

**EXHIBIT A
SCOPE OF WORK**

CONTRACTOR NAME: Inland Caregiver Resource Center
PROGRAM NAME: Program to Encourage Active & Rewarding Lives
DEPARTMENT I.D.: 4100221337-74720-536240

CONTRACTOR shall provide the following:

1.1 PROGRAM GOALS AND OBJECTIVES

The primary goals of this program are to reduce the severity of depression and anxiety within this population through the use of an evidence-based prevention and early intervention program for older adults in Riverside County. This will result in increased resiliency, quality of life, and development of coping strategies for program participants. The program will be provided in the home or in other culturally appropriate settings, incorporating the needs of the target population. Activities will be situated primarily in the home or in other de-stigmatizing locations if necessary to increase the likelihood of older adults accessing those activities. The setting(s) for service delivery will not be a traditional Mental Health setting and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for older adults.

The Contractor is expected to utilize targeted outreach to engage older adults by working within the community and collaborating with community organizations, non-profit organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1.2 TARGET POPULATION CRITERIA

The target population to be served is **Older Adults, 60 years and older**, who meet the following criteria:

1.2.1 Older adults with a priority to the following unserved and underserved cultural populations:

- a. Lesbian, Gay, Bisexual, Transgender, Questioning;
- b. Deaf/Hard of Hearing;
- c. Hispanic;

- d. African-American;
- e. Native-American; and/or
- f. Asian/Pacific Islander; and,

1.2.2 Who are experiencing the **first onset** of depression and meet criteria to receive service through PEARLS, an evidence-based practice.

1.3 **GEOGRAPHICAL LOCATION OF SERVICES**

The priority communities identified for the **Western Region** are: Arlanza, East Side Riverside, Casablanca, Jurupa Valley and Moreno Valley. The priority communities identified for the **Mid-County Region** are: Hemet, Homeland, Lake Elsinore, Mead Valley, Nuevo, Perris, Romoland, San Jacinto, Sun City and Winchester. The priority communities identified for the **Desert Region** are: Banning, Cabazon, Cathedral City, Coachella, Desert Hot Springs, Indio, Mecca, North Shore, Palm Springs and Thermal.

1.4 **GENERAL PROGRAM REQUIREMENTS**

CONTRACTOR is expected to work cooperatively with the Riverside University Health System – Behavioral Health (RUHS-BH), senior centers, community organizations, non-profit organizations, social service agencies, and local faith-based organizations to address the needs of the population.

1.4.1 **Facility / Service Site(s)**

- a. Services will be offered primarily in the home of PEARLS participants unless other non-stigmatizing, locations can be agreed upon between the participant and the provider, which may include, but are not limited to, faith-based organizations, libraries, and community centers that are located within the targeted communities.
- b. The facility (if not done in the home) must provide confidential space for individual prevention services.
- c. The facility must be in compliance with any applicable state and local laws and requirements including American with Disabilities Act (ADA).

1.4.2 **Programs**

- a. The evidence-based prevention and early intervention program PEARLS will be utilized to meet the goals identified in this agreement.

- b. Extensive outreach to communities, and the older adult population is required to obtain the participants that are eligible to be enrolled and receive the PEARLS program.
- c. The evidence-based program PEARLS will be provided by a trained PEARLS Counselor who has a Bachelor's Degree in a Social Service field and has knowledge and/or experience with Cognitive Behavioral Therapy principals/techniques.
- d. The PEARLS sessions will primarily be completed in the participant's home unless another, more appropriate, non-stigmatizing location can be negotiated as per the request of the participant.
- e. There will be no charge to the program participants.

1.5 PROGRAM DESCRIPTION

1.5.1. General Program Type

The Program to Encourage Active and Rewarding LiveS (PEARLS) is an evidence-based program designed for people 60 years or older who have minor depression or dysthymia (an ongoing, low-grade depression of two or more years, in which depressive symptoms are present more days than not). PEARLS is an in-home intervention that utilizes an empowering, skill-building approach based on three core elements: problem solving treatment (PST), social and physical activation, and pleasant activity scheduling. These three elements work together to empower participants by encouraging them to engage in behaviors that help them reach their goals of reducing depressive symptoms and improving their overall quality of life. The intervention is delivered in eight (8) face-to-face sessions and is time-limited tapered over a 19 week period. Structured sessions are designed to help participants define and solve their problems, become more socially and physically active, and experience more pleasant activities. Participants will be screened for eligibility prior to beginning the program and ongoing psychiatric consultation regarding participants occurs on a monthly basis. PEARLS provides a concrete, easy-to-learn, and empowering approach to solving problems and reducing depression. Participants are urged to continue with the approach

on their own after the sessions have ended; brief follow up calls by PEARLS facilitators encourage participants and support their transition to continue on their own.

Contractor will be trained in the PEARLS program as coordinated by RUHS-BH and thereafter, will demonstrate model adherence in the implementation of the practice.

It is expected that services will be offered in each of the three regions in the priority communities identified. Approximately 240 participants Countywide, or 80 participants per region, per year, will complete the PEARLS program. Completion is defined as each individual attending and participating 6 out of 8 individual sessions and completion of all outcome measures.

1.5.2. Service Delivery Requirements

Contractor shall ensure that the following service delivery requirements, which include but are not limited to the following, are met:

- a. Services to be provided utilizing the PEARLS model described in Section 1.8 of this agreement.
- b. All PEARLS participants are screened for appropriateness as determined by RUHS-BH program criteria.
- c. Provide specific outreach activities that will engage and target the Older Adult population.
- d. Services to be provided in the participants home or another non-stigmatizing location that the participant and the provider can identify that will allow for the participant to feel comfortable to do the PEARLS sessions.
- e. Contractor will recruit PEARLS Counselors who are reflective of the target populations for which they are providing the program and familiar with Cognitive-Behavioral Therapy techniques.

