

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



**ITEM: 3.26
(ID # 25757)**

MEETING DATE:

Tuesday, September 10, 2024

FROM : RUHS-BEHAVIORAL HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Ratify and Approve the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Contract Aggregate for FY 2024/2025 through FY 2025/2026 and the Behavioral Health Agreements for Prevention and Early Intervention Services, Without Seeking Competitive Bids, All Districts. [\$4,391,183 Annually, Up to \$439,183 in Additional Compensation per Fiscal Year, \$8,782,366 Total for Two Years, 100% State Funding]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify and approve the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Contract Aggregate in the amount of \$4,391,183 annually, for a total of \$8,782,366 through June 30, 2026;
2. Ratify and approve the Behavioral Health Agreements for PEI services with the vendors listed in Attachment A, for the term of July 1, 2024 through June 30, 2025, with the option to renew the Agreements for up to one (1) additional year through June 30, 2026, 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 459, based on 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 renewals and amendments that exercise the options of the Agreement including modifications of the statement of work that stay within the intent of the Agreement and d) sign amendments to the compensation provisions that do not exceed the sum total of ten percent (10%) of the approved aggregate through June 30, 2026.

ACTION:Policy


Matthew Chang, Director 8/9/2024

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Gutierrez, seconded by Supervisor Perez 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: September 10, 2024
xc: RUHS-BH

Kimberly A. Rector
Clerk of the Board

By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$ 4,391,183	\$ 4,391,183	\$ 8,782,366	\$ 0
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0
SOURCE OF FUNDS: 100% STATE			Budget Adjustment: No	
			For Fiscal Year: 24/25-25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

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

The Mental Health Services Act (MHSA) provides funding for Prevention and Early Intervention (PEI) services, which includes mental health outreach, awareness and stigma reduction, parent education and support, early intervention for families in schools, transitional aged youth projects, first onset for older adults and trauma-exposed services for unserved and underserved cultural populations. These services are best delivered in targeted communities in non-clinical settings such as community centers, schools, faith-based organizations, and libraries.

RUHS-BH is seeking an extension of the current authority until June 30, 2026, for the programs and their service providers listed in Attachment A. This extension aims to guarantee uninterrupted services throughout the duration of MHSA. It comes as the State of California and the California Department of Health Care Services (DHCS) refine the language of the Behavioral Health Services Act (BHSA) and clarify directives under the Behavioral Health Transformation.

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. PEI services target individuals who may be experiencing the first onset of a mental health illness to provide them with the tools and resources needed to prevent the mental illness from becoming disabling.

Additional Fiscal Information

The PEI Agreements are funded with State MHSA funds, no additional County funds are required.

Contract History and Price Reasonableness

On December 10, 2019, the Request for Proposal (RFP) #MHARC-250 – Prevention and Early Intervention Native American Project: Strengthening the Circle Program Was Released via the Public Purchase website, which notified 194 organizations. In addition, an email notification was

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sent to 376 individuals who were on the PEI Bidders list, to inform them the County was seeking proposals for these services. The RFP was viewed by 29 organizations on Public Purchase. A non-mandatory pre-bid meeting was held on January 16, 2020. There were 4 individuals in attendance, which represented 3 organizations. There was one organization that submitted a bid for the RFP; Riverside-San Bernardino County Indian Health, Inc. Upon screening their proposal, it was determined that RSBCIHI was responsive, with having all the required sections. Based on the Request for Clarification (RFC) and Best and Final Offer (BAFO) responses, the evaluation committee recommended awarding the contract to Riverside-San Bernardino County Indian Health, Inc. for Western, Mid-County and Desert Regions.

On October 2, 2018, the RFP #MHARC-237 PEI Seeking Safety TAY and Adults was released via the Public Purchase website, which notified 130 organizations. In addition, an email notification was sent to 300 individuals who were on the PEI Bidders list to inform them the County was seeking proposals for these services. The RFP was viewed by 51 organizations on Public Purchase. Based on the RFC/BAFO responses, the evaluation committee made the recommendation to move forward with only the TAY portion of this RFP and awarded the contract to Operation SafeHouse, Inc. for the Western, Mid-County, and Desert regions.

On January 9, 2007 (3.31), November 3, 2009 (3.40), and November 5, 2013 (3.26), the Board approved agreements with the California Institute for Behavioral Health Solutions (CIBHS). The most recent Board approval was on August 28, 2018 (3.58) for \$300,000 annually and exemption from the sole source requirements for evidence-based training vendors, not to exceed \$100,000 per vendor, per year without seeking competitive bids for a combined aggregate of \$1,550,000 annually through June 30, 2021.

On July 24, 2024, the Riverside County Purchasing Department reviewed and issued the Single Source Justification (SSJ #25-019) for the vendors listed in Attachment A to ensure continuity of care, in the amount of \$4,391,183 annually for two fiscal years, through June 30, 2026.

Therefore, RUHS-BH is requesting that the Board of Supervisors ratify and approve the MHSA PEI Contract Aggregate and the Behavioral Health Agreements with the vendors listed in Attachment A for PEI services through June 30, 2026.

ATTACHMENT A

Contractor	FY 24/25	FY 25/26
	ANNUAL CONTRACT MAXIMUM	
Riverside-San Bernardino County Indian Health, INC.	\$517,248	\$517,248
Operation SafeHouse – Youth Outreach	\$80,391	\$80,391
Operation SafeHouse – Stress and Your Mood/(TAY/P2P)	\$1,742,896	\$1,742,896

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Operation SafeHouse – (Seeking Safety)	\$286,206	\$286,206
Inland Southern California 211	\$232,442	\$232,442
California Institute for Behavioral Health Solutions (CIBHS)	\$1,132,000	\$1,132,000
Total Contract Amounts	\$3,991,183	\$3,991,183
Reserve	\$400,000	\$400,000
Total	\$4,391,183	4,391,183

Kimberly Cruz

 Kimberly Cruz 8/19/2024

Melissa Curtis

 Melissa Curtis, Deputy Director of Purchasing and Fleet 8/19/2024

Gregg Gu

 Gregg Gu, Chief of Deputy County Counsel 8/19/2024

**FY 2024/2025
PROFESSIONAL SERVICES AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS (CIBHS)
FOR
TRAINING, CONSULTATION AND TECHNICAL ASSISTANCE**

That certain Agreement between the County of Riverside (COUNTY) and California Institute for Behavioral Health Solutions (CONTRACTOR), Board Authority established on August 17, 2021, Agenda Item 3-29, for FY2020/2021 through FY2023/2024; approved by Purchasing Agent on August 29, 2022 for FY 2022/2023; amended March 28, 2023 for FY 2022/2023; approved by the Purchasing Agent on July 24, 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 2. PERIOD OF PERFORMANCE, Subsection 2.1**, of this Agreement shall be amended to read as follows:

2.1 This Agreement shall be effective upon signature of this Agreement by both parties and continues in effect through June 30, 2025, unless terminated earlier. CONTRACTOR shall commence performance upon signature of this Agreement by both parties and shall diligently and continuously perform thereafter. The Riverside County Board of Supervisors is the only authority that may obligate the County for a non-cancelable multi-year agreement.

