

SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM: 3.58  
(ID # 25584)

MEETING DATE:  
Tuesday, August 27, 2024

FROM : RUHS-BEHAVIORAL HEALTH

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Ratify and Approve the Contract Aggregate for FY 2024/2025 and Behavioral Health Agreements for Full-Service Partnership Services for Transitional Age Youth Without Seeking Competitive Bids, All Districts. [\$2,830,000 for FY 2024/2025, Up to \$283,000 in Additional Compensation, Total Cost \$2,830,000 for One Year, 40% Federal, 60% State].

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and approve the Contract Aggregate for FY 2024/2025 for Full-Service Partnership (FSP) services for Transitional Age Youth, in the amount of \$2,830,000 through June 30, 2025;
2. Ratify and approve the Behavioral Health Agreements for FSP services for Transitional Age Youth with the vendors listed in Attachment A, for the term of July 1, 2024 through June 30, 2025, without seeking competitive bids, and authorize the Chair of the Board to sign the agreements on behalf of the County; and
3. Authorize the Purchasing Agent, in accordance with Ordinance No. 459, based upon the availability of funding and as approved by County Counsel to: a) issue Purchase Orders for goods and/or services rendered; b) move the allocated funds among the vendors listed in Attachment A; c) sign amendments that exercise the options of the agreement including modifications of the statement of work that stay within the intent of the agreement; d) sign amendments to the compensation provisions that do not exceed the sum total of ten percent (10%) of the approved annual aggregate amount through June 30, 2025.

**ACTION:Policy**

  
Matthew Chang, Director 7/11/2024

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**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Perez, seconded by Supervisor Spiegel and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez  
Nays: None  
Absent: None  
Date: August 27, 2024  
xc: RUHS-BH

Kimberly A. Rector  
Clerk of the Board

By:   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$ 2,830,000	\$ 0	\$ 2,830,000	\$ 0
<b>NET COUNTY COST</b>	\$ 0	\$ 0	\$ 0	\$ 0
<b>SOURCE OF FUNDS:</b> Federal 40% and State 60%			<b>Budget Adjustment:</b> No	
			<b>For Fiscal Year:</b> 24/25	

**C.E.O. RECOMMENDATION:** Approve

**BACKGROUND:**

**Summary**

Riverside University Health System-Behavioral Health (RUHS-BH) operates on a continuum of care system that consists of County-operated and contracted service providers delivering a variety of behavioral health treatment services within each geographic region of Riverside County.

Mental Health Services Act Community Services and Support (MHSA CSS) funding provides for expansion and transformation of public mental health systems, which includes Full-Service Partnership (FSP) services. FSP provides a broad spectrum of intense wellness and recovery-based services for individuals who are homeless, at risk of homelessness, and/or have experienced numerous psychiatric hospitalizations or incarcerations related to their mental health disorder.

Oasis and VCSS are the only providers in Riverside County providing FSP services by operating the Transitional Age Youth (TAY) Integrated Services and Recovery Centers (ISRCs) for the mid-county and desert regions. Each youth identified as FSP eligible must be offered a partnership with the TAY ISRCs which are only offered by Oasis and VCSS.

Therefore, to continue with appropriate quality of care; Oasis and VCSS are the only providers suitable to address TAY FSP services in Riverside County for FY 2024/2025.

**Impact on Citizens and Businesses**

These services are a component of Behavioral Health’s system of care aimed at improving the health and safety of consumers and the community.

**Additional Fiscal Information**

The Agreements outlined in Attachment A are funded by MHSA CSS and contain a termination clause in the event that applicable funds become unavailable for service provisions. There are sufficient appropriations in RUHS-BH FY 2024/2025 budget, and no additional County funds are required.

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
STATE OF CALIFORNIA**

**Contract History and Prices Reasonableness**

On July 11, 2017 (#3.44), the Board, as a result of MHARC-187 FSP Program for Adults and Transitional Age Youth (TAY), approved the new agreements with Oasis Rehabilitation. Inc. (Oasis) and Victor Community Support Services (VCSS) annually through June 30, 2018 as a part of the MHSA CSS aggregate.

On June 26, 2018 (#3.50), the MHSA CSS contract aggregate was approved by the Board, which authorized contract renewals for 3 years for the agreements funded by MHSA CSS through June 30, 2020.

On September 29, 2020 (#3.20), the Board approved the agreement with Oasis Behavioral Health in the amount of \$1,357,396, and the agreement with VCSS in the amount of \$1,312,736 annually through June 30, 2022.

On February 28, 2023 (#3.32), the Board approved the new MHSA CSS aggregate and Behavioral Health agreements with Victor Community Support Services and Oasis Behavioral Health for FY 2022/2023 with an option to renew through FY 2023/2024.

RUHS-BH in conjunction with Riverside County Purchasing is in process of preparing a new RFP for these services. RUHS-BH intends to release the RFP during the 2024/2025 fiscal year. It is anticipated that an award will not be made until mid FY 2024/2025. Continuity of mental health services for this most vulnerable population is crucial; therefore, RUHS-BH is requesting approval to continue contracting with Oasis Behavioral Health and Victor Community Support Services until the completion of the RFP process.

On July 19, 2024, the Riverside County Purchasing Department reviewed and issued the Single Source Justification (SSJ #25-013). Therefore, RUHS-BH requests the Board approve the Contract Aggregate and Agreements for Victor Community Support Services for \$1,430,000 and Oasis Behavioral Health for \$1,400,000 for July 1, 2024 through June 30, 2025.

**Attachment A**

<b>Suppliers:</b>	<b>FY 24/25</b>
Oasis Behavioral Health	\$1,400,000
Victor Community Support Services	\$1,430,000
Total Costs	\$2,830,000

  
Melissa Curtis, Deputy Director of Purchasing and Fleet

8/13/2024

  
Gregg Gu, Chief Deputy County Counsel

8/14/2024

**FY 2024/2025  
AGREEMENT RENEWAL  
BETWEEN  
COUNTY OF RIVERSIDE  
AND  
OASIS BEHAVIORAL HEALTH, INC.  
FOR  
TAY AND FSP SERVICES**

That certain Agreement between the County of Riverside (COUNTY) and Oasis Behavioral Health Inc., (CONTRACTOR), approved by the Riverside County Board of Supervisors on February 28, 2023, Agenda Item 3.32, for FY 2022/2023 through FY 2023/2024; renewed by the Purchasing Agent on October 19, 2023 for FY 2023/2024; is hereby renewed for FY 2024/2025, effective July 1, 2024 through June 30, 2025, in consideration for mutual obligations:

- **Section II. PERIOD OF PERFORMANCE** of this Agreement shall be amended to read as follows:

- **II. PERIOD OF PERFORMANCE**

This Agreement shall be effective as of July 1, 2024 and continue in effect through June 30, 2025. The Agreement may thereafter be renewed annually by mutual agreement of the parties, subject to the availability of funds and satisfactory performance of services.

- **Section IV. PROGRAM SUPERVISION, MONITORING AND REVIEW** of this Agreement shall be amended to include **Subsection H.**, as follows:

H. The COUNTY may impose administrative and monetary sanctions, including the temporary withholding of federal financial participation and realignment payments on the CONTRACTOR for violations of the terms of this contract, and applicable federal and state law and regulations, or the State plan or approved waivers, or for other good cause in accordance with W&I Code § 14197.7 and guidance issued by the Department pursuant to subsection (r) of W&I Code § 14197.7. Please also refer to Exhibit C., Section I. PAYMENT.

- **Section V. STATUS OF CONTRACTOR** of this Agreement shall be amended to include **Subsection H.**, as follows:

H. CONTRACTOR(s), providers, and subcontractors shall maintain good standing with the California Secretary of State, Internal Revenue Service (IRS), California Franchise Tax Board (FTB), and California Attorney General (AG).

- **Section XX. STAFFING** of this Agreement shall be amended to include **Subsection J.**, as follows:

J. **Excluded/Ineligible Persons**

CONTRACTOR shall comply with Licensing, Certification and Accreditation Article in this Agreement related to excluded and ineligible status in Federal and State health care programs. If the CONTRACTOR determines a party that is excluded, or ineligible, it must promptly notify the COUNTY pursuant to 42 C.F.R. §438.608(a)(2) and (a)(4) and the COUNTY will take action consistent with 42 C.F.R. §438.610(d). The CONTRACTOR shall not certify or pay any excluded, or ineligible, provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority. Please also refer to Exhibit C., Section I. PAYMENT.

- **Section XXII. CONFLICT OF INTEREST** of this Agreement shall be amended to include **Subsection A.**, as follows:

C. During the term of this Agreement and for one (1) year after the Agreement is terminated, CONTRACTOR will not indirectly or directly solicit to hire, any individual who is employed by COUNTY.

- Rescind the Exhibit C in its entirety, and replace it with the new attached Exhibit C, where the maximum contract amount for FY 2024/2025 is \$1,400,000.
- Rescind the Schedule I in its entirety, and replace them with the new attached Schedule I.
- Rescind the Schedule P in its entirety, and replace them with the new attached Schedule P.

All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

**IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

**COUNTY OF RIVERSIDE**

Riverside University Health System  
Behavioral Health  
4095 County Circle Drive  
Riverside, CA 92503

Signature: 

Print Name: Chuck Washington

Title: Board of Supervisors, Chairperson

Date: 8/27/2024

**CONTRACTOR**

Oasis Behavioral Health, Inc.  
1501 Hughes Way, Suite 150  
Long Beach, CA 9081

Signature: 

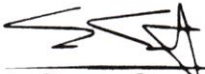
Print Name: Kent Dunlap

Title: President & CEO

Date: July 13, 2024

**COUNTY COUNSEL**

Approved as to Form

By:   
Deputy County Counsel

ATTEST:  
KIMBERLY A. RECTOR, Clerk  
By   
DEPUTY

**EXHIBIT C  
REIMBURSEMENT & PAYMENT**

**CONTRACTOR NAME:** OASIS BEHAVIORAL HEALTH INC.  
**PROGRAM NAME:** CHILDREN'S SERVICES - DESERT TAY & FSP  
**DEPARTMENT ID:** 4100202208.74750

**A. MAXIMUM OBLIGATION:**

COUNTY'S maximum obligation for FY 2024/2025 shall be \$ 1,400,000 subject to availability of applicable Federal, State, local and/or COUNTY funds.

**B. SCHEDULES**

Schedules present (for planning purposes only) budgetary and rate 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, and maximum obligation. Schedule K contains line item budget by expenditure category. Schedule P contains rates by practitioner type. Pursuant to this Agreement, the following is incorporated, as indicated by an "X" below:

- Schedule I
- Schedule K
- Schedule P

**C. 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" 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 or P, multiplied by the actual number of units of service provided, less revenue collected.
- One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

**D. LOCAL MATCH REQUIREMENTS:**

- If box is checked, 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. RECONCILIATION:**

The final year-end reconciliation shall be based upon the final year-end reconciliation type or types as indicated by an "X" below. 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 combined final year-end reconciliation 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.

- The final year-end reconciliation for services shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of approved units of service provided, less revenue collected for the provision of services.
- The final year-end reconciliation for Medi-Cal services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of Medi-Cal units of service provided and approved by the State, less revenue collected for the provision of services. Refer to Section J. MUTUAL COST RECONCILIATION, for year-end cost reconciliation options.
- The final year-end reconciliation for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K. Refer to Section K. COST RECONCILIATION, for year-end cost reconciliation requirements.
- The final year-end and local match reconciliation for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.

**F. 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 (DHCS) 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 reconciliation, 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 providing and billing for services in order to ensure proper billing of Medi-Cal. 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.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.

5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of 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. 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).
9. 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.
10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

**G. REALLOCATION OF FUNDS:**

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.

3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.

**H. 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 Riverside University Health System – Behavioral Health.

**I. 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 Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the cost reconciliation 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 reconciliation 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. In addition, CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
5. Notwithstanding the provisions stated above, CONTRACTOR shall be paid in

arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12<sup>th</sup>) monthly basis, or based upon the actual cost invoice by expenditure category.