- f. Contractor will recruit or sub-contract with a psychiatrist for a minimum of 2-4 hours per month to provide clinical supervision and case consultation with PEARLS Counselors.
- g. Collaborative efforts and partnerships are encouraged to meet service delivery requirements.
- h. Contractor will participate in monthly meetings coordinated and facilitated by RUHS-BH related to the implementation of the PEARLS program. These meetings are designed to assist in model adherence and to assist in addressing any potential barriers to the implementation of the EBP.
- i. Contractor will be required to purchase and allow PEARLS Counselors to use electronic audio recording devices for fidelity monitoring purposes.
- j. PEARLS Counselors providing the PEARLS model will submit audio recordings to RUHS – BH staff for fidelity reviews.
- k. PEARLS Counselors are required to participate in bi-weekly Clinical Supervision meetings that are facilitated by a psychiatrist for case consultation.
- l. There will be no charge to program participants.
- m. Comply with Performance Outcome requirements as stated in Section 1.8.
- n. Transportation shall be provided to program participants as needed.

1.5.3. Staffing Responsibilities and Qualifications

Contractor shall ensure that the following staffing requirements, which include, but are not limited to, the following, are met:

- a. Hire staff who are culturally and ethnically representative of the individuals being served.
- b. Ensure the provision of culturally competent services.
- c. PEARLS Counselors, supervisory staff, and psychiatrist must attend and satisfactorily complete the initial training two (2) day PEARLS training which will be coordinated and funded by RUHS-BH. Each

- provider participating in the training will receive any additional materials required by the trainers.
- d. Provide administrative, supervisory, and clerical support for the program.
 - e. Psychiatrist will provide a minimum of 2-4 hours of clinical supervision/case consultation a month to PEARLS Counselors.
 - f. Comply with fidelity measures required by the PEARLS program model.
 - g. Provide outcome measures to all program participants as described in Section 1.8.
 - h. Ensure that all staff, subcontractors and volunteers providing services, interacting with and/or whom have access to clients have undergone criminal records background check and received fingerprint clearance from California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI).
 - i. Ensure that personnel are competent and qualified to provide the services necessary.
 - j. PEARLS is to be provided by a trained **PEARLS Counselor** with a minimum of a Bachelor's degree in the social service field. PEARLS Counselors should have a general understanding of Cognitive-Behavioral Therapy principles, be comfortable doing extensive outreach to locate and screen potential participants as well as conduct the PEARLS sessions in participants homes. PEARLS Counselors will participate in a minimum of 2-4 hours per month in case consultation with psychiatrist regarding caseload.
 - k. Ensure the following job description is filled: **Program Coordinator** who's duties will include but not limited to administrative oversight of the contract, providing clinical supervision to the PEARLS Counselors, ensure that all outreach and referrals are being provided and processed according to the contract, help PEARLS Counselors manage crisis and risk of participants, coordinating case consultation with psychiatrist and PEARLS Counselors, and ensuring all outcome

measures are being completed and turned into RUHS – BH staff on a monthly basis.

- l. All Program Staff will attend a yearly, one (1) day, PEI Summit.
- m. Ensures that the PEARLS program maintains a minimum of 80% fidelity of program components as observed by RUHS-BH staff, and as measured by the use of the EBP fidelity tool. Contractor will comply with findings resulting from the EBP fidelity tool.

1.6 REGULATORY COMPLIANCE

CONTRACTOR shall:

- 1.6.1 Comply with any and all Federal, State or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
- 1.6.2 Participate in the RUHS-BH annual contract monitoring as well as more frequent program reviews. Any associated RUHS-BH Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- 1.6.3 Submit monthly documentation to RUHS-BH as outlined by RUHS-BH.
- 1.6.4 Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.

1.7 DOCUMENTATION OF SERVICES

CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Mental Health Oversight and Accountability Commission and Riverside University Health System-Behavioral Health. These records shall include, but are not limited to:

- a. Maintaining a log of referrals.
- b. Documentation of individuals enrolled and participating in the PEARLS program.

- c. Monthly documentation of each session completed by PEARLS Counselor that will include outcome measures, problem solving worksheets, and session contact notes.
- d. Documentation of outreach recruitment efforts on a monthly basis, which may include but not be limited to date, time, and location of recruitment activities (i.e., community senior centers, churches, etc.).
- e. Monthly contract report, as outlined by RUHS-BH, shall be submitted to RUHS-BH. This monthly report shall summarize contractor activities (time spent doing the PEARLS services) and program costs.
- f. All records maintained by the contractor on behalf of RUHS-BH are the property of RUHS-BH.
- g. Originals of completed outcome measures will be submitted to RUHS - BH. Contractor will keep copies of outcome measures for their records.
- h. Other requirements may be determined as the Prevention and Early Intervention plan is implemented.
- i. Data entry into the County Management Information System, if applicable.

1.8 PERFORMANCE OUTCOMES

Each provider as well as administrative personnel has received the RUHS-BH Research Protocol which includes the outcome measures as well as all other documentation requirements. The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Failure to comply with Performance Outcomes or performance based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS-BH throughout the year.

1.8.1 Goals, Outcome Measurement Tools, and Outcome Expectations:

- a. Upon completing the PEARLS program, Contractor will measure symptoms of depression using the “PHQ-9,” with the expectation of improved symptoms of depression.
- b. Upon completing the PEARLS program, Contractor will measure symptoms of anxiety using the “General Anxiety Disorder – 7,” with the expectation of improved symptoms of anxiety.
- c. Upon completing the PEARLS program, Contractor will measure resiliency and coping strategies using the “Quality of Life Questionnaire,” with the expectation of an increase in resiliency and coping strategies as well as an improvement in overall quality of life.