- **Section 3. COMPENSATION, Subsection 3.1**, of this Agreement shall be amended to read as follows:

3.1 The COUNTY shall pay the CONTRACTOR for services performed, products provided and expenses incurred in accordance with the terms of Exhibit B, Payment Provisions. Maximum payments by COUNTY to CONTRACTOR shall not exceed \$1,132,000 annually including all expenses. The COUNTY is not responsible for any fees or costs incurred above or beyond the contracted amount and shall have no obligation to purchase any specified amount of services or products. Unless otherwise specifically stated in Exhibit B, COUNTY shall not be responsible for payment of any of CONTRACTOR's expenses related to this Agreement.

- Rescind Exhibit B in its entirety, and replace it with the new attached Exhibit B, where the maximum contract amount for FY 2024/2025 is \$1,132,000.

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

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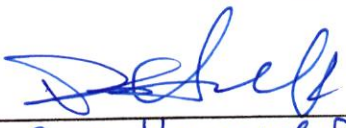
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IN WITNESS WHEREOF, the Parties hereto have caused their duly authorized representatives to execute this Agreement.

COUNTY OF RIVERSIDE
Riverside University Health System
Behavioral Health

CALIFORNIA INSTITUTE FOR
BEHAVIORAL HEALTH SOLUTIONS, INC.

By: 
Name: **CHUCK WASHINGTON**
Title: **CHAIR, BOARD OF SUPERVISORS**
Dated: 9/10/2024

By: 
Name: **Percy Howard, President + CEO**
Title:
Dated: 6-24-24

County Counsel
Approved As To Form:

By: 
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: 
DEPUTY

EXHIBIT B
PAYMENT PROVISIONS

CONTRACTOR: CALIFORNIA INSTITUTE FOR BEHAVIORAL HEALTH SOLUTIONS, INC.
PROGRAM NAME: TRAINING, CONSULTATION AND TECHNICAL ASSISTANCE
DEPARTMENT ID: 4100209957.74710.525440

In accordance with Section 3. Compensation of the Agreement, Subsection 3.3, CONTRACTOR shall submit an invoice for services rendered. Such invoice shall be submitted within fifteen (15) days from the last day of each service year. COUNTY will pay for such services billed no later than thirty (30) working days from the date of receipt of the invoice.

COUNTY shall pay CONTRACTOR a fee of \$1,132,000 annually for services rendered. Maximum payments by COUNTY to CONTRACTOR shall not exceed \$1,132,000 annually, including all expenses.

A. TECHNICAL ASSISTANCE (TA) AND TRAINING

TA may include but is not limited to support with MHSA projects, stakeholder processes, and other activities deemed necessary by COUNTY. Specific fees for CONTRACTOR comprehensive training and TA projects will be negotiated with the COUNTY and agreed upon prior to commencement of the project, such as Strength Model, Illness Management and Recovery, IPS Supported Employment, and Trauma Focused CBT.

B. DEVELOPMENT TEAM PARTICIPATION

Specialized training may be developed with the participation of the CONTRACTOR. The “fee per use” rate of this service will vary depending upon whether CONTRACTOR is receiving assistance from other funding sources and will be determined on a project-by-project basis.

C. CONFERENCES, WORKSHOPS AND TRAININGS SPONSORED BY CIBHS

Participants will register on an individual basis with prior approval from COUNTY. Fees paid to CONTRACTOR will be based upon the instructions provided by the CONTRACTOR for specific conference/workshop/training registration.

D. RELATED MATERIALS

All training materials currently developed/sponsored by CONTRACTOR will be submitted to COUNTY electronically. Any materials that are deemed intellectual property, are copyrighted; and cannot be duplicated will be purchased on behalf of COUNTY with a service fee for purchasing to be agreed upon prior to the purchase in writing.

E. ADMINISTRATIVE SERVICES

CONTRACTOR, when directed, will act as an intermediary with third party vendors at a “fee per use” rate of no more than 15% of related invoice.

**FY 2024/2025
AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
INLAND SOUTHERN CALIFORNIA 211+**

That certain Agreement between the County of Riverside (COUNTY) and Inland Southern California 211+ (CONTRACTOR), Board Authority established on August 4, 2020, Agenda Item 3.40, for FY 2020/2021 through FY 2023/2024; approved by the Purchasing Agent on November 3, 2022 for FY 2022/2023; approved by the Purchasing Agent on December 14, 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.

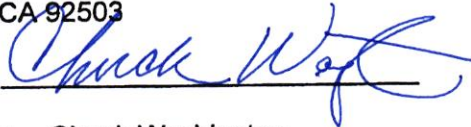
- **Section XXII. CONFLICT OF INTEREST** of this Agreement shall be amended to include **Subsection A.**, as follows:
 - C. During the term of this Agreement and for one (1) year after the Agreement is terminated, CONTRACTOR will not indirectly or directly solicit to hire, any individual who is employed by COUNTY.
- Rescind the Exhibit A in its entirety, and replace it with the new attached Exhibit A.
- 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 \$232,442.
- Rescind the Schedule K in its entirety, and replace it with the new attached Schedule K.

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: Chair, Board of Supervisors

Date: 9/10/2024

CONTRACTOR

Inland Southern California 211+
2060 University Avenue, #212
Riverside, CA. 92507

Signature: 

Print Name: Kimberly Stars

Title: President and CEO

Date: 7/23/24

COUNTY COUNSEL

Approved as to Form

By: 
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: 
DEPUTY

**EXHIBIT A
SCOPE OF SERVICE**

CONTRACTOR NAME: INLAND SOCAL 211+
PROGRAM NAME: CRISIS HELPLINE & COMMUNITY OUTREACH - MHSA
DEPARTMENT I.D.: 4100221012-74720-536240

I. OVERVIEW

CONTRACTOR shall provide Crisis and Suicide Prevention Services in support of the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Plan.

II. PROGRAM GOALS

1. Twenty-four (24) hour/seven (7) days a week coverage of the Riverside County HELPLine Crisis/Suicide Prevention Hotline.
2. Suicide prevention training (safeTALK and ASIST).
3. Community outreach and education about available resources.
4. Mobile Crisis Response Team Front Door for community members.

III. TARGET POPULATION/GEOGRAPHICAL LOCATION OF SERVICES

All residents of Riverside County.