- a. CONTRACTOR will be responsible for entering all service-related data into the COUNTY's MIS (i.e. ELMR 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 COUNTY'S MIS no later than 5:00 p.m. on the fifth (5<sup>th</sup>) calendar day following the date of service. Late entry of services into 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@ruhealth.org**. CONTRACTOR PIF form and invoice 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 (5<sup>th</sup>) 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 PIF and invoice, contracts reimbursed based on a Schedule K are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
  - f. Failure to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF and invoice, 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.
6. CONTRACTOR shall generate a monthly invoice for payment through the MIS batching process.
  7. CONTRACTOR shall provide COUNTY with all information necessary for preparation and submittal to the State, if applicable, for all billings, and audit of all billings.
  8. To ensure 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 not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating Medicare and/or insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and comment "Medicare/OHC Termed" on documentation provided to the COUNTY.

9. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF and invoice is received by the COUNTY.
10. Pursuant to Section III. REIMBURSEMENT AND USE OF FUNDS and Section XXV. PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by COUNTY and DHCS and/or be the basis for other sanctions by DHCS.

**J. MUTUAL COST RECONCILIATION:**

DHCS Behavioral Health Information Notice (BH-IN) 23-023, dated June 1, 2023, outlines expectations for counties to develop and implement local policies and procedures that reduce administrative burden, reduce complexity, and increase flexibility for their network providers, consistent with the CalAIM goals. As such, the State no longer requires a cost report to be completed. However, if the financial arrangement advances the goals of CalAIM, MHPs and DMC/DMC-ODS counties may reconcile payments to a CONTRACTOR with actual costs, and/or collect cost information from a CONTRACTOR for services rendered after Behavioral Health Payment Reform is implemented, if mutually agreed to by the County and the network provider.

1. CONTRACTOR and COUNTY may mutually agree to review cost information for the purpose of rate adjustment(s), notwithstanding the other requirements outlined herein. Rate adjustments are subject to COUNTY review and approval as well as COUNTY maximum rate limits and availability of funds.
  - a. CONTRACTOR must notify the COUNTY in writing, no later than March 30th before the close of the fiscal year (June 30th). Formal notification should include written justification and detailed financial analysis. The request must be addressed to the RUHS-BH Director and sent to the Cost Report and Program Support email inboxes. (CostReport@ruhealth.org; BHProgramSupport@ruhealth.org)
  - b. Upon receipt of notification, COUNTY will have 45 days to review and notify CONTRACTOR if rate adjustment review request is approved or denied. If approved, CONTRACTOR shall complete Section K. If denied, CONTRACTOR may resubmit justification for further review.

**K. COST RECONCILIATION:**

If required per Section E., or in accordance with Section J., for each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY, per each County Reporting Unit, annual cost reconciliation with an accompanying financial statement and applicable supporting documentation to reconcile to cost within Forty-five (45) calendar days.

1. Cost reconciliation documents shall detail the actual cost of services provided. The cost reconciliation shall be provided in the format and on forms provided by the COUNTY.
2. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reconciliation documents, including but not limited to OMB-circular A-122 and OMB-circular A-87.

3. Any CONTRACTOR that mutually agrees with the COUNTY or that is required to reconcile cost must send one representative to the COUNTY'S annual cost reconciliation training that covers the preparation of the year-end cost reconciliation documents. 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 cost reconciliation documents are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
4. CONTRACTOR will be notified in writing by COUNTY, if the cost reconciliation documents have not been received within the specified length of time. Future monthly reimbursements will be withheld if the cost reconciliation documents contain 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 or extensions will immediately result in the withholding of future monthly reimbursements.
5. The cost reconciliation 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 the cost reconciliation shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
6. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year cost reconciliation(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
7. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost reconciliation. 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).

**L. 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 properly prepared cost reconciliation documents in accordance with requirements and deadlines set forth herein before final payment is made.

**M. 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 XLII. 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 payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

**N. TRAINING:**

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.

**O. 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 maintenance 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 reconciliation. 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.

Riverside University Health System - Behavioral Health  
SCHEDULE I

<b>CONTRACT PROVIDER NAME:</b> Oasis Behavioral Health, Inc.										<b>FISCAL YEAR</b>  <b>2024/2025</b>		
<b>PROGRAM NAME:</b> TAY FSP												
<b>DEPT ID/PROGRAM:</b> 4100202208.74750.530280/530600												
<b>REGION/POPULATION:</b> Desert Children's												
NEGOTIATED RATE MEDI-CAL												
<b>RU#(s):</b>		33HWF1, 33HWF2, 33HWF3										
<b>Dept ID Account:</b>		530280					530600		530280			
<b>REIMBURSEMENT:</b>		Hourly Rate Per Schedule P						\$1.97/min	Actual Cost \$1.00/min	DOR		
<b>MODALITY:</b>		Outpatient Mental Health Services						Indirect	Client Support	Vocational		
<b>MODE OF SERVICE:</b>		15						45	NA	10		
<b>SERVICE TYPE*:</b>		Intensive Care Coordination (ICC)	Mental Health Services (MHS)	Med Support (Meds)	Intensive Home Based Services (IHBS)	Crisis Intervention (CI)	Case Management (CM)	Case Management Non Billable	MH Outreach Indirect	Flex Fund	Vocational Services	
<b>Service Codes:</b>		*Refer to Schedule P for Allowable Service Codes and Unit Durations						529 NB	529 NB	CltSup	487DR, 488DR, 489DR	
<b>BUDGET:</b>		\$105,130	\$434,734	\$174,734	\$424,734	\$21,734	\$154,734	\$34,734	\$29,734	\$19,734	\$0	<b>Total Contract Maximum</b>
<b>Dept ID Totals:</b>		<b>\$1,380,266</b>							<b>\$19,734</b>	<b>\$0</b>	<b>\$1,400,000</b>	

Site Location Address	NPI	Taxonomy	Medi-Cal
81557 Doctor Carreon Blvd., Suite C-8 and C-9, Indio, CA, 922015562	1780861500	251S00000X - Community/Behavioral Health	33HW





**FY 2024/2025  
AGREEMENT RENEWAL  
BETWEEN  
COUNTY OF RIVERSIDE  
AND  
VICTOR COMMUNITY SUPPORT SERVICES  
FOR  
TRANSITION AGE YOUTH & FULL-SERVICE PARTNERSHIP**

That certain Agreement between the County of Riverside (COUNTY) and Victor Community Support Services (CONTRACTOR), approved by the Riverside County Board of Supervisors on February 28, 2023, Agenda Item 3.32, for FY 2022/2023 through FY 2023/2024; amended on October 26, 2023 for FY 2022/2023; approved by the Purchasing Agent on September 27, 2023 for FY 2023/2024; is hereby renewed for FY 2024/2025, effective July 1, 2024 through June 30, 2025, in consideration for mutual obligations:

- **Section II. PERIOD OF PERFORMANCE** of this Agreement shall be amended to read as follows:
  - II. PERIOD OF PERFORMANCE**  
This Agreement shall be effective as of July 1, 2024 and continue in effect through June 30, 2025. The Agreement may thereafter be renewed annually by mutual agreement of the parties, subject to the availability of funds and satisfactory performance of services.
  
- **Section V. COMPLIANCE PLAN, Subsection D.** of this Agreement shall be amended to read as follows:
  - D. Excluded/Ineligible Persons  
CONTRACTOR shall comply with Licensing, Certification and Accreditation Article in this Agreement related to excluded and ineligible status in Federal and State health care programs. If the CONTRACTOR determines a party that is excluded, or ineligible, it must promptly notify the COUNTY pursuant to 42 C.F.R. §438.608(a)(2) and (a)(4) and the COUNTY will take action consistent with 42 C.F.R. §438.610(d). The CONTRACTOR shall not certify or pay any excluded, or ineligible, provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority. Please also refer to Section XXI. STAFFING, Section XXV. PROHIBITED AFFILIATIONS, and Exhibit C., Section I. PAYMENT.
  
- **Section V. COMPLIANCE PLAN** of this Agreement shall be amended to include **Subsection K.**, as follows:
  - K. The COUNTY may impose administrative and monetary sanctions, including the temporary withholding of federal financial participation and realignment payments on the CONTRACTOR for violations of the terms of this contract, and applicable federal and state law and regulations, or the State plan or approved waivers, or for other good cause in accordance with W&I Code § 14197.7 and guidance issued by the Department pursuant to subsection (r) of W&I Code § 14197.7. Please also refer to Exhibit C., Section I. PAYMENT.
  
- **Section VI. STATUS OF CONTRACTOR** of this Agreement shall be amended to include **Subsection H.**, as follows:
  - H. CONTRACTOR(s), providers, and subcontractors shall maintain good standing with the California Secretary of State, Internal Revenue Service (IRS), California Franchise Tax Board (FTB), and California Attorney General (AG).

AUG 27 2024 3.58

- **Section XXXIV. CONFLICT OF INTEREST** of this Agreement shall be amended to include **Subsection C.**, as follows:
  - C. During the term of this Agreement and for one (1) year after the Agreement is terminated, CONTRACTOR will not indirectly or directly solicit to hire, any individual who is employed by COUNTY.
- Rescind Exhibit A in its entirety, and replace it with the new attached Exhibit A.
- Rescind Exhibit C in its entirety, and replace it with the new attached Exhibit C, where the maximum contract amount for FY 2024/2025 is \$1,430,000.
- Rescind Schedule I in its entirety, and replace it with the new attached Schedule I.
- Rescind Schedule P in its entirety, and replace it with the new attached Schedule P.

All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

**IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

**COUNTY OF RIVERSIDE**  
 Riverside University Health System  
 Behavioral Health  
 4095 County Circle Drive  
 Riverside, CA 92503

**CONTRACTOR**  
 Victor Community Support Services, Inc.  
 1360 East Lassen Avenue  
 Chico, CA 95973

Signature: \_\_\_\_\_

Signature: 

Print Name: \_\_\_\_\_

Print Name: Edward Hackett

Title: \_\_\_\_\_

Title: CFO

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

Date: 8/15/24

Approved as to Form

By: Katherine Wilkins

Deputy County Counsel

- **Section XXXIV. CONFLICT OF INTEREST** of this Agreement shall be amended to include **Subsection C.**, as follows:
  - C. During the term of this Agreement and for one (1) year after the Agreement is terminated, CONTRACTOR will not indirectly or directly solicit to hire, any individual who is employed by COUNTY.
- Rescind Exhibit A in its entirety, and replace it with the new attached Exhibit A.
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**IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

**COUNTY OF RIVERSIDE**  
 Riverside University Health System  
 Behavioral Health  
 4095 County Circle Drive  
 Riverside, CA 92503

**CONTRACTOR**  
 Victor Community Support Services, Inc.  
 1360 East Lassen Avenue  
 Chico, CA 95973

Signature: *Chuck Washington*

Signature: *Edward Hackett*

Print Name: CHUCK WASHINGTON

Print Name: Edward Hackett

Title: CHAIR, BOARD OF SUPERVISORS

Title: CFO

Date: 8/27/2024

Date: 8/15/24

Approved as to Form

By: Katherine Wilkins

Deputy County Counsel

ATTEST:  
 KIMBERLY A. RECTOR, Clerk  
 By *Kimberly A. Rector*  
 DEPUTY

AUG 27 2024 3.58

**TRANSITION AGE YOUTH INTEGRATED SERVICE RECOVERY CENTER  
MID-COUNTY REGION  
EXHIBIT A**

**CONTRACTOR NAME:** Victor Community Support Services, Inc.  
**DEPT ID/PROGRAM:** 4100203210.74750

**I. SCOPE OF WORK**

Victor Community Support Services, Inc. hereinafter referred to as CONTRACTOR shall provide Full-Service Partnership (FSP) services by operating the Transition Age Youth (TAY) Integrated Service and Recovery Centers (ISRC) for the Mid-County Region.

**II. GOALS OF THE SERVICE**

The ISRC will align with the goals of the Mental Health Services Act (MHSA) by successfully engaging and supporting TAY in FSP's that are intended to reduce, limit, or break the cycle of homelessness, institutionalization, and/or incarceration. Each youth identified as a FSP must be offered a partnership with the TAY ISRC to develop an individualized service and support plan, which is youth/family-driven, and which operationalizes the five fundamental concepts of:

1. Community collaboration;
2. Cultural competence;
3. A youth/family-driven mental health system;
4. Wellness focus; and
5. An integrated service experience.