1.8.2 Performance-Based Criteria:

- a. RUHS - BH shall evaluate the Contractor on three (3) Performance-Based Criteria that measure the Contractor’s performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSA and the PEI plan. These measures assess the agency’s ability to provide the required services and to monitor the quality of the services.
- b. Should there be a change in Federal, State and/or County policies/regulations, RUHS-BH, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.
- c. Contractor staff will participate in monthly meetings coordinated and facilitated by RUHS–BH related to implementation of PEARLS. These meetings are designed to assist in model adherence and in addressing any potential barriers to implementation of the evidence-based practice.

1.8.3 The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
1. CONTRACTOR will provide the PEARLS program to eighty (80) unduplicated individuals in each region. The total number of unduplicated individuals that will complete the program countywide will be 240.	CONTRACTOR will submit all required documentation for each individual participating in the program.	A minimum of eighty (80) unduplicated individuals in each region will complete the PEARLS program. "Completed" is defined as completion of at least 6 out of 8 sessions. "Completion also means that all pre and post measures have been completed for each program participants.
2. CONTRACTOR will administer/complete appropriate outcome measure(s) included in the RUHS-BH Research Protocol.	CONTRACTOR will administer/complete appropriate outcome measures in formats and schedules designated by RUHS-BH.	Outcome measure(s) will be given pre and post and/or at any additional intervals as determined necessary by the evidence-based practice and by RUHS-BH.
3. CONTRACTOR will provide the program in line with the evidence-based program (EBP) guidelines.	Verification of staff training, utilization of EBP manuals, live observation of the program implementation, submission of video/audio recordings of program implementation, and participant focus groups.	100% of participants will receive the program consistent with the program guidelines.

1.9 DISASTER PREPAREDNESS

The CONTRACTOR shall develop and update contingency plans to continue the delivery of services in the event of a man-made or natural disaster. The County expects Contractor to have disaster plan in place and RUHS-BH expects to have it available for review upon request and/or during the contract monitoring visits.

1.10 COUNTY SUPPORT AND TECHNICAL ASSISTANCE

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

EXHIBIT B – MHSA

LAWS, REGULATIONS AND POLICIES

In addition to the statutes and regulations previously referenced in this AGREEMENT, services shall be provided in accordance with policies and procedures as developed by COUNTY as well as those Federal and State laws, regulations and policies applicable to the terms of this AGREEMENT, which may include, but may not be limited to the following specific statutes or relevant sections therein:

FEDERAL

- Drug-Free Workplace Act (DFWA) – 1990
- National Voter Registration Act of 1993
- 42 C.F.R. §438.608 (Program Integrity Requirements)
- McKinney-Vento Homeless Assistance Act, Public Law 101-645 (Homeless Services)
- Trafficking Victims Protection Act (TVPA) of 2000
- 45 C.F.R. § 205.50

STATE

- Mental Health Services – Welfare and Institutions Code § 5000 to 5914
- Laura's Law – Assembly Bill 1367
- The California Child Abuse and Neglect Reporting Act (CANRA) 2013
- Confidentiality of Medical Information Act – Civil Code §§ 56 et seq.
- Senate Bill 35 (SB35), Chapter 505, Statutes of 2012
- Government Code § 26227 (Contracting with County)
- Government Code § 8546.7 (Audits)
- Penal Code §§ 11164-11174.4 et seq. - (Child Abuse and Neglect Reporting)
- Welfare & Institution Code §§ 14705 and 14725
- Welfare & Institution Code §§ 18350 et seq.
- State Department of Health Care Services Publications
- Welfare and Institutions Code 5610 to 5613 (Client Service Information Reporting)
- Welfare and Institutions Code 17608.05 (Maintenance of Effort)
- Uniform Method of Determining Ability to Pay, State Dept. of Mental Health.
- Centers for Medicare and Medicaid Services Manual
- Welfare & Institutions Code §§ 15600 et seq. (Elderly and Dependent Adult Abuse Reporting)
- 2 C.C.R. Division 9, Chapter 1
- DMH Letter 03-04 (Health Care Facility Rates)
- DMH Letter 86-01 (Life Support Supplemental Rate)
- 22 C.C.R. § 70707
- Government Code § 7550 (Reports)
- Welfare and Institutions Code § 14132.47

COUNTY

Behavioral Health Policies

- Code of Ethics – Policy 108
- Cultural Competence – Policy 162
- Confidentiality Guidelines for Family / Social support Network – Policy 206
- Confidentiality / Privacy Disclosure of Individually Identifiable Information – Policy 239
- Health Privacy & Security – Board of Supervisors Policy B-23

- Alcohol and Drug Abuse Policy, Board of Supervisors Policy C-10
- Harassment in the Workplace - Board of Supervisors Policy C-25
- Protected Health Information – Minimum Necessary for Use and Disclosure – Policy 298
- Workplace Violence, Threats and Security - Board of Supervisors Policy C-27
- Riverside County Mental Health Plan
- Riverside County Mental Health Plan Provider Manual
- Riverside County Mental Health “Psychotropic Medication Protocols for Children and Adolescents” Publication
- Riverside County Mental Health “Medication Guidelines” Publication
- County and Departmental policies, as applicable to this Agreement

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: INLAND CAREGIVER RESOURCE CENTER
PROGRAM NAME: PROGRAM TO ENCOURAGE ACTIVE & REWARDING LIVES
DEPARTMENT ID: 4100221337-74720-536240