IV. PROGRAM DESCRIPTION

CONTRACTOR shall provide the following Crisis and Suicide Prevention Services

1. Crisis HELPLine: Crisis and suicide intervention services including counseling and emergency assistance by maintaining a twenty-four (24) hour hotline known as "HELPLine". will provide the following specific services through its HELPLine:
 2. Provide services 24 hours a day, 7 days per week, free of charge to callers.
 3. Shall receive calls made to (951) 686-HELP for emergency assistance and shall provide counseling as needed to encourage caller to contact the appropriate mental health program, substance abuse and other resources as available. Callers shall be given, when appropriate, referrals for ongoing services in both Riverside University Health System-Behavioral Health (RUHS-BH) service system and outside agencies, as well as Riverside County 2-1-1.
 4. Shall be maintained as the primary contact point for crisis and suicide intervention for community members within Riverside County. HELPLine shall receive calls referred from County sources. Volunteers will maintain communications with the caller and with the responding emergency unit to assure availability of emergency assistance. Each volunteer answering the HELPLine will complete 48 hours of in-class training. In addition, each volunteer will receive ten (10) hours of supervision while answering calls or three (3) hours of role-play facilitated by a supervisor.
 5. Monolingual Spanish callers will receive assistance in Spanish, either with a bilingual volunteer or using a tele-interpreter service such as Language Line.
 6. CONTRACTOR will comply with the RUHS-BH Research Data Protocols and submit all required documents quarterly.
 7. The PEI Manager, or designee, is the COUNTY representative for all matters concerning the performance of this contract.

HELPLine Training for 2-1-1 Operators

1. Operators for 2-1-1, the information and referral line for Riverside County community members to health and human services agencies, will receive HELPLine training, increasing the community access for prevention and intervention.
2. Up to four (4) trainings will be held per year.
3. CONTRACTOR will comply with the RUHS-BH Research Data Protocols and submit all required documents quarterly.

Community Outreach Presentations

1. CONTRACTOR will conduct community outreach presentations annually that will focus on stigma reduction related to help seeking for mental health services, education about resources that are available (specifically the HELPLine), and promote the suicide prevention trainings offered (safeTALK, ASIST, and MHFA – A/Y) for professionals, volunteers, and the general public, especially underserved communities, including but not limited to the Hispanic/Latinx, African American, Asian/PI, LGBTQ, and Native American populations, including high-risk youth and those involved in the justice system.
2. All outreach efforts will be documented following the Data Protocols utilizing the PEI Outreach Activities Form, which will be submitted quarterly to RUHS-BH PEI.

Suicide Prevention Trainings

1. Staff who have completed the Training for Trainers (T4T) process in one or more of the following trainings (safeTALK, ASIST, Mental Health First Aid (MHFA) - Youth and/or Adult) will facilitate a minimum of three (3) trainings in each model they are a trainer in each fiscal year, adhering to the fidelity of the models.
2. Comply with the RUHS-BH Research Data Protocols for the Suicide Prevention trainings safeTALK, ASIST, MHFA - Youth and Adult. Trained trainers in safeTALK, ASIST, and MHFA will attend and participate in the quarterly trainer meetings facilitated by RUHS-BH.
3. Support staff adherence to all aforementioned trainer requirements for each staff trained for the full duration of this agreement. Training agreement will be discontinued upon trained staff members' permanent separation from CONTRACTOR.

Mobile Crisis Response Team Front Door for community members

1. Serve as the front door number (951-686-HELP) for the public (community members) to reach RUHS-BH Mobile Crisis Response Teams.
2. Screen for appropriateness of the caller's situation for Mobile Crisis Response.
3. Collect information needed for dispatch.
4. Contact the mobile crisis call center for dispatch by providing information and warm transfer of callers.
5. Divert situations to Crisis Counselors for alternative support when Mobile Crisis Response is not appropriate based on the screening protocol.

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V. REGULATORY COMPLIANCES

CONTRACTOR shall:

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

VI. DOCUMENTATION OF SERVICES

CONTRACTOR shall maintain appropriate records documenting all of the services provided through the contract. These records shall conform to the requirements of RUHS-BH and adhere to the documentation standards and research protocol.

Records shall include, but are not limited to:

1. Quarterly contract report, as outlined by RUHS-BH, shall be submitted to RUHS-BH on a quarterly basis.
2. Copies of completed pre/post measures.
3. Data entry into the County Management Information System (MIS).
4. All records maintained by the CONTRACTOR on behalf of RUHS-BH are the property of RUHS-BH.
5. Other requirements may be determined as the PEI plan is implemented.

VII. PERFORMANCE OUTCOMES

CONTRACTOR will receive the RUHS-BH Research Protocol (Attached hereto Exhibit D) which includes the documentation requirements. The utilization of the forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by RUHS-BH throughout the year. Failure to comply with performance outcomes or performance-based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

Performance-Based Criteria

1. RUHS-BH shall evaluate CONTRACTOR on four (4) Performance-Based Criteria that measure the CONTRACTOR's performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the MHSa and the PEI plan. These measures assess the agency's ability to provide the required services and to monitor the quality of the services.
2. Should there be a change in Federal, State and/or County policies/regulations, RUHS-BH, at its sole discretion, may amend these performance-based criteria via a contract amendment.

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3. The Performance-Based Criteria are as follows:

PERFORMANCE-BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
<p>1. CONTRACTOR will provide the HELPLine to Riverside County community members 24 hours per day, 7 days per week. (including Mobile Crisis Response Team Front Door for Community Members)</p>	<p>CONTRACTOR will gather the following information:</p> <ul style="list-style-type: none"> a. Number of calls received in the reported month and year to date b. Age of caller c. Gender of caller d. Time of day e. Type of service provided f. Referral agency, if any g. Area in which the call originated h. Number of calls received requesting a Mobile Crisis Response Team i. Number of calls linked (warm line transfers) to the Mobile Crisis Call Center 	<p>CONTRACTOR shall submit the required information on a quarterly basis.</p>
<p>2. CONTRACTOR will administer/complete four (4) HELPLine trainings per year to 211 operators.</p>	<p>CONTRACTOR will complete/provide the following documentation:</p> <ul style="list-style-type: none"> a. Sign-in sheets, including date, time, location, topic(s) and trainer/presenter b. Syllabus 	<p>CONTRACTOR shall submit the required documentation on a quarterly basis.</p>
<p>3. CONTRACTOR will conduct Community Outreach Presentations focused on stigma reduction related to help seeking for mental health services, education on available resources, specifically the HELPLine, and promote the suicide prevention trainings that are offered.</p>	<p>CONTRACTOR will gather the following information:</p> <ul style="list-style-type: none"> a. Sign-in sheets b. Location c. Target Population, etc. d. Number in attendance. e. Audience evaluation 	<p>CONTRACTOR shall submit the required documentation on a quarterly basis.</p>
<p>4. CONTRACTOR will conduct a minimum of 3 trainings per model (safeTALK, ASIST, MHFA-Y/A) per certified T4T staff member</p>	<p>CONTRACTOR will gather the following information for each training:</p> <ul style="list-style-type: none"> a. Training Cover Form b. Sign-in sheets c. Post Feedback Survey 	<p>CONTRACTOR shall submit the required documentation at the conclusion of each training, adhering to the RUHS-BH Data Protocols for safeTALK, ASIST, and MHFA trainings.</p>

VIII. DISASTER PREPAREDNESS

CONTRACTOR shall develop and update contingency plans to continue the delivery of services in the event of a man-made or natural disaster.

