	Categories for Coverage (See Attached Sheet):	Phone			
ర్	Physical Address: City: State: Zip:		NPI: Medicare PIN: Taxonomy Code:		
	Staff License #:		License Renewal Date:		
	E-mail Address:	Gender	: <select gender=""></select>		
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				그리아 시간에 가게 먹어 없는데
그 심하면 하네가 하시다.				교육 사건이 당기를 교육하다.
그램 살았다는 그렇게 얼마다				가지 그랑 아이들은 말을 하나왔
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			이 살이다고 하는 수들은 해를 보았다.	그 마르네양했다. 그러면 다
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			되는다. 이 교육에서 되었다면서	보존되었다는 시작들이 하였다.
				그리고 하고 말이 없어서 그래?
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		하기 세계들이 되었습니다.		나는 마련하는 사람들이 가는 보면
		내 보다 활동을 걸었다.		기상 이 전투에 하는 것이다. 그 그 것
				그렇게 되게 말았다면 하게 되었다.
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				[일본 이 자리 유럽 것이 바라는 모임된
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				아이아이 이렇게 됐다.
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	된 이 그 지어를 통합하다. 이렇게			이 가는 걸리 하다.
	살이 그게 이 그렇게 되었습니다			그래요요 하는 아이를 하셨다면 하다
		그렇게 하는 것이 없는 것이 없었다.		
				그리 얼마 생기가 되고 있습니다. 내
			맛있다. 이번 전속하다 하다는 그 날이다.	그 왕이는 이 생생들이 나왔다고 있다.
				이 경기가 있다. 함께 모르다
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			등원 시네가 들어 하게 모양되었다	하시는 함께 걸리 취임을 받았
				그림, 얼마나 안 됐는 일반
			이 이 시간은 살았다. 그를 더렇다.	
	아이들 것으로 보는 사람이 되었다. 1908년 - 1일 전기			
			그래요 이 관측들이 작은 작은 호수를	
				그림은 경기가 있는 사람들이다.
			얼마 회사회 사람들이 되었다. 이상 최	

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 II

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 - PPPS (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/PsvD

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

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				그렇는 얼마나를 하는 것이다.	
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				나, 그로 나는 하셨습니까? 다음,	[24] [24] [16] [4] [4] [4] [4]
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					얼마() 하네요. 그리고 이 집
					보이 있는 이사의 상태를 가는 것이다.
				요 하네 하게 그는 그렇게 하는데.	병생 미니라면 되는데 그 이 없다
					반발으로 하고를 들어 모습니다
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					도 그래가 살이 뭐으라 다
				이 하는 말로 걸려왔습니다. 그 나는	
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CN CONTRACTOR OF THE CONTRACTOR					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

EXHIBIT A – SCOPE OF WORK

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CONTRACTOR NAME:

RECOVERY INNOVATIONS, INC.

RIVERSIDE PERMANENT HOUSING PROGRAM (THE PLACE)

DEPARTMENT I.D.:

4100217281.74750

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Recovery Innovations, Inc., hereinafter referred to as CONTRACTOR, shall provide to the Riverside County Department of Mental Health, hereinafter referred to as COUNTY, a peer-to-peer engagement and support program for persons who are chronically homeless and whose ability to maintain housing is severely impaired or influenced by a serious mental health disorder, including co-occurring substance abuse disorders. Services will be provided to Transition Age Youth (18-25), Adults (18-59) and/or Older Adults (60+) in the county Western Regional service area who are considered to be "hard-to-reach" homeless persons with a severe mental illness, who have been residing primarily in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings and have been unable or unwilling to participate in supportive services.