A. REIMBURSEMENT:

1. In consideration of services provided by CONTRACTOR pursuant to this Agreement, CONTRACTOR shall receive monthly reimbursement based upon the reimbursement type as indicated by an "X" below, and not to exceed the maximum obligation of the COUNTY for the fiscal year as specified herein:
 - The 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.
 - One-twelfth (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
 - Actual Cost, as invoiced by expenditure category specified in Schedule K.
2. CONTRACTOR Schedule I, and Schedule K when applicable, issued by COUNTY for budget purposes is attached hereto and incorporated herein by this reference.
3. The final year-end settlement shall be based upon the final year end settlement type or types as indicated by an "X" below (please mark all that apply). Allowable costs for this Agreement include administrative costs, indirect and operating income as specified in the original Agreement proposal or subsequent negotiations received, made, and/or approved by the COUNTY, and not to exceed 15%.
 - The final year-end settlement for non-Medi-Cal services (only) shall be based upon the actual number of units of service multiplied by the actual allowable cost per unit of service provided; or the Riverside County Maximum Allowable Rate (RCMAR) for Mental Health Services; or customary charges (published rate), whichever is the lowest rate, less revenue collected.
 - The final year-end settlement for Negotiated Rate services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of units of service provided and approved by the COUNTY, less revenue collected for the provision of services.
 - The final year-end settlement for ancillary, start-up or flexible spending categories shall be based on actual allowable cost, less revenue collected.
4. The combined final year-end settlement for all services shall not exceed the maximum obligation of the COUNTY as specified herein, and the applicable maximum reimbursement rates promulgated each year by the COUNTY.

B. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2018/2019 shall be **\$365,532 (w/start-up costs)** subject to availability of applicable Federal, State, local and/or COUNTY funds.

C. BUDGET:

Schedule I, and Schedule K when applicable, presents (for budgetary and planning purposes only) the budget details pursuant to this Agreement. 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. Where applicable, Schedule K contains line item budget by expenditure category.

D. LOCAL MATCH REQUIREMENTS:

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

E. REVENUES:

As applicable:

1. Pursuant to the provisions of Sections 4025, 5717 and 14705 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 funds. All revenues received by CONTRACTOR shall be reported in their annual Cost Report, and shall be used to offset gross cost.
2. CONTRACTOR shall be responsible for checking and confirming Medi-Cal eligibility for its patient(s)/client(s) prior to the patient(s)/client(s) receiving services(s) and prior to providing and billing for services in order to ensure proper billing of Medi-Cal.
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 shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
5. 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.
6. 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.
7. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount (s) with the State. CONTRACTOR is obligated to

attempt to collect the cleared Share of Cost amount (s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost (s) within seventy two (72) hours (excluding holidays) of 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.

8. 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.
9. If and where applicable, CONTRACTOR shall submit to COUNTY, with signed Agreement, a copy of CONTRACTOR'S customary charges (published rates).
10. 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.
11. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

F. REALLOCATION OF FUNDS:

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

Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30th). Approval shall not exceed the maximum obligation.

G. 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 Riverside University Health System - Behavioral Health.

H. PAYMENT:

1. Monthly reimbursements may be withheld and recouped at the discretion of the Director or its designee due to material Agreement non-compliance, including overpayments as well as 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.
2. In addition, if the COUNTY determines that there is any portion (or all) of the CONTRACTOR invoice(s) that cannot be substantiated, verified or proven to be valid in any way for any fiscal year, then the COUNTY reserves the right to disallow payments to CONTRACTOR until proof of any 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 prior notice throughout the fiscal year in order to minimize and prevent COUNTY and CONTRACTOR loss and inaccurate billing/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 H-1 and H-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, or based upon the actual cost invoice by expenditure category, 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 is required to enter all units of service into the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) (**attached as Exhibit C, 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) 358-6868, 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) calendar day of the current month.

- d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed Program Integrity Form (PIF), contracts reimbursed based on a Schedule K as specified in Paragraph A-1 above are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
 - f. Failure by the CONTRACTOR to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF, and when applicable, faxing and/or e-mailing the actual cost invoice, will delay payment to the CONTRACTOR until the required documents as outlined herein are provided.
5. CONTRACTOR shall work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
 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 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.

I. 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.
 - 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.
2. The Cost Report shall detail the actual cost of services provided. The Cost Report shall be provided in the format and on forms provided by the COUNTY.
3. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reports, including but not limited to OMB-circular A-122 and OMB-circular A-87.
4. It is mandatory that the CONTRACTOR send one representative to the COUNTY'S annual cost report training that covers the preparation of the year-end Cost Report. The COUNTY will notify CONTRACTOR of the date(s) and time(s) of the training. Annual attendance at the

training is mandatory 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 extensions 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).

J. BANKRUPTCY:

Within five (5) calendar days of filing for bankruptcy, CONTRACTOR shall notify COUNTY'S Behavioral Health's Fiscal Services Unit, in writing by certified letter with a courtesy copy to the Behavioral 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.

K. AUDITS:

1. CONTRACTOR agrees that any duly authorized representative of the Federal Government, the State or COUNTY shall have the right to audit, inspect, excerpt, copy or transcribe any pertinent records and documentation relating to this Agreement or previous Agreements in previous years.
2. 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. 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 Behavioral Health against amounts due under this Agreement or Agreement(s) in subsequent years.

4. The COUNTY will conduct Program Monitoring Review and/or Contract Monitoring Team Review (CMT). Upon completion of monitoring, CONTRACTOR will be mailed a report summarizing the results of the site visit. If and when necessary, a corrective Action Plan will be submitted by CONTRACTOR within thirty (30) calendar days of receipt of the report. CONTRACTOR'S failure to respond within thirty (30) calendar days will result in withholding of all payments 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.

L. TRAINING:

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.