IX. COUNTY SUPPORT AND TECHNICAL ASSISTANCE

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

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: INLAND SOCAL 211+
PROGRAM NAME: CRISIS HELPLINE AND COMMUNITY OUTREACH – MHSA
DEPARTMENT ID: 4100221012.74720.536240

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY2024/2025 shall be \$232,442 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 (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

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 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program

Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are defined as non-billable by the COUNTY, State or Federal governments from or to mode and service functions that are defined as billable by the COUNTY, State or Federal governments.

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

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 (1/12th) 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 the COUNTY'S MIS no later than 5:00 p.m. on the fifth (5th) calendar day following the date of service. Late entry of services into the COUNTY'S MIS may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - c. CONTRACTOR must also submit to the COUNTY a signed Program Integrity Form (PIF) **(attached as Exhibit C, Attachment A)** signed by the Director or authorized designee of the CONTRACTOR organization. This form must be faxed and/or emailed (PDF format only) to the COUNTY at (951)358-6868, and/or emailed to ELMR_PIF@ruhealth.org. CONTRACTOR PIF form must be received by the COUNTY via fax and/or email for the prior month no later than 5:00 p.m. on the fifth (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed PIF, 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 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 work with their respective COUNTY Regions or Programs to generate a monthly invoice for payment through the MIS batching process.
7. CONTRACTOR shall provide the COUNTY with all information necessary for the preparation and submission to the State, if applicable, for all billings, and the audit of all billings.
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 is not in effect. CONTRACTOR shall provide COUNTY with a print screen from the Medi-Cal eligibility website indicating the Medicare and/or Insurance coverage has been removed within ten (10) days of termination request. CONTRACTOR shall include

their name and the comment "Medicare/OHC Termed" on the 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 is received by the COUNTY and invoice is generated by the applicable COUNTY Region/Program.
10. Pursuant to Section III. A. – 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:

It is anticipated that DHCS will release a Behavioral Health Information Notice (BH-IN) by July 1, 2023, which 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. If the BH-IN become effective within the current one-year term of the Agreement, the following optional rate adjustment will apply, if indicated in Section E. If the BH-IN does not become effective within the current one-year term, Section J. is null and void in its entirety, and all CONTRACTORS are subject to the requirements outlined in Section K.

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 administrative services to such equipment (e.g. office machine repair) are to be followed.

2. **INVENTORY:** CONTRACTOR shall maintain an internal inventory control system that will provide accountability for equipment and furnishings purchased through this Agreement, regardless of cost. The inventory control system shall record at a minimum the following information when property is acquired: date acquired; property description (to include model number); property identification number (serial number); cost or other basis of valuation; funding source; and rate of depreciation or depreciation schedule, if applicable. An updated inventory list shall be provided to COUNTY on a semi-annual basis, and filed with the annual cost 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.

SCHEDULE K
RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH

CONTRACT PROVIDER NAME: INLAND SOUTHERN CALIFORNIA 211+	FISCAL YEAR	2024/2025	
PROGRAM NAME: CRISIS HELPLINE AND COMMUNITY OUTREACH	MONTHLY REIMBURSEMENT	ACTUAL COST	
REGION: MHSA PEI MH TREATMENT	YEAR END SETTLEMENT	ACTUAL COST	
CONTRACT MAXIMUM OBLIGATION: \$232,442	EFFECTIVE DATE:	July 1, 2024	
	DEPT ID#: 4100221012.74720.536240		
	RU#: 3367PE		
	INDIRECT SVC 60/78		
	Crisis HELPLine/211, Community Outreach & Trainings		
1. Salaries and Benefits	Salaries	Benefits	Totals
a. Helpline Manager, 1 FTE	\$52,000	\$13,520	\$65,520
b. Helpline Manager, .30 FTE	\$14,976	\$3,981	\$18,957
c. Community Outreach Liaison, .15625 FTE	\$0	\$0	\$0
d. After Hours Operators, 1 FTE (4 @ .25FTE)	\$36,681	\$4,242	\$40,923
e. Crisis Counselor 1 FTE	\$41,600	\$11,648	\$53,248
f. Helpline Supervisor .20FTE	\$9,984	\$2,796	\$12,780
g. Contact Center Supervisor .04 FTE	\$2,230	\$698	\$2,928
Subtotals	\$157,471	\$36,885	\$194,356
Total Salaries and Benefits		\$194,356	\$194,356
2. Operating Expenditures			
a. Rent, Utilities		\$400	\$400
b. Office Equipment Lease/Maintenance		\$2,000	\$2,000
c. Office Supplies		\$1,500	\$1,500
d. Mileage, Transportation		\$2,200	\$2,200
e. Telephone		\$5,000	\$5,000
f. Other Operating Expenses		\$0	\$0
H. Mobile Crisis Response Team (686-HelpLine)			
a. Laptop, Monitor, Mouse		\$1,500	\$1,500
b. Access to Technology		\$900	\$900
c. Education/Training		\$500	\$500
d. InContact Costs (up to amount based on call volume)		\$2,500	\$2,500
Total Operating Expenditures		\$16,500	\$16,500
Total Salaries & Benefits/Operating Expenses		\$210,856	\$210,856
3. Indirect Administrative Expenses (15%)			
a. Administrative Cost (HR Consultant, Gen Liab, Prop, Pro Ins. etc.)		\$21,586	\$21,586
	Not to exceed 15%	10%	10%
Total Indirect Administrative Expenses		\$21,586	\$21,586
Total Contract Maximum Obligation		\$232,442	\$232,442

**FY 2024/2025
AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
OPERATION SAFEHOUSE, INC.
FOR
SEEKING SAFETY**

That certain Agreement between the County of Riverside (COUNTY) and OPERATION SAFEHOUSE, INC. (CONTRACTOR), Board Authority established on August 4, 2020, Agenda Item 3-40, for FY 2020/2021 through FY 2023/2024; approved by the Purchasing Agent on July 5, 2022 for FY 2022/2023; approved by the Purchasing Agent on July 25, 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, up to an additional one (1) year, 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 C.**, as follows:

C. 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 G.**, as follows:

G. 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 XIX. STAFFING** of this Agreement shall be amended to include **Subsection I.**, as follows:

I. 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 \$286,206.
- Rescind the Schedule K's in their entirety, and replace them with the new attached Schedule K's.

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: Chair, Board of Supervisors

Date: 9/10/2024

CONTRACTOR

Operation SafeHouse, Inc.
9685 Hayes Street
Riverside, CA 92503

Signature: 

Print Name: Amy Harrison

Title: Board President

Date: 7/25/24

COUNTY COUNSEL

Approved as to Form

By: 
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: 
DEPUTY

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: SEEKING SAFETY
DEPARTMENT ID: 4100221757-74720-536240

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2024/2025 shall be \$286,206 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 (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

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 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

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

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

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 (1/12th) 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 (5th) 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 (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed 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.