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CONTRACTOR shall provide the following:

- 18 1. Provide services at the Riverside Permanent Housing facility, known as "The Place", located at 2800 Hulen Place, Riverside, CA 92507.
 - The CONTRACTOR shall provide food, bathroom and access to laundry facilities. Supportive services shall include peer-to-peer outreach, engagement and wellness and recovery based role modeling and support.
 - 3. Drop-in center guest shall be offered linkage to community recourses and be provided referrals to the appropriate program/services.
 - 4. The structure of the permanent residential component of the program will consist of a) 24-hour residence for an unspecified duration (no limit on length of stay); b) semi-private sleeping accommodations; c) common use of kitchen facilities, dining rooms, and bathrooms; d) social services and referrals within a non-intrusive, low demand environment; and e) an overnight occupancy limited to 25 persons.
 - 5. The structure of the non-residential component of the program that will consist of a) drop-in center where food, bathroom/showers, and laundry facilities will be provided only to the intended service

- population on a drop-in basis; and 2) social services and referrals within a non-intrusive, low demand environment.
- 6. Gender-separated semi-private sleeping accommodations and gender-separated bathrooms, common laundry area, kitchen facility, dining room, and recreational area for television, movies, games, and other recreational activities, front desk/monitoring, and staff offices dispersed throughout the building.
- 7. A welcoming and culturally competent outreach, engagement and support to Safehaven guests and residents. Shall have the ability to serve monolingual Spanish speaking consumers, and have a plan to provide interpretation services to guests/residents that are monolingual in other languages.
- 8. Provide provisional clinical assessments to explore program eligibility and to provide consultation and support to program staff. The expectation is that, the program's clinical staff person is able to conduct a baseline assessment to determine if the drop-in center guest is likely to be eligible for COUNTY mental health services. COUNTY or its designated agreement provider will provide a diagnostic clinical assessment. CONTRACTOR will be expected to work very closely with Department Full Service Partnership (FSP) program providers as a joint partnership to develop protocols regarding assessments, referrals, linkages, emergency services, etc. Wellness and Recovery based activities that are community building, and support that empower Safehaven guests and permanent housing residents to believe in, and work toward, self-sufficiency in a low-demand setting.
- Provide clinical assessments to determine program eligibility as defined in the Housing and Urban Development (HUD)-McKinney-Vento Act, Sec. 11302, General Definition of Homeless Individual, and to provide consultation and support to program providers.
- 10. Provide Wellness and Recovery based activities that are community building and supportive that empowers Safehaven guests and permanent housing residents to believe in, and work toward, selfsufficiency in a low-demand setting.
- 11. Provide janitorial maintenance of the facility, incorporating housekeeping life skills instruction and participation for guests and residents. The Department Housing program shall be notified of any building maintenance or repairs that the CONTRACTOR identifies and needed or recommends. Unless it is an emergency need, the CONTRACTOR must obtain Department approval prior to requesting building maintenance from COUNTY Facility Maintenance.

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- 12. Meal planning and preparation of meals that may involve guests and residents and assist them in developing independent life skills.
- 13. Coordination, training and supervision of the use of the laundry and shower facilities.
- 14. Routine linkage of guests successfully engaged in accepting additional services to county contracted Oasis Behavioral Health (Transition Age Youth) FSP County operated Desert Adult FSP, or county operated Older Adult FSP programs or other county mental health or substance abuse programs where guests may be eligible to receive services.
- 15. Provide office space with phones for COUNTY providers to meet privately with Safehaven guests and residents as needed.
- 16. Transportation to local resources (medical, psychiatric, shopping, community agencies) as needed in coordination with Jefferson Wellness Center program staff. Transportation shall be provided in a manner that meets the consumer's needs and must be appropriate to their level of functioning.
- 13 17. Employ peer counselors as the primary on-site provider workforce.
 - 18. Provide ongoing training to staff to continuously improve their skills and ability to achieve the goal of the program. Training will include emergency response, first aid, disaster planning, crisis intervention skills, safety and other topics as defined by COUNTY. COUNTY will work with the provider to identify training topics and make training opportunities available to provider staff through COUNTY. Additionally, COUNTY will seek to develop training, based on resources available, to assist staff in enhancing their skills. CONTRACTOR may request reimbursement for up to 16 hours of paid time for off-site training, per year for each FTE program employee.
 - 19. CONTRACTOR will be expected to work cooperatively with COUNTY, regional community outpatient programs, Crisis/Inpatient programs, COUNTY Housing program, and related Drug and Alcohol Treatment Programs, Coachella Valley homeless service agencies and programs and regional law enforcement agencies and other community agencies in order to form an integrated network of care for adults in the mental health system.