M. FURNISHINGS AND EQUIPMENT:

1. **OWNERSHIP:** If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by 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.
2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the Annual Cost Report. Once COUNTY is in receipt of this list, COUNTY inventory tags will be issued to CONTRACTOR, and are to be attached to the item as directed.
3. **DISPOSAL:** Approval must be obtained from 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 COUNTY.
4. **CAPITAL ASSETS:**
 - a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by 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 CONTRACTOR'S responsibility to ensure compliance with these requirements.
 - b. 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 COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less 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.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
SCHEDULE K BUDGET WORKSHEET**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	FISCAL YEAR: FY 18/19
PROGRAM NAME: PEARLS	PERFORMANCE PERIOD: July 1, 2018-June 30, 2019
REGION/POPULATION: MHSA PEI - MID COUNTY REGION	MONTHLY REIMBURSEMENT: ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	YEAR END SETTLEMENT: ACTUAL COST

REGION DEPT ID #: 4100221xxx-74720-536240
RU: TBD/MC / VENDOR #: 30169

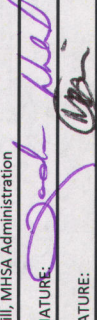
TYPE OF MODALITY: MODE OF SERVICE: SERVICE FUNCTION:	INDIRECT SERVICE CONTRACT		TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
	60	78				
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):						
1. Personnel Expenditures (from Staffing Detail)						
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$27,825		\$13,912	\$13,913	\$0	\$55,650
b. Program Coordinator	\$4,298		\$12,893	\$11,460	\$0	\$28,651
						\$0
2. Operating Expenditures						
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$4,000		\$0	\$0	\$0	\$4,000
b. Translation / Interpreter Services	\$450		\$0	0	0	\$450
c. Staff Travel	\$2,325		\$2,325	2326	0	\$6,976
d. Rent	\$1,200		\$1,200	1200	0	\$3,600
e. Marketing and Printing	\$400		\$1,155	400	0	\$1,955
f. Office Supplies	\$552		\$552	\$552	\$0	\$1,656
h. (Start Up Costs -IF APPLICABLE)						
i. Equipment	\$0		\$0	\$0	\$1,744	\$1,744
j. Facility	\$0		\$0	\$0	\$405	\$405
k. Furnishings / Supplies	\$0		\$0	\$0	\$1,199	\$1,199
l. Other	\$0		\$0	\$0	\$183	\$183
3. Indirect Administrative Expenses						
a. Administrative Cost	\$8,927		\$5,232	\$4,478	\$3,531	\$22,168
	\$6,100		\$4,800	\$4,475	\$0	\$15,375
Total Operating Expenditures	\$6,100		\$4,800	\$4,475	\$0	\$15,375
Total Indirect Administrative Expenses	\$47,150		\$36,837	\$34,326	\$3,531	\$121,844
Total Program Budget	14.86%		14.98%	14.99%	0.00%	
Total Indirect Administrative Expenses % (Not to Exceed 15%)						

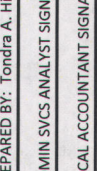
PROGRAM RECRUITMENT
Time spent recruiting participants and educating potential referral sources of participants for the PEI program.

ENGAGEMENT / SCREENING
Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.

START UP COSTS

FUNDING SOURCES DOCUMENT: 2018-2019 MH CLIB Net Funding
PREPARED BY: Tondra A. Hill, MHSA Administration

ADMIN SVCS ANALYST SIGNATURE: 

FISCAL ACCOUNTANT SIGNATURE: 

CONTACT # : (951) 955-7120
DATE: 5-30-18
DATE: 10/14/19

* Staff training will include the following: Two (2) day PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
SCHEDULE K BUDGET WORKSHEET**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	FISCAL YEAR: FY 18/19
PROGRAM NAME: PEARLS	July 1, 2018-June 30,2019
REGION/POPULATION: MHSA PEI - WESTERN REGION	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	ACTUAL COST

REGION DEPT ID #: 4100221xxx-74720-536240
RU: TBDWES / VENDOR #: 30169

TYPE OF MODALITY: MODE OF SERVICE: SERVICE FUNCTION:	INDIRECT SERVICE CONTRACT		TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
	60	78				
1. Personnel Expenditures (from Staffing Detail)						
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$27,825	\$13,912	\$13,912	\$13,913	\$0	\$55,650
b. Program Coordinator	\$4,298	\$12,893	\$12,893	\$11,460	\$0	\$28,651
						\$0
2. Operating Expenditures						
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$4,000	\$0	\$0	\$0	\$0	\$4,000
b. Translation / Interpreter Services	\$450	\$0	\$0	0	0	\$450
c. Staff Travel	\$2,325	\$2,325	2326	2326	0	\$6,976
d. Rent	\$1,200	\$1,200	1200	1200	0	\$3,600
e. Marketing and Printing	\$400	\$1,155	400	400	0	\$1,955
f. Office Supplies	\$552	\$552	552	552	\$0	\$1,656
h. (Start Up Costs -IF APPLICABLE)						
i. Equipment	\$0	\$0	\$0	\$0	\$1,744	\$1,744
j. Facility	\$0	\$0	\$0	\$0	\$405	\$405
k. Furnishings / Supplies	\$0	\$0	\$0	\$0	\$1,199	\$1,199
l. Other	\$0	\$0	\$0	\$0	\$183	\$183
3. Indirect Administrative Expenses						
a. Administrative Cost	\$8,927	\$5,232	\$5,232	\$4,478	\$3,531	\$22,168
	\$6,100	\$4,800	\$4,800	\$4,475	\$0	\$15,375
Total Indirect Administrative Expenses	\$6,100	\$4,800	\$4,800	\$4,475	\$0	\$15,375
Total Program Budget	\$47,150	\$36,837	\$36,837	\$34,326	\$3,531	\$121,844
Total Indirect Administrative Expenses % (Not to Exceed 15%)	14.86%	14.98%	14.98%	14.99%	0.00%	

PROGRAM
Time spent in the delivery of the PEI funded program, including staff time in preparation, travel and documentation. Includes time spent in all trainings for staff and personnel.

PROGRAM RECRUITMENT
Time spent recruiting participants and educating potential referral sources of participants for the PEI program.

ENGAGEMENT / SCREENING
Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.