ATTACHMENT B - SCHEDULE K

**RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K - BUDGET**

CONTRACT PROVIDER NAME: OPERATION SAFEHOUSE		FISCAL YEAR:		FY 2024-2025
PROGRAM NAME: SEEKING SAFETY		PERFORMANCE PERIOD:		7/1/24 - 6/30/25
REGION/POPULATION: MHSA PEI - DESERT		MONTHLY REIMBURSEMENT:		ACTUAL COST
CONTRACT MAXIMUM OBLIGATION DESERT REGION: \$87,625		YEAR END SETTLEMENT:		ACTUAL COST
REGION: DESERT / VENDOR#: 1468				
DEPT ID# 4100221757.74720.536240 / BPO: XXXXXX				
TYPE OF MODALITY:		RU # 33LAPT		
MODE OF SERVICE:	60	60	60	
SERVICE FUNCTION:	78	78	78	
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):	PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	
1. Personnel Expenditures (from Staffing Detail)	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
a. Personnel Expenditures (from Staffing Detail)				
i. Program Director Salary .0884 FTE, \$43 hr. x 183 hrs, 20% benefits	\$ 5,137.00	\$ 1,580.00	\$ 1,185.00	\$7,902
ii. Program Director Benefits	\$ 1,027.00	\$ 316.00	\$ 237.00	\$1,580
iii. Seeking Safety Facilitator Salary (1) .75 FTE, \$23.50 hr x 1560 hrs,	\$ 23,829.00	\$ 7,332.00	\$ 5,499.00	\$36,660
vi. Seeking Safety Facilitator Benefits - 19%	\$ 4,563.00	\$ 1,404.00	\$ 1,053.00	\$7,020
v. Outreach Worker Salary (1) .25 FTE, \$18 hr x 520 hrs	\$ 6,084.00	\$ 1,872.00	\$ 1,404.00	\$9,360
vi. Outreach Worker Benefits - 19%	\$ 1,183.00	\$ 364.00	\$ 273.00	\$1,820
vii. Administrative Assistant Salary .10 FTE, \$16 hr x 208 hrs	\$ 2,163.20	\$ 665.60	\$ 499.20	\$3,328
viii. Administrative Assistant Benefits - 19%	\$ 419.25	\$ 129.00	\$ 96.75	\$645
Total Personnel Expenditures	\$ 44,405.45	\$ 13,662.60	\$ 10,246.95	\$68,315
2. Operating Expenditures				
a. Rent, Utilities, Communication	\$ 624.00	\$ 192.00	\$ 144.00	\$960
b. Staff Travel	\$ 780.00	\$ 240.00	\$ 180.00	\$1,200
c. Graduation Incentive	\$ 780.00	\$ 240.00	\$ 180.00	\$1,200
d. Group Incentives	\$ 1,170.00	\$ 360.00	\$ 270.00	\$1,800
e. Office Supplies	\$ 780.00	\$ 240.00	\$ 180.00	\$1,200
f. Other Operating Expenses	\$ 1,170.00	\$ 360.00	\$ 270.00	\$1,800
Total Operating Expenditures	\$ 5,304.00	\$ 1,632.00	\$ 1,224.00	\$8,160
3. Indirect Administrative Expenses				
a. Administrative Costs	\$7,248	\$2,230	\$1,673	\$11,150
Total Indirect Administrative Expenses	\$7,248	\$2,230	\$1,673	\$11,150
Total Program Budget	\$56,957	\$17,525	\$13,143	\$87,625
Total Indirect Administrative Expenses % (Not to Exceed 15%)	14.58%	14.58%	14.58%	14.58%

ATTACHMENT B - SCHEDULE K

**RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K - BUDGET**

CONTRACT PROVIDER NAME: OPERATION SAFEHOUSE		FISCAL YEAR:		FY 2024-2025
PROGRAM NAME: SEEKING SAFETY		PERFORMANCE PERIOD:		7/1/24 - 6/30/25
REGION/POPULATION: MHSA PEI - MID COUNTY		MONTHLY REIMBURSEMENT:		ACTUAL COST
CONTRACT MAXIMUM OBLIGATION DESERT REGION: \$98,615		YEAR END SETTLEMENT:		ACTUAL COST
		REGION: MID COUNTY / VENDOR#: 1468		
		DEPT ID# 4100221757.74720.536240 / BPO: XXXXXX		
TYPE OF MODALITY:		RU # 33LAPT		
MODE OF SERVICE:		60	60	60
SERVICE FUNCTION:		78	78	78
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):		PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING
		TOTAL	TOTAL	TOTAL
1. Personnel Expenditures (from Staffing Detail)				TOTAL CONTRACT
a. Personnel Expenditures (from Staffing Detail)				
i. Program Director Salary .0884 FTE, \$43 hr. x 183 hrs, 20% benefits		\$ 5,137.00	\$ 1,580.00	\$ 1,185.00
ii. Program Director Benefits		\$ 1,027.00	\$ 316.00	\$ 237.00
iii. Seeking Safety Facilitator Salary (1) .75 FTE, \$23.50 hr x 1560 hrs,		\$ 23,829.00	\$ 7,332.00	\$ 5,499.00
vi. Seeking Safety Facilitator Benefits - 19%		\$ 4,563.00	\$ 1,404.00	\$ 1,053.00
v. Outreach Worker Salary (1) .25 FTE, \$18 hr x 520 hrs		\$ 6,084.00	\$ 1,872.00	\$ 1,404.00
vi. Outreach Worker Benefits - 19%		\$ 1,183.00	\$ 364.00	\$ 273.00
vii. Administrative Assistant Salary .10 FTE, \$16 hr x 208 hrs		\$ 2,163.20	\$ 665.60	\$ 499.20
viii. Administrative Assistant Benefits - 19%		\$ 419.25	\$ 129.00	\$ 96.75
Total Personnel Expenditures		\$ 44,405.45	\$ 13,662.60	\$ 10,246.95
2. Operating Expenditures				
a. Rent, Utilities, Communication		\$ 6,435.00	\$ 1,980.00	\$ 1,485.00
b. Staff Travel		\$ 1,170.00	\$ 360.00	\$ 270.00
c. Graduation Incentive		\$ 780.00	\$ 240.00	\$ 180.00
d. Group Incentives		\$ 1,170.00	\$ 360.00	\$ 270.00
e. Office Supplies		\$ 780.00	\$ 240.00	\$ 180.00
f. Other Operating Expenses		\$ 1,170.00	\$ 360.00	\$ 270.00
Total Operating Expenditures		\$ 11,505.00	\$ 3,540.00	\$ 2,655.00
3. Indirect Administrative Expenses				
a. Administrative Costs		\$8,190	\$2,520	\$1,890
Total Indirect Administrative Expenses		\$8,190	\$2,520	\$1,890
Total Program Budget		\$64,100	\$19,723	\$14,792
Total Indirect Administrative Expenses % (Not to Exceed 15%)		14.65%	14.65%	14.65%
				\$98,615