STAFFING REQUIREMENTS:

- 1. Maintain staffing patterns that ensure that adequate staff is available for safe and effective program operations. Staff titles and descriptions need to be within the HUD defined and grant approved guidelines. Two staff shall be required to remain awake through the night.
- 2. CONTRACTOR is only allowed to bill the COUNTY for staffing that can be reimbursed back to the COUNTY by HUD. Examples of staffing allowed are as follows:

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1	Operations:
2	1. Operations Manager
3	2. Facility Manager
4	3. Peer Support Specialist
5	4. Peer Counselors
6	3. CONTRACTOR staffing billed to the COUNTY that is determined by the COUNTY to be non-
7	reimbursable will be disallowed and subsequently be charged back to the CONTRACTOR either
8	during the fiscal year or at cost report settlement time. Whichever is acceptable form of
9	reimbursement by the COUNTY.
10	4. CONTRACTOR must adhere to and be knowledgeable of HUD Fair Housing regulations and
11	provide proof of attending training.
12	a. Current administration must provide certificate of training within sixty (60) days of
13	contract renewal.
14	b. New administration must provide certificate of training within sixty (60) days of hire.
15	SUBCONTRACTING:
16	The CONTRACTOR shall not enter into any subcontract with any subcontractor who:
17	1. Is presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily
18	excluded from covered transactions by a federal department or agency.
19	2. Has within a three (3) year period preceding this Agreement been convicted of or had a civil
20	judgment rendered against them for the commission of fraud, or a criminal offense in connection
21	with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction;
22	violation of Federal or State anti-trust status or commission of embezzlement, theft, forgery,
23	bribery, falsification or destruction of records, making false statements, or receiving stolen
24	property;
25	3. Is presently indicated or otherwise criminally or civilly charged by a government entity (Federal,
26	State, or local) with commission of any of the offenses enumerated in the paragraph above; and
27	4. Has within a three (3) year period preceding this Agreement had one or more public transactions
28	(Federal, State, or local) terminated for cause or default.
29	a. The CONTRACTOR shall be as fully responsible for the acts or omissions of its
30	subcontractors, and of persons either directly or indirectly employed by them as for the
31	acts of omissions of persons directly employed by the CONTRACTOR.

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- b. The CONTRACTOR shall insert appropriate clauses in all subcontracts to bind subcontractors to the terms and conditions of this contract insofar as they are applicable to the work of subcontractors.
- c. Nothing contained in this Agreement shall create any contractual relationship between any subcontractor and the County of Riverside, its Agencies, Districts, Special Districts and Departments, their respective directors, officers, Board of Supervisors, elected and appointed officials, employees, agents and representatives.

DOCUMENTATION OF SERVICES:

- CONTRACTOR shall maintain appropriate records documenting all of the services provided to clients as outlined by COUNTY, which will include a monthly report on the number of clients served, total hours of service provided and other demographics as requested by COUNTY. Additionally, the CONTRACTOR shall record services into the HUD web-based Homeless Management Information Systems as required by COUNTY.
- 2. 14 CONTRACTOR and COUNTY's Contract Monitor shall meet at least quarterly to review and 15 discuss the performance and obligations under this Agreement of each party thereto.
- 3. 16 CONTRACTOR shall work collaboratively with the COUNTY to determine if and/or when 17 eviction notice should be give to comply with Fair Housing regulations.
- 4. 18 CONTRACTOR will notify the COUNTY and supply a written report of any adverse incident 19 within twenty-four (24) hours of occurrence.
- 20 5. CONTRACTOR shall advise the COUNTY immediately of any evictions notices, three (3) day 21 or thirty (30) day in compliance with HUD and the Fair Housing.
- 22 6. CONTRACTOR will supply the COUNTY a copy of the eviction notices, three (3) day notice or 23 thirty (30) day notice, within one (1) business day.
- 24 7. CONTRACTOR will supply the COUNTY's Homeless & Housing, Opportunities, Partnerships, 25 and Education (HHOPE) Administration written residence movement notification within twenty-26 four (24) hours.
- 8. 27 CONTRACTOR will notify COUNTY's HHOPE Administration immediately of any participant 28 that has moved out or is missing for a twenty-four (24) hour period.
- 29 9. An Emergency Disaster Plan must be submitted to the COUNTY for approval within sixty (60) 30 days of contract renewal date,

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- a. Emergency Disaster Plan must be readily available to all employees and must be maintained on premises.
- b. Documentation of training and drills must be maintained.
- c. A report of who is residing at the location must be maintained weekly and readily available.
- 10. CONTRACTOR must maintain all appropriate records and reports on site and readily available. FURNISHINGS AND EOUIPMENT:
- . CONTRACTOR shall maintain or ensure that subcontractor, if any, maintains the residential facility and furnishings as required by COUNTY.
 - a. APPROVAL FOR PURCHASE:

CONTRACTOR must receive written approval from the COUNTY Administrative Services Manager prior to purchasing any equipment or furnishings. Any equipment or furnishings not approved by the COUNTY prior to purchase may not be reimbursed to the CONTRACTOR by the COUNTY.

b. OWNERSHIP:

Equipment and furnishings purchased through this Agreement are the property of the COUNTY. Procedures provided by the COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for administrative services to such equipment (e.g. office machine repair) are to be followed. Equipment and supplies purchased with COUNTY funds for individual clients will become the property of the client.

c. INVENTORY:

i. CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings provided to them through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: number of items lost, damaged or stolen during inventory period; date acquired; property description (to include model number); property identification number (if applicable). An updated inventory list shall be provided to the COUNTY on a quarterly basis. Once the COUNTY is in receipt of this list, COUNTY inventory

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- tags will be issued to the CONTRACTOR, and are to be attached to the item as directed.
- ii. A report of damaged, broken or lost items shall be provided to the COUNTY on a monthly basis. This report shall include property description, number of identical items, responsible party who damaged or broke items and date of incident.
- iii. CONTRACTOR is responsible for the replacement of any damaged or lost equipment or supplies when it is determined that the damage/loss was due to CONTRACTOR employee negligence.
- iv. Any equipment valued more that \$100 that becomes damage needs to be reported immediately to COUNTY.
- v. CONTRACTOR shall maintain Vehicle logs for transportation, repairs and routine maintenance.

d. DISPOSAL:

i. Approval must be obtained from the COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from the COUNTY. In addition, the CONTRACTOR shall provide the COUNTY with a monthly report detailing any and all items that have been disposed of during the prior month. Report shall include, description of item, reason for disposal, the date request to dispose of item was submitted to the COUNTY, and the date that written approval to dispose of the item, and indicate if the CONTRACTOR is requesting the COUNTY to replace the item.

e. CAPITAL ASSETS:

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

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ii. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of the COUNTY as determined by the Director or designee: (1) transferred to the COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR's out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