STARTUP COSTS

FUNDING SOURCES DOCUMENT: 2018-2019 MH CLUB Net Funding
PREPARED BY: Tomdra A. Hill, MHSA Administration

ADMIN SVCS ANALYST SIGNATURE: *[Signature]*
FISCAL ACCOUNTANT SIGNATURE: *[Signature]*

CONTACT #: (951) 955-7120
DATE: 5-30-18
DATE: 6/14/18

* Staff training will include the following: Two (2) day PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/ bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
SCHEDULE K BUDGET WORKSHEET**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	FISCAL YEAR: FY 18/19
PROGRAM NAME: PEARLS	PERFORMANCE PERIOD: July 1, 2018-June 30, 2019
REGION/POPULATION: MHSA PEI - DESERT REGION	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	ACTUAL COST

MONTHLY REIMBURSEMENT: _____
 YEAR END SETTLEMENT: _____
 REGION DEPT ID #: 4100221xxx-74720-536240
 RU: TBDDES / VENDOR #: 30169


TYPE OF MODALITY: MODE OF SERVICE: SERVICE FUNCTION:	INDIRECT SERVICE CONTRACT		TOTAL	TOTAL CONTRACT
	60	78		
1. Personnel Expenditures (from Staffing Detail)				
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$27,825	\$13,912	\$13,913	\$0
b. Program Coordinator	\$4,298	\$12,893	\$11,460	\$0
Total Personnel Expenditures	\$32,123	\$26,805	\$25,373	\$0
2. Operating Expenditures				
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$4,000	\$0	\$0	\$4,000
b. Translation / Interpreter Services	\$450	\$0	0	\$450
c. Staff Travel	\$2,325	\$2,325	2326	0
d. Rent	\$1,200	\$1,200	1200	0
e. Marketing and Printing	\$400	\$1,155	400	0
f. Office Supplies	\$552	\$552	\$552	\$0
h. (Start Up Costs -IF APPLICABLE)				
i. Equipment	\$0	\$0	\$0	\$1,744
j. Facility	\$0	\$0	\$0	\$405
k. Furnishings / Supplies	\$0	\$0	\$0	\$1,199
l. Other	\$0	\$0	\$0	\$183
Total Operating Expenditures	\$8,927	\$5,232	\$4,478	\$3,531
3. Indirect Administrative Expenses				
a. Administrative Cost	\$6,100	\$4,800	\$4,475	\$0
Total Indirect Administrative Expenses	\$6,100	\$4,800	\$4,475	\$0
Total Program Budget	\$47,150	\$36,837	\$34,326	\$3,531
Total Indirect Administrative Expenses % (Not to Exceed 15%)	14.86%	14.98%	14.99%	0.00%

PROGRAM RECRUITMENT
 Time spent recruiting participants and educating potential referral sources of participants for the PEI program.

ENGAGEMENT / SCREENING
 Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.

START UP COSTS

FUNDING SOURCES DOCUMENT: 2018-2019 MH CLUB Net Funding
 PREPARED BY: Tondra A. Hill, MHSA Administration

ADMIN SVCS ANALYST SIGNATURE: 
 FISCAL ACCOUNTANT SIGNATURE: _____

CONTACT #: (951) 955-7120
 DATE: 5-30-18
 DATE: 6/14/18

* Staff training will include the following: Two (2) day PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
Program Integrity Form (PIF) / Invoice**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	INVOICE DATE:	ICRCMC MM/YY
PROGRAM NAME: PEARLS	INVOICE NUMBER:	FY 18/19
REGION/POPULATION: MHSA PEI - MID COUNTY REGION	FISCAL YEAR:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	MONTHLY REIMBURSEMENT:	

REGION DEPT ID #: 4100221337-74720-536240
RU: TBDMC / VENDOR # 30169

TYPE OF MODALITY: MODE OF SERVICE: SERVICE FUNCTION:	INDIRECT SERVICE CONTRACT		TOTAL CONTRACT
	60	78	
HOURS PER CATEGORY DESCRIPTION:	60	78	
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):	PROGRAM Time spent in the delivery of the PEI funded program, including staff time in preparation, travel and documentation. Includes time spent in all trainings for staff and personnel.	PROGRAM RECRUITMENT Time spent recruiting participants and educating potential referral sources of participants for the PEI program.	START UP COSTS
	ENGAGEMENT / SCREENING Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.		
1. Personnel Expenditures (from Staffing Detail)	TOTAL	TOTAL	TOTAL
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$0	\$0	\$0
b. Program Coordinator	\$0	\$0	\$0
2. Operating Expenditures	TOTAL	TOTAL	TOTAL
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$0	\$0	\$0
b. Translation / Interpreter Services	\$0	\$0	\$0
c. Staff Travel	\$0	\$0	\$0
d. Rent	\$0	\$0	\$0
e. Marketing and Printing	\$0	\$0	\$0
f. Office Supplies	\$0	\$0	\$0
h. (Start Up Costs - IF APPLICABLE)			
i. Equipment	\$0	\$0	\$0
j. Facility	\$0	\$0	\$0
k. Furnishings / Supplies	\$0	\$0	\$0
l. Other	\$0	\$0	\$0
3. Indirect Administrative Expenses	TOTAL	TOTAL	TOTAL
a. Administrative Cost	\$0	\$0	\$0
Total Operating Expenditures	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0
TOTAL INVOICE COSTS			\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ DATE: _____
Print Name of Authorized Signer: _____

* Staff training will include the following: Two (2) Jay PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
Program Integrity Form (PIF) / Invoice**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	INVOICE DATE:	ICRWES MM/YY
PROGRAM NAME: PEARLS	INVOICE NUMBER:	FY 18/19
REGION/POPULATION: MHSA PEI - WESTERN REGION	FISCAL YEAR:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	MONTHLY REIMBURSEMENT:	

REGION DEPT ID #: 4100221337-74720-536240
RU: TBDWES / VENDOR # 30169

TYPE OF MODALITY:	INDIRECT SERVICE CONTRACT	
MODE OF SERVICE:	60	60
SERVICE FUNCTION:	78	78
HOURS PER CATEGORY DESCRIPTION:		