The ISRC will:

1. Assist youths in acquiring skills to progressively and successfully transition from higher levels of care to lower levels of care.
2. Provide ongoing services to assist youths to engage in a chosen, productive day activity, e.g., gainful employment, volunteer work, and/or education.
3. Assist youths to be safe and remain out of trouble with law enforcement.
4. Help youths connect and remain actively involved with their families, peers, and the community.
5. Reduce youth's level of incapacity due to psychiatric symptoms.
6. Assist youths in improving their financial conditions, e.g., establishing a stable income, obtaining health insurance, etc.
7. Increase access to and adherence with medication.
8. Decrease drug/alcohol abuse.

**III. TARGET POPULATION**

**Enrollment Criteria:**

The population to be served will be transition-aged residents (ages 16 through 25) located in the Mid-County Region of Riverside County. The Mid-County Region serves areas east and south of March Air Force Base, including Perris, Lake Elsinore, Murrieta, Temecula, Hemet, San Jacinto, and all other smaller communities around these cities. The goal is to provide accessibility to as many areas in the Mid-County Region as possible.

To be served by a FSP provider of RUHS-BH, youths must:

1. Have a severe and persistent mental illness, and
2. Have demonstrated non-adherence or unsuccessful engagement with outpatient treatment.

In addition, adult youths (ages 18 through 25) must be eligible by meeting at least one of the following criteria:

1. Have a history of multiple placements (group homes; foster care; residential treatment, etc.);
2. Be a high-utilizer of crisis stabilization and/or inpatient services (Crisis Stabilization Unit [CSU], Emergency Treatment Services [ETS], Inpatient Treatment Facility [ITF], Psychiatric Health Facility [PHF], etc.);

3. Have at least two (2) incarcerations (Juvenile Hall or jail) in the previous twelve (12) months; and/or.
4. Currently homeless, or at risk for homelessness (e.g., pending eviction from a rental; being forced to leave a relative's home, etc.).

**Number to be served:**

CONTRACTOR shall provide mental health treatment services to one hundred and twenty-five (125) unduplicated youths annually in the Mid-County Region (capacity for ninety (90) open cases at any point in time) at any one point in time. Of these "point in time" cases, funding is designated that twenty-four (24) shall be designated as serving youths sixteen (16) to nineteen (19) years of age.

**Exclusionary Criteria:**

CONTRACTOR shall assess and enroll all referrals made by COUNTY to the ISRC unless written authorization to deny enrollment is given to CONTRACTOR by the RUHS-BH Regional Manager or designee.

CONTRACTOR will not serve:

1. Youths who are convicted sex offenders.

**IV. SERVICES TO BE PROVIDED**

CONTRACTOR shall provide all youths with the following services:

1. Comprehensive mental health treatment and recovery supports; social supports that increase resiliency; access to physical healthcare and dental services; substance abuse and trauma treatment (including intergenerational assessments), which are strength-based, focused on youth engagement, and are gender-and culture-specific. The ISRC agrees to work with the individual and their family, as appropriate, to provide all necessary and desired services and supports in order to assist that youth/family in achieving the goals identified in their plan. This includes persistent outreach to engage youths referred by RUHS-BH.
2. Assist youths in developing self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models). Youths will also have an individualized service plan that meets Medi-Cal requirements, is person-centered, and gives youths and their families sufficient information to allow them to make informed choices about the services in which they participate. Services will be based on youth's recovery goals and desires, provided by a team that embraces the principles of recovery and resilience.
3. Services include linkage to, or provision of, all needed services or supports as defined by the youth and/or family in consultation with the ISRC staff. This includes the capability of increasing or decreasing service intensity as needed.
4. Crisis and support services, including telephonic and on-site response, twenty four (24) hours a day, seven (7) days a week. These responses shall include, but not be limited to, responding to landlords requesting assistance for youths in crisis; providing face-to-face crisis intervention in the field (e.g., board and care facilities, youths' homes, emergency rooms, etc.); assisting family caretakers in deescalating conflicts, etc. Crisis responses provided are intended to provide immediate interventions that reduce negative outcomes for youths, including unnecessary hospitalizations, incarcerations, and housing evictions.
5. Integrated substance abuse and mental health services through an integrated team with a single individualized service plan, using evidence-based practices, as approved by COUNTY. Develop or utilize specialized housing that supports dual diagnosis recovery for youths with dual disorders (i.e., sober living environments).
6. Psychiatric medication and medication support services including, but not limited to, evaluating the need for medication, and its clinical effectiveness and side effects; medication education; prescribing and administering medication; obtaining necessary lab tests for medication; and drug testing for drug abuse. Provide education for youths, family members,

and other caregivers regarding the nature of medications, their expected benefits, and potential side effects. CONTRACTOR is responsible for any medication costs or lab testing costs for indigent youths.

7. Improve access to and youth adherence with physical healthcare services, including collaboration with primary care providers to provide individualized, inter-disciplinary, coordinated medical care.
8. Facilitate youths obtaining income and medical insurance benefits for which they are eligible (SSI/SSDI, Medi-Cal, Medicare, etc.), interim assistance, and other public assistance potentially available to each youth. Applications for income and insurance benefits will be initiated within seven (7) days of referral to CONTRACTOR. CONTRACTOR shall act as the representative payee for those youths who are required by Social Security to have a payee, and who have no other responsible third party to fulfill this responsibility. For youths who are required to have a representative payee, CONTRACTOR shall provide support and treatment to assist the youth in acquiring the necessary skills to take control of their money as part of the FSP treatment plan.
9. Conduct education and training that teaches successful community living skills (e.g. medication and healthcare management, anger management, relationship skills, etc.) that will contribute to improving service outcomes.
10. Improve access to transportation, including providing transportation as needed, to achieve the youths' goals. Increase access to, and utilization, of public transportation, and assist youths with the acquisition of driver's licenses.
11. Assist youths in obtaining, and maintaining self-sufficient, safe, and affordable housing stability, across a range of housing choices.
12. Coordinate services with other COUNTY mental health programs such as peer centers, homeless outreach staff, mental health courts, and inpatient programs. Coordinate services with other local agencies such as Probation, DPSS, law enforcement, etc.
13. Integrate services with ethnic-specific and gender-specific community-based organizations. Maximize youth participation with community providers and organizations. Collaboration with community agencies, such as veterans' services, faith-based organizations, ethnic and cultural support groups, and education systems to assist youths to participate in a range of recovery and wellness activities in the community.
14. Provide self-help and peer support services that increase youth empowerment, increase self-responsibility, increase rates of employment, and other improved outcomes.
15. Provide vocational services with a commitment to competitive employment as an attainable goal. Vocational services include:
  - a. Vocational assessment of clients' abilities, skills, aptitudes, interests, and behaviors. Medical, psychological, socio-cultural factors, housing, economic, and ADA issues will be incorporated into the vocational assessment.
  - b. Providing guidance in completing an employment application, assisting with effectively interviewing for employment, training to enhance work-related social and communication skills, and job-seeking skills.
  - c. Job development that identifies specific job openings appropriate for each individual based on identified strengths and weaknesses, and facilitates job acquisition. ISRC staff will contact potential employers, provide client advocacy, and facilitate a positive client-employer relationship.
  - d. Individualized job placement according to client preferences, strengths, and work experience, with a rapid job search approach for any client expressing interest in working.
  - e. Vocational services are provided based on youth choice. No one is excluded who wants to participate.
  - f. Supported employment is integrated with treatment. Supported employment has as its goal competitive employment in the community (i.e., jobs that anyone can apply for) that pay at least minimum wage, and include both part-time and full-time jobs.

- g. Job search starts soon after a youth expresses interest in working. There are no requirements for completing extensive pre-employment assessment and training. CONTRACTOR is required to work collaboratively with the State Department of Rehabilitation (DOR) and with RUHS-BH to maximize DOR-funded vocational services as specified in a separate MH/DOR/Contractor Cooperative services grant. This includes attending all required meetings, providing vocational services that meet all DOR requirements.
16. Work collaboratively with Peer Support and Resource Centers (PSRCs, otherwise known as "peer centers") to expand youth involvement and participation with peer support activities, and to optimize youths' recovery plans.
  17. To cooperate and meet the State mandates related to the Katie "A" lawsuit. To meet all required timelines and expectations of Core Practices and Principles. This includes timely assessments, ICC (Intensive Case Coordination) and CFT (Child and Family Team) participation along with IHBS (In Home-Based Services) when indicated by the CFT. To utilize the specific billing codes designated for Katie "A" interventions.

## **V. ADDITIONAL PROGRAM REQUIREMENTS**

CONTRACTOR shall:

1. Utilize flexible funds ("flex funds") to do "whatever it takes", within reason, to meet the unique youth needs as they work to achieve their recovery, educational and vocational goals, and to maintain the youth in the community and avoid institutional settings.
2. Ensure services are culturally competent and utilize the community resources of the youth's racial/ethnic community. Gender-specific services and services for gay/lesbian/transgender individuals must be provided.
3. Develop an Advisory Board consisting of youths and family members, and other interested community members, to guide the development of the ISRCs and provide on-going feedback to the program.
4. Develop and participate in an interagency collaboration that promotes shared responsibility and accountability within the local community for effective outcomes for this population, including partnerships with ethnic-specific and gender-specific community providers and programs. Collaboration and coordination activities will be engaged in at no additional cost to RUHS-BH.
5. Provide on-site consultation at RUHS-BH Clinics as requested by RUHS-BH regarding TAY needs and resources available to address the transition needs of non-FSP youths. CONTRACTOR is expected to provide outreach services to clinic outpatient programs and the youths of these programs to facilitate access to TAY and adult services as well as engage younger TAY youths.
6. Monitor the health and welfare of youths living in residential facilities or placements (e.g., Institute for Mental Disease [IMDs], board and cares, room and board facilities, homeless shelters, foster, and group homes, etc.) and document these contacts in youths' charts. CONTRACTOR shall report to RUHS-BH and DPSS/Community Care Licensing (as applicable) within twenty-four hours (24) any conditions in these facilities that may be compromising the health and welfare of youths.
7. Provide adequate accommodations for COUNTY staff to meet with youths or with youths' significant others, as requested by COUNTY. Such accommodations must allow for confidentiality, privacy, and safety.
8. Agree to meet regularly with COUNTY staff to review pending enrollments, services provided, and discharge plans for the youths referred to the CONTRACTOR.

## **VI. HOURS OF OPERATION**

Services shall be offered seven (7) days a week and will include evenings. Crisis and support services are available twenty-four/seven (24/7). A schedule of provided services and clinic hours of operation shall be provided to COUNTY at least monthly. All after-hour crisis contacts (by phone or in-person in the field) will be documented in a format approved by COUNTY, and reported to the Program Monitor monthly.

## **VII. STAFFING RESPONSIBILITIES AND QUALIFICATIONS**

Staffing shall include:

1. A multi-disciplinary team consisting of both professional and paraprofessional staff that includes paid youth and family member service providers.
  - a. Youth providers must have received mental health services or are receiving such services, and be willing to identify themselves as such when working with youths.
  - b. A family provider must be, or have been, a family member or caretaker of a youth, and be willing to identify themselves as such.
2. Personal Services Coordinators (PSC's) are identified as the single point of responsibility and provide intensive and assertive case management made possible by a low staff-to-youth ratio (maximum 1:15).
3. PSCs must be culturally competent, know the community resources of the youth's racial/ethnic community, and meet Medi-Cal requirements to bill for mental health services.
4. Staff specialized in skill-building techniques that support housing independence; assess and treat co-occurring disorders, and employment services.
5. Peer-provided outreach, education, mentorship, support and advocacy, including teaching and supporting Wellness Recovery Action Plans (WRAP);
6. Licensed psychiatrist and licensed nursing staff (RN, LPT, LVN), who provide services within their scope of practice and licensure.
7. CONTRACTOR shall hire culturally and ethnically diverse staff representing the ethnic and gender characteristics of the youths being served. CONTRACTOR staff must include bilingual (Spanish) capability for all services provided in order to effectively serve the target population.
8. Staff will document the services provided and bill for these services within three (3) days of service delivery, and do so in a way that meets all Medi-Cal requirements.
9. The use of volunteers is encouraged.