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	EXHIBIT B - MENTAL HEALTH
	LAWS, REGULATIONS AND POLICIES
Se	ervices shall be provided in accordance with policies and procedures as developed
by C	OUNTY and those Federal and State laws, regulations and policies which are
applic	cable to the terms of this AGREEMENT, including but not limited to the following:
Gene	ral Regulations
Gove	rnment Code Section 8350 et. seq. (Drug-Free Workplace Act of 1990)
Gove	rnment Code 26227 (Contracting with County)
Gove	rnment Code 7550 (Reports)
Welfa	are and Institutions Code 5814(b) (Information and Reporting)
Califo	ornia Code of Regulations Title 9 Section 640 (Records)
42 Cc	ode of Federal Regulation 1320d et seq (Data Handling)
Welfa	are and Institutions Code 5608 (Program Monitoring)
Welfa	are and Institutions Code 5751.2 (Staffing)
HIPA	A 1996: Public Law 104-91
http://	/mentalhealth.co.riverside.ca.us
Adult	System of Care
Califo	ornia Welfare and Institutions Code Sections 5689 et seq.
Case	Management/Service Regulations
	ornia Code of Regulations, Title 9, Division 1, Chapters 2, 3, 4, 4.5, 9, 11, 12
	abilitative and Developmental Services)
	are and Institutions Code 5610 to 5613 (Client Service Information Reporting)

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1	Welfare and Institutions Code 5678-79
2	Welfare and Institutions Code 5867 (Maintenance of Effort)
3	42 Code of Federal Regulations 438.608 (Program Integrity Requirements)
4	California Welfare & Institutions Code Sections 5600.4 and 5699.4.
5	Charges and Billing (Financial Regulations)
7	California Welfare and Institutions Code 5651(a)(4), 5664, 5705(b)(3), 5718(c) (Cost
8	Reporting)
9	California Welfare and Institutions Code 5704.5 & 5704.6 (Expenditure Requirements)
10	Government Code 8546.7 (Audits)
11 12	Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
13	Centers for Medicare and Medicaid Services Manual
14	Child Abuse Reporting/Child Support
15	California Penal Code Sections 11164 – 11174.4 et seq.
16	Family Code, Section 5200 (Child Support)
17 18	Children System of Care
19	California Welfare and Institutions Code Section 5880 (Children System of Care)
20	Community Care Facilities
21	California Code of Regulations, Title 22, Division 6 (Social Security, Licensing of
22	Community Care Facilities)
23	Community Residential Treatment Program
25	California Welfare & Institutions Code Sections 5150 to 5152, 5600.2 to 5600.9 and
26	5672 to 5699 (Community Treatment)
27	California Welfare & Institutions Code Section 5670 et seq.
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1	California Code of Regulations, Title 22, Division 6.
2	Confidentiality
3	California Welfare & Institutions Code Section 5328 - 5330
4	California Welfare & Institutions Code Section 5330 (Monetary Penalties)
5	42 CFR 431.300
7	45 CFR Parts 160, 162 and 164 (Standards for Privacy of Individually Identifiable Health
8	Information)
9	45 CFR 205.50
10	Elderly and Dependent Adult Abuse Reporting
11 12	California Welfare & Institutions Code Sections 15600 et seq.
13	Health Care Facilities
14	California Code of Regulations, Title 22, Division 5 (Social Security, Licensing and
15	Certification of Health Facilities, Home Health Agencies, Clinics, and Referral Agencies)
16	Occupational Safety and Health Administration (OHSA) and Cal OHSA
17 18	Homeless Mentally Disabled
19	McKinney-Vento Homeless Assistance Act, 42 USC 11411 (Homeless Services)
20	California Welfare & Institutions Code Section 5680 et seq.
21	Life Support
22	California Welfare & Institutions Code Section 4075 to 4078
23	DMH Letter 03-04 (Health Care Facility Rates)
25	DMH Letter 86-01 (Life Support Supplemental Rate)
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1	Medication Protocol
2	Riverside County Mental Health "Psychotropic Medication Protocols for Children and
3	Adolescents" Publication
4	Riverside County Mental Health "Medication Guidelines" Publication
5	Minors in Health Care Facilities
7	California Welfare & Institutions Code Section 5751.7
8	Negotiated Net Amount and Negotiated Net Agreements
9	California Welfare and Institutions Code Sections 5705 to 5716
10	Non Discrimination
11 12	Americans with Disabilities Act of 1990 (42 U.S.C. Section 12111 et seq.)
13	California Fair Employment and Housing Act, Government Code Section 12900 et seq.
14	California Code of Regulations, Title 2, Section 7285 et seq.
15	Section 504 of the Rehabilitation Act of 1973, 29 USC 794 (Non-Discrimination)
16	Patients Rights
17	California Welfare & Institutions Code Sections 5325 et seq.
19	California Code of Regulations, Title 22, Section 70707
20	Policies
21	California Code of Regulations, Title 9, Section 1810.226 (State Department of Mental
22	Health Plan)
24	Harassment in the Workplace, Board of Supervisors Policy C-25
25	Workplace Violence, Threats and Security, Board of Supervisors Policy C-27
26	County and Departmental policies, as applicable to this Agreement
27	Quality Assurance
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California Welfare & Institutions Code Section 4070 et seq. (Quality Assurance)
Short-Doyle/Medi-Cal
California Code of Regulations, Title 22, Division 3
California Welfare and Institutions Code Sections 5718-5724 (Reimbursement for Menta
Health Services)
Welfare and Institutions Code 5250 (Hearing Procedure)
Welfare and Institutions Code 5332-5337 (Incapacity Hearings)
Welfare and Institutions Code 14132.47 & Department of Health Services and 42 Code
of Federal Regulations (Mental Health Medi-Cal Administrative Activities)
Social Rehabilitation Programs
California Code of Regulations, Title 9, Division 1, Chapter 3, Article 3.5
Special Education Pupils (AB 3632)
California Welfare & Institutions Code Section 18350 et seq.
California Code of Regulations, Title 2, Division 9, Chapter 1
Voter Registration
National Voter Registration Act of 1993
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			그렇게 생활하다 하나 되었다.	
			그 네 네걸까 되었다니다	
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			발생하다 돌아 되면 하셨다면서 뭐 하셨다.	
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EXHIBIT C