ATTACHMENT B - SCHEDULE K

**RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K - BUDGET**

CONTRACT PROVIDER NAME: OPERATION SAFEHOUSE		FISCAL YEAR: FY 2024-2025		
PROGRAM NAME: SEEKING SAFETY		PERFORMANCE PERIOD: 7/1/24 - 6/30/25		
REGION/POPULATION: MHSA PEI - WESTERN		MONTHLY REIMBURSEMENT: ACTUAL COST		
CONTRACT MAXIMUM OBLIGATION DESERT REGION: \$99,966		YEAR END SETTLEMENT: ACTUAL COST		
REGION: WESTERN / VENDOR#: 1468				
DEPT ID# 4100221757.74720.536240 / BPO: XXXXXX				
TYPE OF MODALITY:		RU # 33LAPT		
MODE OF SERVICE:		60	60	60
SERVICE FUNCTION:		78	78	78
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):		PROGRAM	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING
1. Personnel Expenditures (from Staffing Detail)	TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
a. Personnel Expenditures (from Staffing Detail)				
i. Program Director Salary .0884 FTE, \$43 hr. x 183 hrs, 20% benefits	\$ 5,137.00	\$ 1,580.00	\$ 1,185.00	\$7,902
ii. Program Director Benefit:	\$ 1,027.00	\$ 316.00	\$ 237.00	\$1,580
iii. Seeking Safety Facilitator Salary (1) .75 FTE, \$23.50 hr x 1560 hrs,	\$ 23,829.00	\$ 7,332.00	\$ 5,499.00	\$36,660
vi. Seeking Safety Facilitator Benefits - 19%	\$ 4,563.00	\$ 1,404.00	\$ 1,053.00	\$7,020
v. Outreach Worker Salary (1) .25 FTE, \$18 hr x 520 hrs	\$ 6,084.00	\$ 1,872.00	\$ 1,404.00	\$9,360
vi. Outreach Worker Benefits - 19%	\$ 1,183.00	\$ 364.00	\$ 273.00	\$1,820
vii. Administrative Assistant Salary .10 FTE, \$16 hr x 208 hrs	\$ 2,163.20	\$ 665.60	\$ 499.20	\$3,328
viii. Administrative Assistant Benefits - 19%	\$ 419.25	\$ 129.00	\$ 96.75	\$645
Total Personnel Expenditures	\$ 44,405.45	\$ 13,662.60	\$ 10,246.95	\$68,315
2. Operating Expenditures				
a. Rent, Utilities, Communication	\$ 7,215.00	\$ 2,220.00	\$ 1,665.00	\$11,100
b. Staff Travel	\$ 1,170.00	\$ 360.00	\$ 270.00	\$1,800
c. Graduation Incentive	\$ 780.00	\$ 240.00	\$ 180.00	\$1,200
d. Group Incentives	\$ 1,170.00	\$ 360.00	\$ 270.00	\$1,800
e. Office Supplies	\$ 780.00	\$ 240.00	\$ 180.00	\$1,200
f. Other Operating Expenses	\$ 1,170.00	\$ 360.00	\$ 270.00	\$1,800
Total Operating Expenditures	\$ 12,285.00	\$ 3,780.00	\$ 2,835.00	\$18,900
3. Indirect Administrative Expenses				
a. Administrative Costs	\$8,288	\$2,550	\$1,913	\$12,751
Total Indirect Administrative Expenses	\$8,288	\$2,550	\$1,913	\$12,751
Total Program Budget	\$64,978	\$19,993	\$14,995	\$99,966
Total Indirect Administrative Expenses % (Not to Exceed 15%)	14.62%	14.62%	14.62%	14.62%

**FY 2024/2025
AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.**

That certain Agreement between the County of Riverside (COUNTY) and Riverside-San Bernardino County Indian, Inc. (CONTRACTOR), approved by the Riverside County Board of Supervisors on March 30, 2021, Agenda Item 3-16 for FY 2021/2022 through FY 2024/2025; approved by the Purchasing Agent on August 14, 2023, 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.

- **Section IV. PROGRAM SUPERVISION, MONITORING AND REVIEW** of this Agreement shall be amended to include **Subsection C.**, as follows:
 - C. 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 G.**, as follows:
 - G. 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 XIX. STAFFING** of this Agreement shall be amended to include **Subsection I.**, as follows:
 - I. 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 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 \$517,248.
- Rescind Schedule K in its entirety, and replace it with the new attached Schedule K.

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

Riverside-San Bernardino County Indian Health, Inc.
11980 Mount Vernon Avenue
Grand Terrace, CA 92313

Signature: 

Signature: 

Print Name: CHUCK WASHINGTON

Print Name: BILL THOMSEN

Title: Chair, Board of Supervisors

Title: CEO

Date: 9/10/2024

Date: 7/2/24

COUNTY COUNSEL

Approved as to Form

By: 
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: 
DEPUTY

**EXHIBIT A
SCOPE OF SERVICE**

CONTRACTOR NAME: Riverside-San Bernardino County Indian Health, Inc.
PROGRAM NAME: Native American Project: Strengthening the Circle
DEPARTMENT ID: 4100221378.74720.536240

PROGRAM GOALS

The primary goals of this program are to increase positive family interactions, decrease risk of future substance abuse, and to foster the connection to culture in order to prevent the development of behavioral health challenges for the Native American/American Indian population in Riverside County highest at risk. The setting for service delivery will not be traditional mental health settings, and will assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and solutions for Native American/American Indian families. The provider(s) is/are expected to utilize targeted outreach to engage the Native American/American Indian community by working within the community and collaborating with Tribal Temporary Assistance for Needy Families (TANFs), tribal organizations, tribal leaders, tribal elders, schools, community organizations, non-profit organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population.

1. SCOPE OF SERVICES

The two (2) evidence-based practices (EBP) and one (1) culturally-based intervention included in this project are described below.

A. Wellbriety Celebrating Families!

The Wellbriety Celebrating Families! evidence-based program is a cognitive behavioral, support group model written for families in which there are risks for alcohol/substance use, domestic violence, child abuse, or neglect. It is designed to work with every member of the family from ages three (3) through adult, in a sixteen (16) week curriculum, to strengthen recovery, break the cycle of addiction and increase positive family interactions. It fosters the development of safe, healthy, fulfilling, and addiction-free individuals and families by increasing resiliency factors and decreasing risk factors while incorporating addiction recovery concepts and healthy family living skills. It integrates traditional Native teachings and indigenous practices as a framework. Each session is two and a half hours (2 ½) in duration, beginning with a family meal in the first half hour. Afterwards, family members break into age groups for developmentally appropriate activities led by the group facilitators for one and a half hours (1 ½) hours. At the end of each session, all family members re-connect in half-hour activities to learn how to apply these new skills and interact in healthy ways. The CONTRACTOR, under the guidance of the developer of the EBP of Celebrating Families! and the Staff Development Officer, has been permitted to modify the curriculum to include ten (10) sessions plus a celebration/graduation for families at the conclusion of the cycle.

The CONTRACTOR is expected to provide the following level of service to each of the geographic regions of the County:

- a. Two (2) cycles of group per region per year.