PROGRAM	60	78	60	78	TOTAL	TOTAL CONTRACT
<p>PROGRAM Time spent in the delivery of the PEI funded program, including staff time in preparation, travel and documentation. Includes time spent in all trainings for staff and personnel.</p> <p>PROGRAM RECRUITMENT Time spent recruiting participants and educating potential referral sources of participants for the PEI program.</p> <p>ENGAGEMENT / SCREENING Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.</p> <p>START UP COSTS</p>						

**CATEGORY DESCRIPTIONS
(PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):**

1. Personnel Expenditures (from Staffing Detail)	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$0	\$0	\$0	\$0	\$0	\$0
b. Program Coordinator	\$0	\$0	\$0	\$0	\$0	\$0
2. Operating Expenditures	\$0	\$0	\$0	\$0	\$0	\$0
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$0	\$0	\$0	\$0	\$0	\$0
b. Translation / Interpreter Services	\$0	\$0	\$0	\$0	\$0	\$0
c. Staff Travel	\$0	\$0	\$0	\$0	\$0	\$0
d. Rent	\$0	\$0	\$0	\$0	\$0	\$0
e. Marketing and Printing	\$0	\$0	\$0	\$0	\$0	\$0
f. Office Supplies	\$0	\$0	\$0	\$0	\$0	\$0
h. (Start Up Costs -IF APPLICABLE)						
i. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
j. Facility	\$0	\$0	\$0	\$0	\$0	\$0
k. Furnishings / Supplies	\$0	\$0	\$0	\$0	\$0	\$0
l. Other	\$0	\$0	\$0	\$0	\$0	\$0
3. Indirect Administrative Expenses	\$0	\$0	\$0	\$0	\$0	\$0
a. Administrative Cost	\$0	\$0	\$0	\$0	\$0	\$0
Total Indirect Administrative Expenses	\$0	\$0	\$0	\$0	\$0	\$0
Total Program Budget	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVOICE COSTS						\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ **DATE:** _____

Print Name of Authorized Signer: _____

* Staff training will include the following: Two (2) day PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

**Program to Encourage Active and Rewarding Lives (PEARLS) PROGRAM
Program Integrity Form (PIF) / Invoice**

CONTRACT PROVIDER NAME: INLAND CAREGIVER RESOURCE CENTER	INVOICE DATE:	ICRCDES MM/YY
PROGRAM NAME: PEARLS	INVOICE NUMBER:	FY 18/19
REGION/POPULATION: MHSA PEI - DESERT REGION	FISCAL YEAR:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION (REGION): \$121,844 (w/start up)	MONTHLY REIMBURSEMENT:	

REGION DEPT ID #: 4100221337-74720-536240

RU: TBDES / VENDOR # 30169

TYPE OF MODALITY:	INDIRECT SERVICE CONTRACT		TOTAL CONTRACT
	MODE OF SERVICE:	SERVICE FUNCTION:	
HOURS PER CATEGORY DESCRIPTION:	60	78	
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):	PROGRAM Time spent in the delivery of the PEI funded program, including staff time in preparation, travel and documentation. Includes time spent in all trainings for staff and personnel.	PROGRAM RECRUITMENT Time spent recruiting participants and educating potential referral sources of participants for the PEI program.	ENGAGEMENT / SCREENING Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.
1. Personnel Expenditures (from Staffing Detail)	TOTAL	TOTAL	TOTAL
a. PEARLS Counselor(s) - (1.0 FTE per region)	\$0	\$0	\$0
b. Program Coordinator	\$0	\$0	\$0
2. Operating Expenditures	TOTAL	TOTAL	TOTAL
Total Personnel Expenditures	\$0	\$0	\$0
a. Professional Services / Contracts (Psychiatrist @ 2-4 hrs. per month)	\$0	\$0	\$0
b. Translation / Interpreter Services	\$0	\$0	\$0
c. Staff Travel	\$0	\$0	\$0
d. Rent	\$0	\$0	\$0
e. Marketing and Printing	\$0	\$0	\$0
f. Office Supplies	\$0	\$0	\$0
h. (Start Up Costs -IF APPLICABLE)			
i. Equipment	\$0	\$0	\$0
j. Facility	\$0	\$0	\$0
k. Furnishings / Supplies	\$0	\$0	\$0
l. Other	\$0	\$0	\$0
3. Indirect Administrative Expenses	TOTAL	TOTAL	TOTAL
a. Administrative Cost	\$0	\$0	\$0
Total Indirect Administrative Expenses	Total Program Budget	Total Invoice Costs	\$0

I, as an authorized representative of _____, HEREBY CERTIFY under penalty of perjury that the costs billed are true, accurate, correct, and in compliance with the requirements as set forth and established in the contract with the Riverside University Health System-Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State, and/or County laws and/or policies, and were applicable, monthly required database checks are done to confirm identity and to determine exclusion status of officers, board members, employees, associates and agents were conducted.

AUTHORIZED SIGNATURE: _____ DATE: _____

Print Name of Authorized Signer: _____

* Staff training will include the following: Two (2) day PEARLS Training, Bi-weekly Case Consultation w/ Psychiatrist, weekly/bi-weekly clinical supervision, Monthly Fidelity Meetings, Annual PEI Summit and an annual one (1) day Booster Training.

PEARLS

Data Collection Guidelines

OVERVIEW

As part of Riverside University Health System-Behavioral Health (RUHS-BH) Program to Encourage Active, Rewarding Lives for Seniors (PEARLS) implementation, it is important to ensure that program evaluation and outcome data is collected, not only to document the value and efficacy of the program, but also to provide information for learning and program improvement, if needed. Keeping track and collecting information on participation in PEARLS will also provide the necessary information to share with all interested stakeholders.