REIMBURSEMENT & PAYMENT

CONTRACTOR NAME: Recovery Innovations, Inc.

PROGRAM NAME: Riverside Permanent Housing "The Place"

Riverside Permanent Housing The

DEPARTMENT ID: 4100217281.74750/530280

A. REIMBURSEMENT:

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

Exhibit C

Page C-1 of C-11

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

B. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2014/2015 shall be \$502,028 subject to availability of applicable Federal, State, local and/or COUNTY funds.

C. BUDGET:

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

D. REVENUES:

As applicable:

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 described pursuant to Exhibit A. Such revenues may include but are not limited to, fees for services, private contributions, grants or other

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- CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to the patient(s)/client(s) receiving services(s) and prior to services being billed in order to ensure proper billing of Medi-Cal eligible services for all applicable patient(s)/clients(s).
- 3. Patient/client eligibility for reimbursement from Medi-Cal, Private Insurance, Medicare, or other third party benefits shall be determined by the CONTRACTOR at all times for billing or service purposes. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last resort.
- 4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.
- 5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
- 6. CONTRACTOR is obligated to collect from the client any Medicare coinsurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount (s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount (s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost (s) within seventy two (72) hours (excluding holidays) of

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

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

E. REALLOCATION OF FUNDS:

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

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Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the <u>Agreement Period of Performance</u> or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

In addition, CONTRACTOR may not, under any circumstances and

unless prior written consent and approval is received from COUNTY

- 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 from one Exhibit C to another and/or from one Schedule I to another is also 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 <u>Agreement Period of Performance</u> or fiscal year.

F. RECOGNITION OF FINANCIAL SUPPORT:

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

G. PAYMENT:

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

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27 28 In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow and/or withhold current and/or future payments from CONTRACTOR until valid, substantial proof of any and/or all items billed for is received, verified and approved by the COUNTY.