- b. A cycle will consist of sixteen (16) weeks; with permission to condense to ten (10) sessions to better meet the needs of the community.
- c. Each cycle shall serve a minimum of six (6) families, and shall not exceed fifteen (15) families.
- d. A family shall consist of parent(s)/caregiver(s) and at least one child age three (3) to seventeen (17).
- e. The total number of families expected to complete the Wellbriety Celebrating Families! curriculum is at least twenty (20) per year, per region.
- f. Completion is defined as a family completing fourteen (14) of the sixteen (16) sessions; make up sessions will be offered; if offering as ten (10) sessions, completion will be considered eight (8) out of the ten (10).
- g. Incentives will be provided to promote positive participation in the program and shall range from weekly (e.g., token items like stickers for children's attendance) to periodic (e.g., raffled board games or sports equipment for a family activity).
- h. Childcare must be provided for children under three (3) years of age.
- i. Completion of all pre and post measures for each family in Wellbriety Celebrating Families! is also necessary for completion of this program.
- j. Families, who participate in Wellbriety Celebrating Families! also are invited to participate in the Gathering of Native Americans (GONA) at the conclusion of the fiscal program year.

B. Cognitive-Behavioral Therapy (CBT)

CBT is a time-sensitive, structured, present-oriented form of psychotherapy that has demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, and other behavioral health challenges. It is directed toward solving current problems and teaching clients skills to modify maladaptive thinking and behavior. It is included as an element of the Native American Project to provide individual, family, and/or group interventions to participants who are identified through clinical assessment as having emerging symptoms of depression or anxiety, present for less than one (1) year.

The CONTRACTOR will provide:

- a. CBT based individual, family, and/or group interventions as determined by screening and clinical assessment.
- b. A Mental Health Clinician shall provide CBT interventions for six (6) to eight (8) sessions, and/or on an as needed basis.

C. Gathering of Native Americans

GONA is a culture-based intervention and planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports Native American/American Indian tribes with traditional songs, drumming, prayers, and stories. There are four (4) elements of the GONA curriculum that incorporate the values of human growth and responsibility that are found in Native cultures: belonging, mastery, interdependence, and generosity.

The overall goals of the GONA process are to:

- a. Provide Native communities with a framework to examine the effects of historical trauma.

- b. Provide an integrative experience that offers hope, encouragement, and a positive foundation for Native community action and healing.
- c. Provide an experience that emphasizes skill transfer and support Native community empowerment.
- d. Reinforce cultural continuity with families living on tribal reservations and in urban or rural areas.
- e. Increase protective factors linked to healthy and safe development of Native children and their families.
- f. Offer Native communities a strategic framework and planning process that supports the values of Belonging, Mastery, Interdependence, and Generosity, which are inherent in Native cultures and lead to the reduction of risk behaviors contributing to mental and substance use disorders and suicide.

D. The CONTRACTOR will utilize the Substance Abuse and Mental Health Services Administration (SAMHSA) Tribal Training and Technical Assistance Center's GONA Curriculum and Facilitator Guide (<https://www.samhsa.gov/sites/default/files/gona-goan-curriculum-facilitator-guide.pdf>) and Toolkit (<https://www.samhsa.gov/sites/default/files/gona-goan-toolkit.pdf>) in order to plan one (1) GONA per year. Identified program leadership will participate in a trans-regional GONA planning process. The regions shall work collaboratively to plan, host and hold the event. The GONA will be conducted over two (2) days, at a safe, non-stigmatizing location, which will be rotated among the three regions on an annual basis. The GONA will occur at the conclusion of the year and include Wellbriety Celebrating Families! program graduates, as well as the larger Native American/American Indian community in order to address community-identified issues.

2. **TARGET POPULATION CRITERIA**

The target population to be served by the evidence-based programming, Wellbriety Celebrating Families! are Native American/American Indian children/youth (ages 3-17) and their parents/guardians (including grandparents) at risk for the development of behavioral health challenges.

The target population to be served by the culture-based intervention, Gathering of Native Americans (GONA), are the Wellbriety Celebrating Families! program participants as well as the Native American community at large. The GONA involves a wide range of community members in the planning process and reaches out to the entire community to join together and build the capacity necessary to sustain a community-wide effort to address and prevent community-identified issues.

3. **GEOGRAPHICAL LOCATION OF SERVICES**

The program will be provided in culturally appropriate settings, incorporating the needs of the target population. In addition to the communities listed below, additional geographical areas may be eligible for services based upon the identified target population.

A. Western Region

The Western Region serves the priority communities of: Jurupa Valley, East Side Riverside, Casablanca, Arlanza, Moreno Valley, and Native American/American Indian reservations/tribal lands.

B. Mid-County Region

The Mid-County Region serves the priority communities of: Lake Elsinore, Hemet, Romoland, San Jacinto, Perris, Winchester, Homeland, Mead Valley, Sun City, Nuevo, and Native American/American Indian reservations/tribal lands.

C. Desert Region

The Desert Region serves the priority communities of: Coachella, Cabazon, Mecca, Banning, Indio, Palm Springs, North Shore, Desert Hot Springs, Cathedral City, Blythe, Thermal and Native American/American Indian reservations/tribal lands.

D. Service Delivery Requirements

CONTRACTOR is expected to work cooperatively with the Riverside University Health System-Behavioral Health (COUNTY), as well as Tribal TANFs, tribal organizations, tribal leaders, tribal elders, schools, community organizations, non-profit organizations, faith-based organizations, and other individuals, groups, and/or services that have the trust of and connection with this population in order to address the program goals.

E. Services Site(s)

- a. Services will be offered in locations that are non-stigmatizing, which may include, but not limited to, schools, faith-based organizations, libraries, and community centers that are located within the targeted communities.
- b. The facility must have space for groups of youth and their families to participate in support groups and/or awareness/informational groups.
- c. The facility must be in compliance with any applicable state and local laws and requirements.
- d. The facility must have space to store confidential information in a locked space.

F. Programs

- a. Individuals may participate in all or some of the services offered.
- b. The evidence-based practices Wellbriety Celebrating Families! program, Cognitive-Behavioral Therapy (CBT) interventions, as well as the culturally-based intervention GONA will be utilized in this project to meet the identified needs of the Native American/American Indian community. COUNTY approved outreach activities and linkages to community resources will be utilized to meet goals identified herein.
- c. There will be no charge to the program participants.

4. TRAININGS AND MEETINGS

- a. Program staff will participate in a two (2) hour monthly meeting related to the implementation of the above mentioned programs in Native American Project. These

- meetings are designed to assist EBP model adherence and with collaboration with both programs and other providers and in addressing any potential barriers to implementation.
- b. Identified staff that will be a part of the GONA planning process and will complete a one (1) day GONA facilitator training with COUNTY.
 - c. All program staff are required to attend a yearly, one (1) day Prevention and Early Intervention (PEI) Summit. New hires to attend COUNTY 2-Day Group Facilitation training and complete required Evidence Base Program training.
 - d. Program leadership will participate in a trans-regional GONA planning process that shall consist of monthly leadership meetings. The regions shall work collaboratively to plan, host and hold the event. Planning shall utilize the SAMHSA Tribal Training and Technical Assistance Center's GONA Curriculum and Facilitator Guide (<https://www.samhsa.gov/sites/default/files/gona-goan-curriculum-facilitator-guide.pdf>) and SAMHSA Tribal Training and Technical Assistance Center's GONA Toolkit (<https://www.samhsa.gov/sites/default/files/gona-goan-toolkit.pdf>).
 - e. The Program Supervisor will supervise the Mental Health Clinician/Lead Program Facilitator in each region, and provide individual and group supervision as needed/required.