## **VIII. STAFF TRAINING**

CONTRACTOR shall provide staff with ongoing training and staff development in the areas of mental health, substance abuse, crisis intervention, motivational interviewing and stages of change, recovery values and philosophy, and client empowerment. Participation in ongoing training must be documented by CONTRACTOR, and provided to COUNTY monthly. CONTRACTOR shall also provide or make arrangements for staff to receive training in the following areas:

1. An initial orientation to the program, including a description of the goals of the program, a review of policies and procedures, emergency procedures, and treatment services.
2. Training requirements in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the youths from violent behavior.
3. Cultural competency in serving youths from diverse ethnic and cultural backgrounds including age, gender, sexual orientation, physical disabilities, and youth cultures.

## **IX. YOUTH OUTCOMES DOCUMENTATION AND REPORTING**

During the performance of this Agreement, CONTRACTOR shall submit MHSA FSP Data Collection and Reporting (DCR) data to COUNTY for the purpose of measuring individual-level performance outcomes. All FSP data shall be submitted in electronic form. CONTRACTOR shall ensure the staff responsible for transmitting this data is trained in the data collection procedure. This training will be provided by COUNTY.

The requirements referred to in this section do not preclude COUNTY from requiring CONTRACTOR to report any other additional performance outcomes required by law or regulation. The renewal of this contract between COUNTY and CONTRACTOR is contingent upon CONTRACTOR's ability to meet or exceed the below Performance Outcomes. It is also understood that COUNTY reserves the right to modify these Performance Outcomes to meet the needs of a third-party payer.

**1. Documenting Referrals and Open Episodes:**

CONTRACTOR shall document, in a format approved by COUNTY, receipt of referrals to the FSP within 24 hours of receiving the referral. Referred youths will have an episode opened in CONTRACTOR's RU number within twenty-four (24) hours of receipt of the referral. CONTRACTOR shall distribute electronically a weekly census showing the status in the FSP (referred, opened, enrolled). Youths not successfully enrolled in the RU will be closed in the RU and referred back to COUNTY as unsuccessfully engaged by the FSP, following the approval of the Program Monitor to terminate engagement efforts.

**2. Initial Enrollment Data:**

Upon enrollment, CONTRACTOR shall collect data as soon as it begins providing services to FSP youths, including, but not limited to; general administrative data; residential status; legal issues/status; health status; substance abuse issues; assessment of daily living functions where appropriate; and all interventions, including emergency intervention. This data shall be transmitted to COUNTY as soon as possible, and no later than sixty (60) days after the commencement of services.

**3. Quarterly Assessments:**

Every three months, CONTRACTOR shall conduct an assessment of each youth and submit FSP data to COUNTY within sixty (60) days of collecting the data. This data shall include, but is not limited to, general administrative data, educational status, financial status, legal issues/status, health status, substance abuse issues, and assessment of daily living functions where appropriate.

**4. Key Events Tracking (KET's):**

CONTRACTOR shall submit data to COUNTY as soon as possible, but no later than sixty (60) days after an FSP youth experiences a change in a key event, such as a change in educational status, employment or financial status, legal status, or residential status, including hospitalization or incarceration; or following an emergency intervention. Data submitted shall include, but is not limited to, general administrative data, residence, educational status, employment status, legal issues/status, and a description of any and all interventions, including emergency intervention.

- a. Twice annually, during two (2) -week survey periods designated by COUNTY, CONTRACTOR shall collect youth perception data from youths served by the ISRC. The data to be collected includes, but is not limited to, the youth's perceptions of the quality and results of services provided by CONTRACTOR. The survey data shall be submitted to COUNTY within the time-frame determined by COUNTY'S Research and Quality Improvement program.
- b. CONTRACTOR shall provide other information required by COUNTY, State or federal law.
- c. All data submitted shall be full and complete.
- d. CONTRACTOR shall make diligent efforts to minimize errors in data reported.

**5. Adverse Incidents:**

Additionally, CONTRACTOR shall report to COUNTY any adverse incidents. Reportable adverse incidents include:

- a. Physical injury to any youth or clinic visitor requiring medical attention
- b. Suicide or suicide attempts
- c. Homicide
- d. Significant injury caused by physical assault/battery by youth upon another
- e. Significant injury caused by physical assaults on youths or visitors
- f. Significant injury to youth while at the program
- g. Death of youth
- h. State Licensing Reports
- i. Major damage to COUNTY property

In addition to adverse incidents, CONTRACTOR shall report to the Program Monitor high profile incidents that will likely result in inquiries to RUHS-BH from the State DMH, other COUNTY Agencies (Board of Supervisors, DPSS), the press or other community stakeholders. COUNTY staff shall have access to all clinical records and files as needed. CONTRACTOR adverse incident reports shall be made verbally within one hour of the incident to COUNTY Program Monitor. CONTRACTOR shall submit a written report to COUNTY Program Monitor within forty-eight (48) Hours. CONTRACTOR must notify Patients' Rights office in cases involving youth abuse. CONTRACTOR shall provide COUNTY with a copy of all reports submitted to other agencies including other County of Riverside departments, licensing agencies and law enforcement within twenty-four (24) hours of the report.

**X. MANAGEMENT INFORMATION SYSTEM**

CONTRACTOR will purchase PC equipment using start-up funds and will designate a minimum of two PCs for access to COUNTY's ELMR and ImageNet systems. CONTRACTOR may be required to enter data into COUNTY MIS system regarding client identification, financial status, demographics, episode openings and closings, and services provided. COUNTY will provide training and consultation regarding data entry requirements and in the standard set-up and configuration of the PC equipment. CONTRACTOR shall provide sufficient number and competency of staff to enter data as instructed, within the timeframes given. CONTRACTOR is responsible for accuracy and self-monitoring of data entry using reporting tools provided by COUNTY. COUNTY requires accurate, complete and timely entry of all data as a condition of this Agreement.

**EXHIBIT C  
REIMBURSEMENT & PAYMENT**

**CONTRACTOR NAME:** Victor Community Support Services  
**PROGRAM NAME:** Mid-County TAY FSP  
**DEPARTMENT ID:** 4100203210.74750

**A. MAXIMUM OBLIGATION:**

COUNTY'S maximum obligation for FY 2024/2025 shall be \$1,430,000 subject to availability of applicable Federal, State, local and/or COUNTY funds.

**B. SCHEDULES**

Schedules present (for planning purposes only) budgetary and rate 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, and maximum obligation. Schedule K contains line item budget by expenditure category. Schedule P contains rates by practitioner type. Pursuant to this Agreement, the following is incorporated, as indicated by an "X" below:

- Schedule I
- Schedule K
- Schedule P

**C. 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" 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 or P, multiplied by the actual number of units of service provided, less revenue collected.
- One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

**D. LOCAL MATCH REQUIREMENTS:**

- If box is checked, 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. RECONCILIATION:**

The final year-end reconciliation shall be based upon the final year-end reconciliation type or types as indicated by an "X" below. 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 combined final year-end reconciliation 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.

- The final year-end reconciliation for services shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of approved units of service provided, less revenue collected for the provision of services.
- The final year-end reconciliation for Medi-Cal services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of Medi-Cal units of service provided and approved by the State, less revenue collected for the provision of services. Refer to Section J. MUTUAL COST RECONCILIATION, for year-end cost reconciliation options.
- The final year-end reconciliation for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K. Refer to Section K. COST RECONCILIATION, for year-end cost reconciliation requirements.
- The final year-end and local match reconciliation for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.

**F. 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 (DHCS) 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 reconciliation, 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 providing and billing for services in order to ensure proper billing of Medi-Cal. 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.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.

5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of 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. 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).
9. 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.
10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

**G. REALLOCATION OF FUNDS:**

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.

3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.

**H. 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 Riverside University Health System – Behavioral Health.

**I. 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 Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the cost reconciliation 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 reconciliation 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. In addition, CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
5. Notwithstanding the provisions stated above, CONTRACTOR shall be paid in

arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12<sup>th</sup>) monthly basis, or based upon the actual cost invoice by expenditure category.

- a. CONTRACTOR will be responsible for entering all service-related data into the COUNTY's MIS (i.e. ELMR 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 COUNTY'S MIS no later than 5:00 p.m. on the fifth (5<sup>th</sup>) calendar day following the date of service. Late entry of services into 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@ruhealth.org**. CONTRACTOR PIF form and invoice 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 (5<sup>th</sup>) 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 PIF and invoice, contracts reimbursed based on a Schedule K are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
  - f. Failure to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF and invoice, 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.
6. CONTRACTOR shall generate a monthly invoice for payment through the MIS batching process.
  7. CONTRACTOR shall provide COUNTY with all information necessary for preparation and submittal to the State, if applicable, for all billings, and audit of all billings.
  8. To ensure 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 not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating Medicare and/or insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and comment "Medicare/OHC Termed" on documentation provided to the COUNTY.

9. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF and invoice is received by the COUNTY.
10. Pursuant to Section III. REIMBURSEMENT AND USE OF FUNDS and Section XXV. PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by COUNTY and DHCS and/or be the basis for other sanctions by DHCS.

**J. MUTUAL COST RECONCILIATION:**

DHCS Behavioral Health Information Notice (BH-IN) 23-023, dated June 1, 2023, outlines expectations for counties to develop and implement local policies and procedures that reduce administrative burden, reduce complexity, and increase flexibility for their network providers, consistent with the CalAIM goals. As such, the State no longer requires a cost report to be completed. However, if the financial arrangement advances the goals of CalAIM, MHPs and DMC/DMC-ODS counties may reconcile payments to a CONTRACTOR with actual costs, and/or collect cost information from a CONTRACTOR for services rendered after Behavioral Health Payment Reform is implemented, if mutually agreed to by the County and the network provider.

1. CONTRACTOR and COUNTY may mutually agree to review cost information for the purpose of rate adjustment(s), notwithstanding the other requirements outlined herein. Rate adjustments are subject to COUNTY review and approval as well as COUNTY maximum rate limits and availability of funds.
  - a. CONTRACTOR must notify the COUNTY in writing, no later than March 30th before the close of the fiscal year (June 30th). Formal notification should include written justification and detailed financial analysis. The request must be addressed to the RUHS-BH Director and sent to the Cost Report and Program Support email inboxes. (CostReport@ruhealth.org; BHProgramSupport@ruhealth.org)
  - b. Upon receipt of notification, COUNTY will have 45 days to review and notify CONTRACTOR if rate adjustment review request is approved or denied. If approved, CONTRACTOR shall complete Section K. If denied, CONTRACTOR may resubmit justification for further review.

**K. COST RECONCILIATION:**

If required per Section E., or in accordance with Section J., for each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY, per each County Reporting Unit, annual cost reconciliation with an accompanying financial statement and applicable supporting documentation to reconcile to cost within Forty-five (45) calendar days.

1. Cost reconciliation documents shall detail the actual cost of services provided. The cost reconciliation shall be provided in the format and on forms provided by the COUNTY.
2. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reconciliation documents, including but not limited to OMB-circular A-122 and OMB-circular A-87.

3. Any CONTRACTOR that mutually agrees with the COUNTY or that is required to reconcile cost must send one representative to the COUNTY'S annual cost reconciliation training that covers the preparation of the year-end cost reconciliation documents. 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 cost reconciliation documents are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
4. CONTRACTOR will be notified in writing by COUNTY, if the cost reconciliation documents have not been received within the specified length of time. Future monthly reimbursements will be withheld if the cost reconciliation documents contain 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 or extensions will immediately result in the withholding of future monthly reimbursements.
5. The cost reconciliation 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 the cost reconciliation shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
6. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year cost reconciliation(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
7. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost reconciliation. 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).

**L. 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 properly prepared cost reconciliation documents in accordance with requirements and deadlines set forth herein before final payment is made.

**M. 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 XLII. 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 payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

**N. TRAINING:**

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.

**O. 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 maintenance 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 reconciliation. 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.

## CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM (PIF)

<b>Billing/Service Period:</b>		<b>Amount Billed:</b>	
<b>DeptID:</b>			
<b>Provider Name:</b>			
<b>Contract Name/Region:</b>			
<b>Service Location (Address):</b>			
<b>RU's Certified:</b>			
<b>Enumerator/Batch# (If Available):</b>			

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

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and established in the contract with the Riverside University Health System – Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State and/or County laws for Medi-Cal and Medicare beneficiaries. The beneficiaries were eligible to receive Medi-Cal and/or Medicare services at the time the services were provided to the beneficiaries. The services included in the claim were actually provided to the beneficiaries in association with and as stipulated by the claim. Medical necessity was established by my organization for the beneficiaries as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. Required monthly exclusion database checks to confirm identity and to determine status of officers, board members, employees, associates and agents was conducted. A client plan was developed and maintained for the beneficiaries that met all client care plan requirements established in the contract with the RUHS-BH and as stipulated by all applicable Federal, State and/or County law.

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

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and established in the contract with the Riverside University Health System – Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State and/or County laws for consumers who are referred by the County to the Provider for mental health specialty services. The beneficiaries were referred to receive services at the time the services were provided to the beneficiaries in association with and as stipulated by the claim. The services included in the claim were actually provided to the beneficiaries and for the time frame in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. Required monthly exclusion database checks to confirm identity and to determine status of officers, board members, employees, associates and agents was conducted. A client care plan was developed and maintained for the beneficiaries that met all client care plan requirements established in the contract with the RUHS-BH and as stipulated by all applicable Federal, State and/or County law.

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

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

\_\_\_\_\_  
Date

Riverside University Health System - Behavioral Health  
SCHEDULE I

<b>CONTRACT PROVIDER NAME:</b> Victor Community Support Service											<b>FISCAL YEAR</b>  2024/2025		
<b>PROGRAM NAME:</b> Transition Age Youth Integrated Service Recovery Center													
<b>DEPT ID/PROGRAM:</b> 4100203210.74750.530280/530600													
<b>REGION/POPULATION:</b> Mid-County Children's													
<b>NEGOTIATED RATE MEDI-CAL</b>													
<b>RU#(s):</b>		33H6FT											
<b>Dept ID Account:</b>		530280							530600				
<b>REIMBURSEMENT:</b>		Hourly Rate Per Schedule P						\$2.80/min	DOR	Actual Cost \$1.00/min			
<b>MODALITY:</b>		Outpatient Mental Health Services						Indirect	Vocational	Client Support			
<b>MODE OF SERVICE:</b>		15						45	10	NA			
<b>SERVICE TYPE*:</b>		Intensive Care Coordination (ICC)	Mental Health Services (MHS)	Med Support (Meds)	Intensive Home Based Services (IHBS)	Crisis Intervention (CI)	Case Management (CM)	Case Management Non Billable	MH Outreach Indirect	Vocational Services	Flex Fund	Prescriptions	
<b>Service Codes:</b>		*Refer to Schedule P for Allowable Service Codes and Unit Durations						529 NB	610 NB	487DR, 488DR, 489DR	CltSup	HthMt, PsyMed	
<b>BUDGET:</b>		\$70,000	\$850,000	\$80,000	\$70,000	\$55,000	\$113,000	\$140,000	\$12,000	\$0	\$5,000	\$35,000	<b>Total Contract Maximum</b>
<b>Dept ID Totals:</b>		\$1,390,000									\$40,000	\$1,430,000	
<b>Site Location Address</b>					<b>NPI</b>			<b>Taxonomy</b>			<b>Medi-Cal</b>		
555 N. Blvd, A, Perris, CA 92571					1629240270			251S00000X - Community/Behavioral Health			33H6		



**FY 2024/2025  
AGREEMENT RENEWAL  
BETWEEN  
COUNTY OF RIVERSIDE  
AND  
VICTOR COMMUNITY SUPPORT SERVICES  
FOR  
TRANSITION AGE YOUTH & FULL-SERVICE PARTNERSHIP**

That certain Agreement between the County of Riverside (COUNTY) and Victor Community Support Services (CONTRACTOR), approved by the Riverside County Board of Supervisors on February 28, 2023, Agenda Item 3.32, for FY 2022/2023 through FY 2023/2024; amended on October 26, 2023 for FY 2022/2023; approved by the Purchasing Agent on September 27, 2023 for FY 2023/2024; is hereby renewed for FY 2024/2025, effective July 1, 2024 through June 30, 2025, in consideration for mutual obligations:

- **Section II. PERIOD OF PERFORMANCE** of this Agreement shall be amended to read as follows:

**II. PERIOD OF PERFORMANCE**

This Agreement shall be effective as of July 1, 2024 and continue in effect through June 30, 2025. The Agreement may thereafter be renewed annually by mutual agreement of the parties, subject to the availability of funds and satisfactory performance of services.

- **Section V. COMPLIANCE PLAN, Subsection D.** of this Agreement shall be amended to read as follows:

**D. Excluded/Ineligible Persons**

CONTRACTOR shall comply with Licensing, Certification and Accreditation Article in this Agreement related to excluded and ineligible status in Federal and State health care programs. If the CONTRACTOR determines a party that is excluded, or ineligible, it must promptly notify the COUNTY pursuant to 42 C.F.R. §438.608(a)(2) and (a)(4) and the COUNTY will take action consistent with 42 C.F.R. §438.610(d). The CONTRACTOR shall not certify or pay any excluded, or ineligible, provider with Medi-Cal funds, and any such inappropriate payments or overpayments may be subject to recovery and/or be the basis for other sanctions by the appropriate authority. Please also refer to Section XXI. STAFFING, Section XXV. PROHIBITED AFFILIATIONS, and Exhibit C., Section I. PAYMENT.

- **Section V. COMPLIANCE PLAN** of this Agreement shall be amended to include **Subsection K.**, as follows:

K. The COUNTY may impose administrative and monetary sanctions, including the temporary withholding of federal financial participation and realignment payments on the CONTRACTOR for violations of the terms of this contract, and applicable federal and state law and regulations, or the State plan or approved waivers, or for other good cause in accordance with W&I Code § 14197.7 and guidance issued by the Department pursuant to subsection (r) of W&I Code § 14197.7. Please also refer to Exhibit C., Section I. PAYMENT.

- **Section VI. STATUS OF CONTRACTOR** of this Agreement shall be amended to include **Subsection H.**, as follows:

H. CONTRACTOR(s), providers, and subcontractors shall maintain good standing with the California Secretary of State, Internal Revenue Service (IRS), California Franchise Tax Board (FTB), and California Attorney General (AG).

- **Section XXXIV. CONFLICT OF INTEREST** of this Agreement shall be amended to include **Subsection C.**, as follows:  
 C. During the term of this Agreement and for one (1) year after the Agreement is terminated, CONTRACTOR will not indirectly or directly solicit to hire, any individual who is employed by COUNTY.
- Rescind Exhibit A in its entirety and replace it with the new attached Exhibit A for FY 2024/2025.
- Rescind Exhibit C in its entirety, and replace it with the new attached Exhibit C, where the maximum contract amount for FY 2024/2025 is \$1,430,000.
- Rescind Schedule I in its entirety, and replace with the new attached Schedule I.
- Rescind Schedule P in its entirety, and replace with the new attached Schedule P.

All other terms and conditions of this Agreement shall remain unchanged and in full force and effect.

**IN WITNESS WHEREOF**, the Parties hereto have caused their duly authorized representatives to execute this Amendment.

**COUNTY OF RIVERSIDE**

Riverside University Health System  
 Behavioral Health  
 4095 County Circle Drive  
 Riverside, CA 92503

**CONTRACTOR**

Victor Community Support Services  
 1360 East Lassen Avenue  
 Chico, CA 95973

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: Trisha Hernandez

Print Name: \_\_\_\_\_

Title: Procurement Contract Specialist

Title: \_\_\_\_\_

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

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

**COUNTY COUNSEL**

Approved as to Form

By: *Gregg Gu for Eric Stopher*  
 Deputy County Counsel

**TRANSITION AGE YOUTH INTEGRATED SERVICE RECOVERY CENTER  
MID-COUNTY REGION  
EXHIBIT A**

**CONTRACTOR NAME:** Victor Community Support Services, Inc.  
**DEPT ID/PROGRAM:** 4100203210.74750

**I. SCOPE OF WORK**

Victor Community Support Services, Inc. hereinafter referred to as CONTRACTOR shall provide Full-Service Partnership (FSP) services by operating the Transition Age Youth (TAY) Integrated Service and Recovery Centers (ISRC) for the Mid-County Region.

**II. GOALS OF THE SERVICE**

The ISRC will align with the goals of the Mental Health Services Act (MHSA) by successfully engaging and supporting TAY in FSP's that are intended to reduce, limit, or break the cycle of homelessness, institutionalization, and/or incarceration. Each youth identified as a FSP must be offered a partnership with the TAY ISRC to develop an individualized service and support plan, which is youth/family-driven, and which operationalizes the five fundamental concepts of:

1. Community collaboration;
2. Cultural competence;
3. A youth/family-driven mental health system;
4. Wellness focus; and
5. An integrated service experience.

The ISRC will:

1. Assist youths in acquiring skills to progressively and successfully transition from higher levels of care to lower levels of care.
2. Provide ongoing services to assist youths to engage in a chosen, productive day activity, e.g., gainful employment, volunteer work, and/or education.
3. Assist youths to be safe and remain out of trouble with law enforcement.
4. Help youths connect and remain actively involved with their families, peers, and the community.
5. Reduce youth's level of incapacity due to psychiatric symptoms.
6. Assist youths in improving their financial conditions, e.g., establishing a stable income, obtaining health insurance, etc.
7. Increase access to and adherence with medication.
8. Decrease drug/alcohol abuse.

**III. TARGET POPULATION**

**Enrollment Criteria:**

The population to be served will be transition-aged residents (ages 16 through 25) located in the Mid-County Region of Riverside County. The Mid-County Region serves areas east and south of March Air Force Base, including Perris, Lake Elsinore, Murrieta, Temecula, Hemet, San Jacinto, and all other smaller communities around these cities. The goal is to provide accessibility to as many areas in the Mid-County Region as possible.

To be served by a FSP provider of RUHS-BH, youths must:

1. Have a severe and persistent mental illness, and
2. Have demonstrated non-adherence or unsuccessful engagement with outpatient treatment.

In addition, adult youths (ages 18 through 25) must be eligible by meeting at least one of the following criteria:

1. Have a history of multiple placements (group homes; foster care; residential treatment, etc.);
2. Be a high-utilizer of crisis stabilization and/or inpatient services (Crisis Stabilization Unit [CSU], Emergency Treatment Services [ETS], Inpatient Treatment Facility [ITF], Psychiatric Health Facility [PHF], etc.);

3. Have at least two (2) incarcerations (Juvenile Hall or jail) in the previous twelve (12) months; and/or:
4. Currently homeless, or at risk for homelessness (e.g., pending eviction from a rental; being forced to leave a relative's home, etc.).

**Number to be served:**

CONTRACTOR shall provide mental health treatment services to one hundred and twenty-five (125) unduplicated youths annually in the Mid-County Region (capacity for ninety (90) open cases at any point in time) at any one point in time. Of these "point in time" cases, funding is designated that twenty-four (24) shall be designated as serving youths sixteen (16) to nineteen (19) years of age.

**Exclusionary Criteria:**

CONTRACTOR shall assess and enroll all referrals made by COUNTY to the ISRC unless written authorization to deny enrollment is given to CONTRACTOR by the RUHS-BH Regional Manager or designee.