- 3. In addition to the annual CMT, Program Monitoring, and Cost Report Reconciliation/Settlement processes, the COUNTY reserves the right to perform impromptu CMTs without any prior written or verbal notice, or periodic system service reviews and subsequent deletes and denial monitoring for this Agreement throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and/or inaccurate billing and/or reports. The COUNTY, at its discretion, may withhold and/or offset invoices and/or monthly reimbursements to CONTRACTOR, at any time without prior notification to CONTRACTOR, for service deletes and denials that may occur in association with this Agreement. COUNTY shall notify CONTRACTOR of any such instances of services deletes and denials and subsequent withholds and/or reductions to CONTRACTOR invoices or monthly reimbursements.
- 4. Notwithstanding the provisions of Paragraph G-1 and G-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 (1/12th) monthly basis as specified in Paragraph A-1 above.
 - a. CONTRACTOR will be responsible for entering all service related data into the COUNTY's MIS (i.e. Provider Connect or CalOMS) on a monthly basis and approving their services in the MIS for electronic batching (invoicing) and subsequent payment.
 - b. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) (attached as Exhibit C.

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Attachment A) signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951) 358-4792, and/or emailed to ELMR_PIF@rcmhd.org. The CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) working day of the current month.

- c. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, and faxing and/or emailing the signed PIF, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
- d. CONTRACTOR is required to enter all units of service into the COUNTY'S MIS for the prior month no later than 5:00 p.m. on the fifth (5th) working day of the current month for electronic batching. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
- 5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process. In addition, the COUNTY will work with the CONTRACTOR to access data in the MIS in order for the CONTRACTOR to provide a quarterly report to their designated COUNTY Region/Program describing outcomes, and progress updates and services delivered based upon the Agreement's Exhibit A "Scope of Work."
- 6. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
- 7. In order to insure that CONTRACTOR will receive reimbursement for services rendered under this agreement, CONTRACTOR shall be

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responsible for notifying Medi-Cal if at any time CONTRACTOR discovers or is made aware that client Medicare and/or Insurance coverage has been terminated or otherwise is not in effect.

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

H. COST REPORT:

- 1. For each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY two (2) copies, per each Program Code, an annual Cost Report with an accompanying financial statement and applicable supporting documentation to reconcile to the Cost Report within one of the length of times as follows and as indicated below by an "X":
 - Thirty (30) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - __X__ Forty-five (45) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
 - Seventy-Five (75) calendar days following the end of each fiscal year (June 30th), or the expiration or termination of the Agreement, whichever occurs first.
- The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
- 3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122, OMB-circular A-87, etc.
- 4. It is mandatory that the CONTRACTOR send one representative to the cost report training annually that is held by COUNTY that covers the

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Exhibit C

preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Attendance at the training is mandatory annually in order to ensure that the Cost Reports are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.

- 5. CONTRACTOR will be notified in writing by COUNTY, if the Cost Report has not been received within the specified length of time as indicated in Section H, paragraph 1 above. Future monthly reimbursements will be withheld if the Cost Report contains errors that are not corrected within ten (10) calendar days of written or verbal notification from the COUNTY. Failure to meet any pre-approved deadlines and/or extension will immediately result in the withholding of future monthly reimbursements.
- 6. The Cost Report shall serve as the basis for year-end settlement to CONTRACTOR including a reconciliation and adjustment of all payments made to CONTRACTOR and all revenue received by CONTRACTOR. Any payments made in excess of Cost Report settlement shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
- 7. All current and/or future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year Cost Report(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
- 8. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual 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).