However detailed, it is necessary to show the impact that these services have on participants. Also, as part of the implementation for PEARLS, it is important to ensure that programs and outcomes are evaluated on a consistent basis. The evaluation of PEARLS will document the success of the program in reducing early on-set depression symptoms and increasing quality of life. The evaluation will also document the number of participants that were assisted by the program, the amount of monthly contacts received, and the overall program satisfaction.

It is extremely important for program staff to use the following guidelines to document participation in the program. All identifying personal information is kept confidential. Specific details on the information to be collected and the "How Tos" are provided on the following pages.

PEARLS

Data collection tool:	Purpose:	How Tos:
<ul style="list-style-type: none"> PEARLS Referral Form 	<ul style="list-style-type: none"> To document and track potential clients and the disposition of their screening. 	<ul style="list-style-type: none"> Participant Packet (Paper Copy) Complete participant packet and document participant demographic information and the source and the final disposition of the referral. <p>ImagineNet Electronic Referral: <i>All client ImagineNet module instructions are found in the PEARLS PEI ImagineNet Training Manual.</i></p> <ul style="list-style-type: none"> Complete and save a "New Client Participant Form" in the electronic PEARLS ImagineNet Module for EACH participant. Complete all REQUIRED information. <ol style="list-style-type: none"> Complete 'Participant Information' section for each client—such as basic demographics such as gender, ethnicity, etc. Complete 'Referral Information' section for each client, including the referral date, party, source, etc. Under the 'Disposition' tab, enter the client's final disposition, date, 'Staff Recording Disposition,' and any additional notes. <i>Final Status</i> section indicates the disposition of that referral.
<ul style="list-style-type: none"> PEARLS Screening Measure (includes PHQ-9 pre-test) 	<ul style="list-style-type: none"> To screen for depression and program eligibility upon initial meeting. This measure includes: Patient Health Questionnaire-9 (PHQ-9), Dysthymia Screen, SMI/ Alcohol Use Guidelines, Memory Cognition Screen. 	<ul style="list-style-type: none"> Steps to administering the PEARLS screening measure: <ol style="list-style-type: none"> Administer the PEARLS screening measure upon initial contact with the consumer. Determine client eligibility by first ensuring that they are not receiving any mental health services through any provider. Next, complete the PHQ-9 to determine if the client has any depressive symptoms that would qualify them to participate. Depending on the scoring criteria range of the participant, continue to the appropriate section on Page 2 (either Dysthymia Screen or SMI/ Alcohol Use instructions). If the consumer is eligible for PEARLS but there is concern regarding their cognitive ability to complete the program, use the Memory Cognition Screen to aid the final decision. <p>Note: ALL Electronic forms must be submitted MONTHLY via ImagineNet by the 10th business day of the following month.</p>

Copies of all forms should be kept on file at the agency. It is required to submit completed forms monthly to RUHS-BH PEI Staff.

PEARLS

Data collection tool:	Purpose:	How Tos:
<p><u>ImagineNet Measures:</u></p> <ul style="list-style-type: none"> • General Anxiety Disorder-7 (GAD-7) 	<ul style="list-style-type: none"> • To identify and measure the severity of any anxiety that the client may be experiencing. 	<ul style="list-style-type: none"> • Complete during the initial screening. This can also serve as the pre-test if the participant enrolls in the program within a week of the screening. <i>If it has been more than a week, re-administer the GAD-7 and PHQ-9 measures during the first home visit. <u>Electronic forms must be submitted MONTHLY via ImagineNet to staff by the 10th business day of the following month.</u></i>
<ul style="list-style-type: none"> • PEARLS Survey (Pre) • PEARLS Survey (Post) 	<ul style="list-style-type: none"> • To assess participants' perceptions of quality of life (QOL), social activity, and general health. In addition, the post-survey includes general program satisfaction. There is no need to complete the Final Questionnaire or Satisfaction Form found in the PEARLS tool kit since certain questions from both have already been incorporated into the post survey. 	<ul style="list-style-type: none"> • Complete the pre-survey at the beginning of the program and the Post-survey at the conclusion of services. <i>Forms must be electronically submitted MONTHLY via ImagineNet by the 10th business day of the following month.</i>
<ul style="list-style-type: none"> • PEARLS Physical Activity Questionnaire • General Anxiety Disorder-7 (GAD-7) (Post) 	<ul style="list-style-type: none"> • To assess participants' amount and level of physical activity. • To identify and measure the severity of any anxiety that the client may be experiencing. 	<ul style="list-style-type: none"> • Complete at the beginning of services (pre-test) and at the conclusion of services (post-test). <i>Forms must be electronically submitted MONTHLY via ImagineNet by the 10th business day of the following month.</i> • Complete the post-test during the conclusion of services. The pre-test is collected at the time of screening or program enrollment. <i>Forms must be electronically submitted MONTHLY via ImagineNet by the 10th business day of the following month.</i>

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PEARLS

Data collection tool:	Purpose:	How Tos:
<ul style="list-style-type: none"> • PHQ-9 (Post) • PEARLS Closing Form • Justification for Missing Performance Measures 	<ul style="list-style-type: none"> • To assess any changes in the participants' level of depression upon program completion. • To record participant termination of services. • To provide an explanation for participants' missing performance measures, document the reason why the measures were not completed, and the attempts made by the Contractor to obtain the missing measures. 	<ul style="list-style-type: none"> • Collect the PHQ-9 each session, but research only needs the pre and post forms. Ensure that the participant completes upon conclusion of services; forward to research. <u>Forms must be electronically submitted MONTHLY via ImagineNet by the 10th business day of the following month.</u> • Complete after participant has concluded services. The closing date should reflect the last date of services for the participant. <u>Forms must be electronically submitted MONTHLY via ImagineNet by the 10th business day of the following month.</u> • Complete this form for any participant with missing performance outcomes. <u>Provide copies of this form to by the 10th business day of the following month after the end of a cycle.</u>

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