CONTRACTOR will not serve:

1. Youths who are convicted sex offenders.

**IV. SERVICES TO BE PROVIDED**

CONTRACTOR shall provide all youths with the following services:

1. Comprehensive mental health treatment and recovery supports; social supports that increase resiliency; access to physical healthcare and dental services; substance abuse and trauma treatment (including intergenerational assessments), which are strength-based, focused on youth engagement, and are gender-and culture-specific. The ISRC agrees to work with the individual and their family, as appropriate, to provide all necessary and desired services and supports in order to assist that youth/family in achieving the goals identified in their plan. This includes persistent outreach to engage youths referred by RUHS-BH.
2. Assist youths in developing self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models). Youths will also have an individualized service plan that meets Medi-Cal requirements, is person-centered, and gives youths and their families sufficient information to allow them to make informed choices about the services in which they participate. Services will be based on youth's recovery goals and desires, provided by a team that embraces the principles of recovery and resilience.
3. Services include linkage to, or provision of, all needed services or supports as defined by the youth and/or family in consultation with the ISRC staff. This includes the capability of increasing or decreasing service intensity as needed.
4. Crisis and support services, including telephonic and on-site response, twenty four (24) hours a day, seven (7) days a week. These responses shall include, but not be limited to, responding to landlords requesting assistance for youths in crisis; providing face-to-face crisis intervention in the field (e.g., board and care facilities, youths' homes, emergency rooms, etc.); assisting family caretakers in deescalating conflicts, etc. Crisis responses provided are intended to provide immediate interventions that reduce negative outcomes for youths, including unnecessary hospitalizations, incarcerations, and housing evictions.
5. Integrated substance abuse and mental health services through an integrated team with a single individualized service plan, using evidence-based practices, as approved by COUNTY. Develop or utilize specialized housing that supports dual diagnosis recovery for youths with dual disorders (i.e., sober living environments).
6. Psychiatric medication and medication support services including, but not limited to, evaluating the need for medication, and its clinical effectiveness and side effects; medication education; prescribing and administering medication; obtaining necessary lab tests for medication; and drug testing for drug abuse. Provide education for youths, family members, and other caregivers regarding the nature of medications, their expected benefits, and

potential side effects. CONTRACTOR is responsible for any medication costs or lab testing costs for indigent youths.

7. Improve access to and youth adherence with physical healthcare services, including collaboration with primary care providers to provide individualized, inter-disciplinary, coordinated medical care.
8. Facilitate youths obtaining income and medical insurance benefits for which they are eligible (SSI/SSDI, Medi-Cal, Medicare, etc.), interim assistance, and other public assistance potentially available to each youth. Applications for income and insurance benefits will be initiated within seven (7) days of referral to CONTRACTOR. CONTRACTOR shall act as the representative payee for those youths who are required by Social Security to have a payee, and who have no other responsible third party to fulfill this responsibility. For youths who are required to have a representative payee, CONTRACTOR shall provide support and treatment to assist the youth in acquiring the necessary skills to take control of their money as part of the FSP treatment plan.
9. Conduct education and training that teaches successful community living skills (e.g. medication and healthcare management, anger management, relationship skills, etc.) that will contribute to improving service outcomes.
10. Improve access to transportation, including providing transportation as needed, to achieve the youths' goals. Increase access to, and utilization, of public transportation, and assist youths with the acquisition of driver's licenses.
11. Assist youths in obtaining, and maintaining self-sufficient, safe, and affordable housing stability, across a range of housing choices.
12. Coordinate services with other COUNTY mental health programs such as peer centers, homeless outreach staff, mental health courts, and inpatient programs. Coordinate services with other local agencies such as Probation, DPSS, law enforcement, etc.
13. Integrate services with ethnic-specific and gender-specific community-based organizations. Maximize youth participation with community providers and organizations. Collaboration with community agencies, such as veterans' services, faith-based organizations, ethnic and cultural support groups, and education systems to assist youths to participate in a range of recovery and wellness activities in the community.
14. Provide self-help and peer support services that increase youth empowerment, increase self-responsibility, increase rates of employment, and other improved outcomes.
15. Provide vocational services with a commitment to competitive employment as an attainable goal. Vocational services include:
  - a. Vocational assessment of clients' abilities, skills, aptitudes, interests, and behaviors. Medical, psychological, socio-cultural factors, housing, economic, and ADA issues will be incorporated into the vocational assessment.
  - b. Providing guidance in completing an employment application, assisting with effectively interviewing for employment, training to enhance work-related social and communication skills, and job-seeking skills.
  - c. Job development that identifies specific job openings appropriate for each individual based on identified strengths and weaknesses, and facilitates job acquisition. ISRC staff will contact potential employers, provide client advocacy, and facilitate a positive client-employer relationship.
  - d. Individualized job placement according to client preferences, strengths, and work experience, with a rapid job search approach for any client expressing interest in working.
  - e. Vocational services are provided based on youth choice. No one is excluded who wants to participate.
  - f. Supported employment is integrated with treatment. Supported employment has as its goal competitive employment in the community (i.e., jobs that anyone can apply for) that pay at least minimum wage, and include both part-time and full-time jobs.

- g. Job search starts soon after a youth expresses interest in working. There are no requirements for completing extensive pre-employment assessment and training. CONTRACTOR is required to work collaboratively with the State Department of Rehabilitation (DOR) and with RUHS-BH to maximize DOR-funded vocational services as specified in a separate MH/DOR/Contractor Cooperative services grant. This includes attending all required meetings, providing vocational services that meet all DOR requirements.
16. Work collaboratively with Peer Support and Resource Centers (PSRCs, otherwise known as “peer centers”) to expand youth involvement and participation with peer support activities, and to optimize youths’ recovery plans.
17. To cooperate and meet the State mandates related to the Katie “A” lawsuit. To meet all required timelines and expectations of Core Practices and Principles. This includes timely assessments, ICC (Intensive Case Coordination) and CFT (Child and Family Team) participation along with IHBS (In Home-Based Services) when indicated by the CFT. To utilize the specific billing codes designated for Katie “A” interventions.

## **V. ADDITIONAL PROGRAM REQUIREMENTS**

CONTRACTOR shall:

1. Utilize flexible funds (“flex funds”) to do “whatever it takes”, within reason, to meet the unique youth needs as they work to achieve their recovery, educational and vocational goals, and to maintain the youth in the community and avoid institutional settings.
2. Ensure services are culturally competent and utilize the community resources of the youth’s racial/ethnic community. Gender-specific services and services for gay/lesbian/transgender individuals must be provided.
3. Develop an Advisory Board consisting of youths and family members, and other interested community members, to guide the development of the ISRCs and provide on-going feedback to the program.
4. Develop and participate in an interagency collaboration that promotes shared responsibility and accountability within the local community for effective outcomes for this population, including partnerships with ethnic-specific and gender-specific community providers and programs. Collaboration and coordination activities will be engaged in at no additional cost to RUHS-BH.
5. Provide on-site consultation at RUHS-BH Clinics as requested by RUHS-BH regarding TAY needs and resources available to address the transition needs of non-FSP youths. CONTRACTOR is expected to provide outreach services to clinic outpatient programs and the youths of these programs to facilitate access to TAY and adult services as well as engage younger TAY youths.
6. Monitor the health and welfare of youths living in residential facilities or placements (e.g., Institute for Mental Disease [IMDs], board and cares, room and board facilities, homeless shelters, foster, and group homes, etc.) and document these contacts in youths’ charts. CONTRACTOR shall report to RUHS-BH and DPSS/Community Care Licensing (as applicable) within twenty-four hours (24) any conditions in these facilities that may be compromising the health and welfare of youths.
7. Provide adequate accommodations for COUNTY staff to meet with youths or with youths’ significant others, as requested by COUNTY. Such accommodations must allow for confidentiality, privacy, and safety.
8. Agree to meet regularly with COUNTY staff to review pending enrollments, services provided, and discharge plans for the youths referred to the CONTRACTOR.

## **VI. HOURS OF OPERATION**

Services shall be offered seven (7) days a week and will include evenings. Crisis and support services are available twenty-four/seven (24/7). A schedule of provided services and clinic hours of operation shall be provided to COUNTY at least monthly. All after-hour crisis contacts (by phone or in-person in the field) will be documented in a format approved by COUNTY, and reported to the Program Monitor monthly.

## **VII. STAFFING RESPONSIBILITIES AND QUALIFICATIONS**

Staffing shall include:

1. A multi-disciplinary team consisting of both professional and paraprofessional staff that includes paid youth and family member service providers.
  - a. Youth providers must have received mental health services or are receiving such services, and be willing to identify themselves as such when working with youths.
  - b. A family provider must be, or have been, a family member or caretaker of a youth, and be willing to identify themselves as such.
2. Personal Services Coordinators (PSC's) are identified as the single point of responsibility and provide intensive and assertive case management made possible by a low staff-to-youth ratio (maximum 1:15).
3. PSCs must be culturally competent, know the community resources of the youth's racial/ethnic community, and meet Medi-Cal requirements to bill for mental health services.
4. Staff specialized in skill-building techniques that support housing independence; assess and treat co-occurring disorders, and employment services.
5. Peer-provided outreach, education, mentorship, support and advocacy, including teaching and supporting Wellness Recovery Action Plans (WRAP);
6. Licensed psychiatrist and licensed nursing staff (RN, LPT, LVN), who provide services within their scope of practice and licensure.
7. CONTRACTOR shall hire culturally and ethnically diverse staff representing the ethnic and gender characteristics of the youths being served. CONTRACTOR staff must include bilingual (Spanish) capability for all services provided in order to effectively serve the target population.
8. Staff will document the services provided and bill for these services within three (3) days of service delivery, and do so in a way that meets all Medi-Cal requirements.
9. The use of volunteers is encouraged.

## **VIII. STAFF TRAINING**

CONTRACTOR shall provide staff with ongoing training and staff development in the areas of mental health, substance abuse, crisis intervention, motivational interviewing and stages of change, recovery values and philosophy, and client empowerment. Participation in ongoing training must be documented by CONTRACTOR, and provided to COUNTY monthly. CONTRACTOR shall also provide or make arrangements for staff to receive training in the following areas:

1. An initial orientation to the program, including a description of the goals of the program, a review of policies and procedures, emergency procedures, and treatment services.
2. Training requirements in CPR, First Aid, Emergency/Disaster Planning, non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the youths from violent behavior.
3. Cultural competency in serving youths from diverse ethnic and cultural backgrounds including age, gender, sexual orientation, physical disabilities, and youth cultures.

## **IX. YOUTH OUTCOMES DOCUMENTATION AND REPORTING**

During the performance of this Agreement, CONTRACTOR shall submit MHSA FSP Data Collection and Reporting (DCR) data to COUNTY for the purpose of measuring individual-level performance outcomes. All FSP data shall be submitted in electronic form. CONTRACTOR shall ensure the staff responsible for transmitting this data is trained in the data collection procedure. This training will be provided by COUNTY.

The requirements referred to in this section do not preclude COUNTY from requiring CONTRACTOR to report any other additional performance outcomes required by law or regulation. The renewal of this contract between COUNTY and CONTRACTOR is contingent upon CONTRACTOR's ability to meet or exceed the below Performance Outcomes. It is also understood that COUNTY reserves the right to modify these Performance Outcomes to meet the needs of a third-party payer.

**1. Documenting Referrals and Open Episodes:**

CONTRACTOR shall document, in a format approved by COUNTY, receipt of referrals to the FSP within 24 hours of receiving the referral. Referred youths will have an episode opened in CONTRACTOR's RU number within twenty-four (24) hours of receipt of the referral. CONTRACTOR shall distribute electronically a weekly census showing the status in the FSP (referred, opened, enrolled). Youths not successfully enrolled in the RU will be closed in the RU and referred back to COUNTY as unsuccessfully engaged by the FSP, following the approval of the Program Monitor to terminate engagement efforts.

**2. Initial Enrollment Data:**

Upon enrollment, CONTRACTOR shall collect data as soon as it begins providing services to FSP youths, including, but not limited to; general administrative data; residential status; legal issues/status; health status; substance abuse issues; assessment of daily living functions where appropriate; and all interventions, including emergency intervention. This data shall be transmitted to COUNTY as soon as possible, and no later than sixty (60) days after the commencement of services.

**3. Quarterly Assessments:**

Every three months, CONTRACTOR shall conduct an assessment of each youth and submit FSP data to COUNTY within sixty (60) days of collecting the data. This data shall include, but is not limited to, general administrative data, educational status, financial status, legal issues/status, health status, substance abuse issues, and assessment of daily living functions where appropriate.