I. BANKRUPTCY:

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

J. <u>AUDITS:</u>

- CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
- 2. If this Agreement is terminated in accordance with Section XXVII, TERMINATION PROVISIONS, the COUNTY, Federal and/or State governments may conduct a final audit of the CONTRACTOR. Final reimbursement to CONTRACTOR by COUNTY shall not be made until all audit results are known and all accounts are reconciled. If applicable, revenue collected by CONTRACTOR during this period for services provided under the terms of this Agreement will be regarded as revenue received and deducted as such from the final reimbursement claim.
- 3. Any audit exception resulting from an audit conducted by any duly authorized representative of the Federal Government, the State or COUNTY shall be the sole responsibility of the CONTRACTOR. Any audit disallowance adjustments shall be paid in full upon demand or withheld at the discretion of the Director of Mental Health against amounts due under this Agreement or Agreement(s) in subsequent years.
- The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the

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If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

K. TRAINING:

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

Rev. 14/15

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Exhibit C

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CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM

DeptID:		Amount Certified:
		
Provider Name:		
Contract Name/Region:		
Service Location (Address):		
RU's Certified:		그 경기 그는 기가 가는 사람이 얼마나 나를 살아갔다.
Bill Enumerator:		생생들은 이 중하고 하되다. (2) (10 11 12 12
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Signature of Authorized Pr	ovider	Printed Name of Authorized Provider
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FY 2014/15 SCHEDULE I MENTAL HEALTH

CONTRACTOR NAME:

RECOVERY INNOVATIONS, INC. - "THE PLACE"

PROGRAM NAME:

HHOPE PROGRAM

DEPT ID/PROGRAM: 4100217281-74750-530280

REGION/POPULATION: HOUSING REGION

MONTHLY REIMBURSMENT: NEGOTIATED RATE

YEAR END SETTLEMENT:

ACTUAL COST

	T			The artists of the second		
TYPE OF MODALITY	Mental Health Promotion/ Community Client Services	Flexible Housing Costs	Client Support Services	Administration	Training	TOTAL
RU#(s):			33MMFH			
MODE OF SERVICE:	45	N/A	N/A	N/A	45	
SERVICE FUNCTION:	10-20	N/A	N/A	N/A	10	-
PROCEDURE CODES:	610NB-620NB	FLXHSE	CLTSUP	KADMIN	760NB	-
UNIT MEASUREMENT:	MINUTES	MINUTES	MINUTES	MINUTES	MINUTES	
NUMBER OF UNITS:	376,071	8,210	38,688	75,259	3,800	
COST PER UNIT:	\$1	\$1	\$1	\$1	\$1	7
GROSS COST:	\$376,071	358,210	\$38,688	\$75,259	\$3,800	\$502,028
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LESS REVENUES COLLECTED BY CONTRACTORS:						
A. PATIENT FEES	\$0	\$0	\$0	\$0	\$0	\$0
B. OTHER	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL CONTRACTOR REVENUES	\$0	\$0	\$0	\$0	\$ 0	\$0
MAXIMUM OBLIGATION	\$376,071	\$8,210	\$38.688	\$75,259	\$3.800	\$502.028
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:	a de la companya de		Andrew St. Av. 14			
A: MEDI/CAL FFP	\$0	\$0	\$0	\$0	\$0	\$0
B: FEDERAL FUNDS	\$280,185	\$6,117	\$28,824	\$56,071	\$2,831	\$374,028
C: REALIGNMENT FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
D: STATE FUNDS	\$95,886	\$2,093	\$9,864	\$19,189	\$969	\$128,001
E: COUNTY FUNDS	\$0	\$0	\$0	\$0	\$0	\$0
F: OTHER:	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL (ALL FUNDING SOURCES)	\$376.071	\$8,210	\$38.688	\$75,259	\$3.800	\$502,028

FUNDING SOURCES DOCUMENT:	CLIB FY 2013/2014		
ADMIN SVCS ANALYST SIGNATURE:	Twanda Seals Access	Date: _	4/1/2014
FISCAL SERVICES SIGNATURE:	CAMIOS GUENTA	Date:	cyleil zeiy
PREPARED BY:	Twanda Seals Administrative Services Analyst II	Date: _	4/1/2014