**4. Key Events Tracking (KET's):**

CONTRACTOR shall submit data to COUNTY as soon as possible, but no later than sixty (60) days after an FSP youth experiences a change in a key event, such as a change in educational status, employment or financial status, legal status, or residential status, including hospitalization or incarceration; or following an emergency intervention. Data submitted shall include, but is not limited to, general administrative data, residence, educational status, employment status, legal issues/status, and a description of any and all interventions, including emergency intervention.

- a. Twice annually, during two (2) -week survey periods designated by COUNTY, CONTRACTOR shall collect youth perception data from youths served by the ISRC. The data to be collected includes, but is not limited to, the youth's perceptions of the quality and results of services provided by CONTRACTOR. The survey data shall be submitted to COUNTY within the time-frame determined by COUNTY'S Research and Quality Improvement program.
- b. CONTRACTOR shall provide other information required by COUNTY, State or federal law.
- c. All data submitted shall be full and complete.
- d. CONTRACTOR shall make diligent efforts to minimize errors in data reported.

**5. Adverse Incidents:**

Additionally, CONTRACTOR shall report to COUNTY any adverse incidents. Reportable adverse incidents include:

- a. Physical injury to any youth or clinic visitor requiring medical attention
- b. Suicide or suicide attempts
- c. Homicide
- d. Significant injury caused by physical assault/battery by youth upon another
- e. Significant injury caused by physical assaults on youths or visitors
- f. Significant injury to youth while at the program
- g. Death of youth
- h. State Licensing Reports
- i. Major damage to COUNTY property

In addition to adverse incidents, CONTRACTOR shall report to the Program Monitor high profile incidents that will likely result in inquiries to RUHS-BH from the State DMH, other COUNTY Agencies (Board of Supervisors, DPSS), the press or other community stakeholders. COUNTY staff shall have access to all clinical records and files as needed. CONTRACTOR adverse incident reports shall be made verbally within one hour of the incident to COUNTY Program Monitor. CONTRACTOR shall submit a written report to COUNTY Program Monitor within forty-eight (48) Hours. CONTRACTOR must notify Patients' Rights office in cases involving youth abuse. CONTRACTOR shall provide COUNTY with a copy of all reports submitted to other agencies including other County of Riverside departments, licensing agencies and law enforcement within twenty-four (24) hours of the report.

**X. MANAGEMENT INFORMATION SYSTEM**

CONTRACTOR will purchase PC equipment using start-up funds and will designate a minimum of two PCs for access to COUNTY's ELMR and ImageNet systems. CONTRACTOR may be required to enter data into COUNTY MIS system regarding client identification, financial status, demographics, episode openings and closings, and services provided. COUNTY will provide training and consultation regarding data entry requirements and in the standard set-up and configuration of the PC equipment. CONTRACTOR shall provide sufficient number and competency of staff to enter data as instructed, within the timeframes given. CONTRACTOR is responsible for accuracy and self-monitoring of data entry using reporting tools provided by COUNTY. COUNTY requires accurate, complete and timely entry of all data as a condition of this Agreement.

**EXHIBIT C  
REIMBURSEMENT & PAYMENT**

**CONTRACTOR NAME:** Victor Community Support Services  
**PROGRAM NAME:** Mid-County TAY FSP  
**DEPARTMENT ID:** 4100203210.74750

**A. MAXIMUM OBLIGATION:**

COUNTY'S maximum obligation for FY 2024/2025 shall be \$1,430,000 subject to availability of applicable Federal, State, local and/or COUNTY funds.

**B. SCHEDULES**

Schedules present (for planning purposes only) budgetary and rate 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, and maximum obligation. Schedule K contains line item budget by expenditure category. Schedule P contains rates by practitioner type. Pursuant to this Agreement, the following is incorporated, as indicated by an "X" below:

- Schedule I
- Schedule K
- Schedule P

**C. 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" 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 or P, multiplied by the actual number of units of service provided, less revenue collected.
- One-twelfth (1/12<sup>th</sup>), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

**D. LOCAL MATCH REQUIREMENTS:**

- If box is checked, 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. RECONCILIATION:**

The final year-end reconciliation shall be based upon the final year-end reconciliation type or types as indicated by an "X" below. 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 combined final year-end reconciliation 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.

- The final year-end reconciliation for services shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of approved units of service provided, less revenue collected for the provision of services.
- The final year-end reconciliation for Medi-Cal services (only) shall be based upon the Negotiated Rate, as approved by the COUNTY, multiplied by the actual number of Medi-Cal units of service provided and approved by the State, less revenue collected for the provision of services. Refer to Section J. MUTUAL COST RECONCILIATION, for year-end cost reconciliation options.
- The final year-end reconciliation for ancillary, start-up, expenditure and or flexible spending categories shall be based on actual allowable cost, less revenue collected, as specified in the Schedule I and/or Schedule K. Refer to Section K. COST RECONCILIATION, for year-end cost reconciliation requirements.
- The final year-end and local match reconciliation for EPSDT Local Match contract(s) shall be based on the COUNTY final State EPSDT settlement.

**F. 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 (DHCS) 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 reconciliation, 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 providing and billing for services in order to ensure proper billing of Medi-Cal. 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.
3. CONTRACTOR shall notify COUNTY of patient/client private insurance, Medicare, or other third party benefits.
4. CONTRACTOR is to attempt to collect first from Medicare (if site is Medicare certified and if CONTRACTOR staff is enrolled in Medicare program), then insurance and then first party. In addition, CONTRACTOR is responsible for adhering to and complying with all applicable Federal, State and local Medi-Cal and Medicare laws and regulations as it relates to providing services to Medi-Cal and Medicare beneficiaries.

5. If a client has both Medicare or Insurance and Medi-Cal coverage, a copy of the Medicare or Insurance Explanation of Benefits (EOB) must be provided to the COUNTY within thirty (30) days of receipt of the EOB date.
6. CONTRACTOR is obligated to collect from the client any Medicare co-insurance and/or deductible if the site is Medicare certified or if provider site is in the process of becoming Medicare certified or if the provider is enrolled in Medicare. CONTRACTOR is required to clear any Medi-Cal Share of Cost amount(s) with the State. CONTRACTOR is obligated to attempt to collect the cleared Share of Cost amount(s) from the client. CONTRACTOR must notify the COUNTY in writing of cleared Medi-Cal Share of Cost(s) within seventy two (72) hours (excluding holidays) of 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. 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).
9. 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.
10. CONTRACTOR must notify the COUNTY if CONTRACTOR raises client fees. Notification must be made within ten (10) days following any fee increase.

**G. REALLOCATION OF FUNDS:**

1. No funds allocated for any mode and service function as designated in Schedule I may be reallocated to another mode and service function unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.

3. If this Agreement includes more than one Exhibit C and/or more than one Schedule I, shifting of funds between Exhibits/Schedules is prohibited without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to the end of either the Agreement Period of Performance or fiscal year.
4. No funds allocated for any expenditure category as designated in Schedule K may be reallocated to another expenditure category unless prior written consent and approval is received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor prior to either the end of the Agreement Period of Performance or the end of the fiscal year (June 30<sup>th</sup>). Approval shall not exceed the maximum obligation.

**H. 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 Riverside University Health System – Behavioral Health.

**I. 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 Team Review (CMT), COUNTY Program Monitoring, Federal or State Audit, and/or the cost reconciliation 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 reconciliation 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. In addition, CONTRACTOR'S failure to comply with Network Adequacy reporting requirements, as outlined in Section XXVI. PROVIDER ADEQUACY of the Agreement may result in payment hold.
5. Notwithstanding the provisions stated above, CONTRACTOR shall be paid in

arrears based upon either the actual units of service provided and entered into the COUNTY'S specified Electronic Management Information System (MIS), or on a one-twelfth (1/12<sup>th</sup>) monthly basis, or based upon the actual cost invoice by expenditure category.

- a. CONTRACTOR will be responsible for entering all service-related data into the COUNTY's MIS (i.e. ELMR 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 COUNTY's MIS no later than 5:00 p.m. on the fifth (5<sup>th</sup>) calendar day following the date of service. Late entry of services into 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@ruhealth.org**. CONTRACTOR PIF form and invoice 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 (5<sup>th</sup>) 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 PIF and invoice, contracts reimbursed based on a Schedule K are required to submit a monthly invoice for the actual cost of services provided, per expenditure category, as identified on Schedule K.
  - f. Failure to enter and approve all applicable services into the MIS for the applicable month, faxing and/or e-mailing the signed PIF and invoice, 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.
6. CONTRACTOR shall generate a monthly invoice for payment through the MIS batching process.
  7. CONTRACTOR shall provide COUNTY with all information necessary for preparation and submittal to the State, if applicable, for all billings, and audit of all billings.
  8. To ensure 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 not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating Medicare and/or insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include their name and comment "Medicare/OHC Termed" on documentation provided to the COUNTY.

9. Unless otherwise notified by the COUNTY, CONTRACTOR invoicing will be paid by the COUNTY thirty (30) calendar days after the date a correct PIF and invoice is received by the COUNTY.
10. Pursuant to Section III. REIMBURSEMENT AND USE OF FUNDS and Section XXV. PROHIBITED AFFILIATIONS of the Agreement, CONTRACTOR acknowledges any payment received for an excluded person may be subject to recover and/or considered an overpayment by COUNTY and DHCS and/or be the basis for other sanctions by DHCS.

**J. MUTUAL COST RECONCILIATION:**

DHCS Behavioral Health Information Notice (BH-IN) 23-023, dated June 1, 2023, outlines expectations for counties to develop and implement local policies and procedures that reduce administrative burden, reduce complexity, and increase flexibility for their network providers, consistent with the CalAIM goals. As such, the State no longer requires a cost report to be completed. However, if the financial arrangement advances the goals of CalAIM, MHPs and DMC/DMC-ODS counties may reconcile payments to a CONTRACTOR with actual costs, and/or collect cost information from a CONTRACTOR for services rendered after Behavioral Health Payment Reform is implemented, if mutually agreed to by the County and the network provider.

1. CONTRACTOR and COUNTY may mutually agree to review cost information for the purpose of rate adjustment(s), notwithstanding the other requirements outlined herein. Rate adjustments are subject to COUNTY review and approval as well as COUNTY maximum rate limits and availability of funds.
  - a. CONTRACTOR must notify the COUNTY in writing, no later than March 30th before the close of the fiscal year (June 30th). Formal notification should include written justification and detailed financial analysis. The request must be addressed to the RUHS-BH Director and sent to the Cost Report and Program Support email inboxes. (CostReport@ruhealth.org; BHProgramSupport@ruhealth.org)
  - b. Upon receipt of notification, COUNTY will have 45 days to review and notify CONTRACTOR if rate adjustment review request is approved or denied. If approved, CONTRACTOR shall complete Section K. If denied, CONTRACTOR may resubmit justification for further review.

**K. COST RECONCILIATION:**

If required per Section E., or in accordance with Section J., for each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall provide to COUNTY, per each County Reporting Unit, annual cost reconciliation with an accompanying financial statement and applicable supporting documentation to reconcile to cost within Forty-five (45) calendar days.

1. Cost reconciliation documents shall detail the actual cost of services provided. The cost reconciliation shall be provided in the format and on forms provided by the COUNTY.
2. CONTRACTOR shall follow all applicable Federal, State and local regulations and guidelines to formulate proper cost reconciliation documents, including but not limited to OMB-circular A-122 and OMB-circular A-87.

3. Any CONTRACTOR that mutually agrees with the COUNTY or that is required to reconcile cost must send one representative to the COUNTY'S annual cost reconciliation training that covers the preparation of the year-end cost reconciliation documents. 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 cost reconciliation documents are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
4. CONTRACTOR will be notified in writing by COUNTY, if the cost reconciliation documents have not been received within the specified length of time. Future monthly reimbursements will be withheld if the cost reconciliation documents contain 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 or extensions will immediately result in the withholding of future monthly reimbursements.
5. The cost reconciliation 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 the cost reconciliation shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
6. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year cost reconciliation(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
7. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost reconciliation. 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).

**L. 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 properly prepared cost reconciliation documents in accordance with requirements and deadlines set forth herein before final payment is made.

**M. 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 XLII. 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 payment until the corrective plan of action is received. CONTRACTOR'S response shall identify time frames for implementing the corrective action. Failure to provide adequate response or documentation for this or subsequent year's Agreements may result in Agreement payment withholding and/or a disallowance to be paid in full upon demand.

**N. TRAINING:**

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.

**O. 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 maintenance 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 reconciliation. 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.

**CERTIFICATION OF CLAIMS AND PROGRAM INTEGRITY FORM (PIF)**

<b>Billing/Service Period:</b>		<b>Amount Billed:</b>	
<b>DeptID:</b>			
<b>Provider Name:</b>			
<b>Contract Name/Region:</b>			
<b>Service Location (Address):</b>			
<b>RU’s Certified:</b>			
<b>Enumerator/Batch# (If Available):</b>			

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

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and established in the contract with the Riverside University Health System – Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State and/or County laws for Medi-Cal and Medicare beneficiaries. The beneficiaries were eligible to receive Medi-Cal and/or Medicare services at the time the services were provided to the beneficiaries. The services included in the claim were actually provided to the beneficiaries in association with and as stipulated by the claim. Medical necessity was established by my organization for the beneficiaries as defined under Title 9, California Code of Regulations, Division 1, Chapter 11, for the service or services provided, for the time frame in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. Required monthly exclusion database checks to confirm identity and to determine status of officers, board members, employees, associates and agents was conducted. A client plan was developed and maintained for the beneficiaries that met all client care plan requirements established in the contract with the RUHS-BH and as stipulated by all applicable Federal, State and/or County law.

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

I, as an authorized representative of \_\_\_\_\_, **HEREBY CERTIFY** under penalty of perjury to the following: An assessment of the beneficiaries was conducted by \_\_\_\_\_ in compliance with the requirements as set forth and established in the contract with the Riverside University Health System – Behavioral Health (RUHS-BH) and as stipulated by all applicable Federal, State and/or County laws for consumers who are referred by the County to the Provider for mental health specialty services. The beneficiaries were referred to receive services at the time the services were provided to the beneficiaries in association with and as stipulated by the claim. The services included in the claim were actually provided to the beneficiaries and for the time frame in which the services were provided, and by a certified and/or licensed professional as stipulated by all applicable Federal, State and County laws and regulations. Required monthly exclusion database checks to confirm identity and to determine status of officers, board members, employees, associates and agents was conducted. A client care plan was developed and maintained for the beneficiaries that met all client care plan requirements established in the contract with the RUHS-BH and as stipulated by all applicable Federal, State and/or County law.

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

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

\_\_\_\_\_  
Date

**Riverside University Health System - Behavioral Health  
SCHEDULE I**

<b>CONTRACT PROVIDER NAME:</b> Victor Community Support Service											<b>FISCAL YEAR</b>		
<b>PROGRAM NAME:</b> Transition Age Youth Integrated Service Recovery Center													
<b>DEPT ID/PROGRAM:</b> 4100203210.74750.530280/530600													
<b>REGION/POPULATION:</b> Mid-County Children's											<b>2024/2025</b>		
<b>NEGOTIATED RATE MEDI-CAL</b>													
<b>RU#(s):</b>		<b>33H6FT</b>										<b>Total Contract Maximum</b>	
<b>Dept ID Account:</b>		<b>530280</b>							<b>530600</b>				
<b>REIMBURSEMENT:</b>		<b>Hourly Rate Per Schedule P</b>						\$2.80/min	DOR	Actual Cost \$1.00/min			
<b>MODALITY:</b>		Outpatient Mental Health Services						Indirect	Vocational	Client Support			
<b>MODE OF SERVICE:</b>		15						45	10	NA			
<b>SERVICE TYPE*:</b>		Intensive Care Coordination (ICC)	Mental Health Services (MHS)	Med Support (Meds)	Intensive Home Based Services (IHBS)	Crisis Intervention (CI)	Case Management (CM)	Case Management Non Billable	MH Outreach Indirect	Vocational Services	Flex Fund		Prescriptions
<b>Service Codes:</b>		*Refer to Schedule P for Allowable Service Codes and Unit Durations						<b>529 NB</b>	<b>610 NB</b>	<b>487DR, 488DR, 489DR</b>	<b>ClSup</b>		<b>HlthMt, PsyMed</b>
<b>BUDGET:</b>		\$70,000	\$850,000	\$80,000	\$70,000	\$55,000	\$113,000	\$140,000	\$12,000	\$0	\$5,000		\$35,000
<b>Dept ID Totals:</b>		<b>\$1,390,000</b>							<b>\$40,000</b>				<b>\$1,430,000</b>
<b>Site Location Address</b>				<b>NPI</b>				<b>Taxonomy</b>					<b>Medi-Cal</b>
555 N. Blvd, A, Perris, CA 92571				1629240270				251S00000X - Community/Behavioral Health				33H6	

RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH SCHEDULE P FY 2024/2025

ELMR Service Code	Schedule I Category	Service Code Description	State Code	State Code Description	Unit Duration	MD/ Psychiatrist (1)	Physician Assistant (107)	NP (105)	RN (5)	Certified Nurse Specialist	LVN (6)	Licensed Psych Tech	Psychologist/Pre-licensed Psychologist (114)	LPHA/ LCSW (109/46)	Occupational Therapist	MH Rehab Spec	Peer Recovery Specialist	Other Qualified Provider
<b>NEGOTIATED HOURLY RATE BY DISCIPLINE</b>						<b>\$834.90</b>	<b>\$390.33</b>	<b>\$390.33</b>	<b>\$313.95</b>	<b>\$378.67</b>	<b>\$188.68</b>	<b>\$168.85</b>	<b>\$261.46</b>	<b>\$290.24</b>	<b>\$212.49</b>	<b>\$212.49</b>	<b>\$216.74</b>	<b>\$212.49</b>
360	MHS	MH Service	H2017	Psychosocial Rehabilitation	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
363	MHS	Group MH Service	H2017	Psychosocial Rehabilitation	15	\$46.38	\$21.69	\$21.69	\$17.44	\$21.04	\$10.48	\$9.38	\$14.53	\$16.12	\$11.81	\$11.81		\$11.81
520	CM	Case Management Brokerage	T1017	Targeted Case Management	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
590	CM	Case Management Family	T1017	Targeted Case Management	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
621	CM	Peer MH Therapeutic Activity	H0038	Self-help/peer services	15													\$54.19
622	CM	Peer MH Engagement	H0038	Self-help/peer services	15													\$54.19
623	MHS	Peer MH Education Groups	H0025	BH prevention education service	15													\$12.04
360IHBS	IHBS	Intensive Home Based Service	H2017	Psychosocial Rehabilitation	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
520ICC	ICC	Intensive Care Coordination w/out Family	T1017	Targeted Case Management	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
530ICCR	ICC	Intensive Care Coordination Review	T1017	Intensive Care Coordination Review	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
590ICC	ICC	Intensive Care Coordination w/ Family	T1017	Targeted Case Management	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
621ICC	ICC	Peer ICC Therapeutic Activity	H0038	Self-help/peer services	15													\$54.19
621ICCR	ICC	Peer ICC Review Therapeutic Activity	H0038	Self-help/peer services	15													\$54.19
621IHBS	IHBS	Peer IHBS Therapeutic Activity	H0038	Self-help/peer services	15													\$54.19
622ICC	ICC	Peer ICC Engagement	H0038	Self-help/peer services	15													\$54.19
623C	MHS	Peer MH Education Co-Staff Groups	H0025	BH prevention education service	15													\$12.04
90791A	MHS	Assessment Individual (31+ min)	90791/T2024	Psychiatric Diagnostic Evaluation	15	\$208.73	\$97.58	\$97.58		\$94.67			\$65.37	\$72.56				
90791KTA	MHS	Katie A. Assessment Individual (31+ min)	90791/T2024	Psychiatric Diagnostic Evaluation	15	\$208.73	\$97.58	\$97.58		\$94.67			\$65.37	\$72.56				
90832CA	MHS	Individual Therapy (16-37 min)	90832	Psychotherapy, 30 Min w/ Patient	30	\$417.45	\$195.17	\$195.17		\$189.34			\$130.73	\$145.12				
90834CA	MHS	Individual Therapy (38-52 min)	90834	Psychotherapy, 45 Min w/ Patient	45	\$626.18	\$292.75	\$292.75		\$284.00			\$196.10	\$217.68				
90837A	MHS	Individual Therapy (53+ min)	90837/T2021	Psychotherapy, 60 Min w/ Patient	15	\$208.73	\$97.58	\$97.58		\$94.67			\$65.37	\$72.56				
90839CA	CI	Crisis Intervention	H2011	Crisis Intervention Service	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12		\$53.12
90847A	MHS	Family Therapy w/Client (26+ min)	90847/T2021	Family Psychotherapy (Conjoint w/Patient Present), 26-57 minutes	5	\$69.58	\$32.53	\$32.53		\$31.56		\$14.07	\$21.79	\$24.19				
90853A	MHS	Group Therapy (26+ min)	90853/T2021	Group Therapy (23-57 min)	5	\$15.46	\$7.23	\$7.23		\$7.01		\$3.13	\$4.84	\$5.37				
99202CA	Med Sup	Assessment E&M-New Patient (15-29 Min)	99202	Office/Other Outpatient Visit New Patient, 15-29 Min	22	\$306.13	\$143.12	\$143.12		\$138.85								
99203CA	Med Sup	Assessment E&M-New Patient (30-44 Min)	99203	Office/Other Outpatient Visit New Patient, 30- 44 Min	37	\$514.86	\$240.70	\$240.70		\$233.51								
99204CA	Med Sup	Assessment E&M-New Patient (45-59 Min)	99204	Office/Other Outpatient Visit New Patient, 45-59 Min	52	\$723.58	\$338.29	\$338.29		\$328.18								
99205K1	Med Sup	Assessment E&M-New Patient (60-74 Min)	99205	Office/Other Outpatient Visit New Patient, 60- 74 Min	67	\$932.31	\$435.87	\$435.87		\$422.85								
99212CA	Med Sup	Assessment E&M-Est Patient (10-19 Min)	99212	Office/Other Outpatient Visit Est. Patient, 10-19 Min	15	\$208.73	\$97.58	\$97.58		\$94.67								
99212MD	Med Sup	Medications MD Minimal/Low	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99213CA	Med Sup	Assessment E&M-Est Patient (20-29 Min)	99213	Office/Other Outpatient Visit Est. Patient, 20-29 Min	25	\$347.88	\$162.64	\$162.64		\$157.78								
99213MD	Med Sup	Medications MD Limited/Moderate	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99214CA	Med Sup	Assessment E&M-Est Patient (30-39 Min)	99214	Office/Other Outpatient Visit Est. Patient, 30-39 Min	35	\$487.03	\$227.69	\$227.69		\$220.89								
99214J	Med Sup	Medication Injection	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99214MD	Med Sup	Medications MD Intermediate	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99215K1	Med Sup	Assessment E&M-Est Patient (40-54 Min)	99215	Office/Other Outpatient Visit Est. Patient, 40-54 Min	47	\$654.01	\$305.76	\$305.76		\$296.62								
99215MD	Med Sup	Medications MD Extended	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99215MT	Med Sup	Medication Therapeutic	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99215NF	Med Sup	Meds MD Non Face-to-Face	H0034	Medication Training and Support	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21						
99415K2	Med Sup	Assessment E&M- New/Est Prolong (60 Min)	99415	Office/Other Outpatient Visit New/Est. Patient, Prolong code	60	\$834.90	\$390.33	\$390.33	\$313.95	\$378.67	\$188.68	\$168.85						
99416K3	Med Sup	Assessment E&M- New/Est Prolong (30+ Min)	99416	Office/Other Outpatient Visit New/Est. Patient, Prolong code	30	\$417.45	\$195.17	\$195.17	\$156.98	\$189.34	\$94.34	\$84.43						
T1013	All	Sign language or oral interpretive services	T1013	Sign language or oral interpretive services, 15 minutes	15	\$208.73	\$97.58	\$97.58	\$78.49	\$94.67	\$47.17	\$42.21	\$65.37	\$72.56	\$53.12	\$53.12	\$54.19	\$53.12