5. REGULATORY COMPLIANCE

Contractor shall:

- a. Comply with any and all Federal, State, or local laws and licensing regulations including but not limited to Federal HIPAA regulations and State of California Welfare and Institutions Code Section 5328 regarding confidentiality.
- b. Participate in the COUNTY annual contract monitoring as well as more frequent program reviews. Any associated COUNTY Manager, Supervisor, or their Designee, with proper identification, shall be allowed to enter and inspect the facility.
- c. Submit monthly documentation to COUNTY as outlined by COUNTY.
- d. Maintain at all times appropriate licenses and permits to operate the programs pursuant to State laws and local ordinances.
- e. Provide administrative, supervisory, and clerical support for the program.
- f. Ensure that Program maintains a minimum of 80% fidelity of program components as observed by COUNTY and as measured by the use of the EBP fidelity tool. Contractor(s) will comply with findings resulting from the EBP fidelity tool(s) which may include the following (live observations, audio/video recordings, focus groups, and EBP adherence measures).
- g. Provide outcome measures to all program participants as outlined in the Data Collection Guidelines/Research Protocol (Exhibit D).
- h. Ensure that all staff and volunteers working with individuals receiving service be fingerprinted (Live Scan), and pass Department of Justice and Federal Bureau of Investigations background checks.
- i. Ensure that personnel are competent and qualified to provide the services necessary and that the program satisfies all staffing requirements.
- j. Ensure the provision of culturally competent services.

6. DOCUMENTS AND RECORDS OF SERVICES

The CONTRACTOR shall maintain required records documenting all of the services provided through the contract. All confidential information shall be stored in a locked space. The documentation of staffing, payroll, other program costs, and program activities shall clearly indicate program staff time. These records shall conform to the requirements of the Mental Health Services Oversight and Accountability Commission and Riverside County/RUHS-BH. Documentation of individuals participating in the Native American Project: Strengthening the Circle shall include, but is not limited to:

- a. The contractor shall maintain a log of referrals.
- b. Documentation of outreach recruitment efforts on a monthly basis, which may include, but is not limited to, date, time, location of outreach activities, (i.e., organizations, schools, colleges, etc.), and number of individuals reached.
- c. Provide monthly documentation of the Wellbriety Celebrating Families! program which will include sign in sheets. The sign in sheets should include the date, time, and location of all activities.
- d. Provide documentation of the GONA events which include planning meetings and sign in sheets. The sign in sheets should include the date, time, and location of all activities.
- e. All group cycle documentation & performance outcomes must be submitted to COUNTY within one (1) month of graduation date.
- f. Maintain copies of completed outcome measures.
- g. All records maintained by the contractor on behalf of COUNTY are the property of COUNTY.
- h. Other requirements may be determined as the PEI plan is implemented.
- i. A monthly log that reflects a daily accounting of staff time (broken down by each hour of the day worked), on each task or activity related to this specific contract. This Daily Staff Time Accounting log needs to include staff name, *specific* details of the activity, and time allocated to each activity, for each day staff is spending time on this contract. Please see chart below for acceptable vs. unacceptable descriptions (i.e., specific details) for Daily Staff Time Accounting log entries. This is not an exhaustive list of descriptions, rather a general reference on how time spent on contract activities should be captured:

UNACCEPTABLE EXAMPLES	ACCEPTABLE EXAMPLES
Administrative Work	Making copies, preparing handouts, compiling/preparing data for submission, responding to emails/phone calls (state to whom you are responding and what it is regarding), gathering materials needed for program, attending meetings that support the program (name of meeting), etc.

Outreach	Preparing for outreach, travel time to outreach event, tabling at outreach event (including location/address), following up with potential contacts for program implementation opportunities, etc.
Program/Service Delivery	Preparing for service delivery [e.g., practicing presentations or preparing for group, reviewing notes, attending trainings to help with implementation of program (name of training) etc.] Details of service delivered (e.g., presentation, group, individual session, etc.)
Engagement/Screening	Screening individuals for program, reaching out to participants in between sessions, etc.

- j. A monthly mileage log to track individual Staff mileage associated with the program to include staff name, region, activity (Program Recruitment, Engagement/Screening, Outreach), initial address, destination address, odometer reading (start/end), and time allocated to each activity each day service is delivered. COUNTY follows the Internal Revenue Service mileage guide. Travel to or from place of residence to or from work location, on a scheduled workday, is not an eligible reimbursement.

7. PERFORMANCE OUTCOMES

The utilization of the outcome measures and forms is mandatory. The measures are subject to change. Compliance with the timelines for submitting documentation is required. Future funding will be dependent upon positive performance outcomes, which will be monitored by COUNTY throughout the year.

Failure to comply with Performance Outcomes or performance-based criteria could result in a disallowance of funds. Failure to submit performance outcome measurement tools will result in withholding funds until documents are received.

8. PERFORMANCE BASED CRITERIA

COUNTY shall evaluate the CONTRACTOR on four (4) Performance-Based Criteria that measure the CONTRACTOR performance related to operational measures that are indicative of quality program administration. These criteria are consistent with the Mental Health Services Act and the PEI plan. These measures assess the agency's ability to provide the required services and to monitor the quality of the services. Should there be a change in Federal, State and/or County policies/regulations, COUNTY, at its sole discretion, may amend these Performance-Based Criteria via a contract amendment.

The Performance-Based Criteria are as follows:

GOALS	DATA COLLECTION	FREQUENCY
<p>1. Contractor will provide the Wellbriety Celebrating Families! program to at least twenty (20) unduplicated Native American/American Indian families per region for a total of sixty (60) unduplicated families for all 3 regions (Western, Mid-County, Desert).</p>	<p>Contractor will submit all required documentation (Demographics, Pre and Post measures) for each family and individual participating in the program.</p>	<p>Completed measures will be submitted to COUNTY within one (1) month of completion.</p>
<p>2. Contractor will provide CBT interventions to participants who qualify based on screening and clinical assessment for six (6) to eight (8) sessions, or on an as needed basis, up to the completion of the cycle.</p>	<p>Contractor will submit all required documentation for each person participating in the program.</p>	<p>Completed screenings will be submitted on a monthly basis.</p>
<p>3. Contractor will provide one (1) GONA event per year in line with the SAMHSA Tribal Training and Technical Assistance Center's GONA Curriculum and Facilitator Guide.</p>	<p>Contractor will submit all required documentation for the annual GONA. Utilization of curriculum and facilitator guide, live observation of the implementation, and participant focus groups.</p>	<p>Completed measures will be submitted to COUNTY within one (1) month of completion.</p>
<p>4. Contractor will administer/complete appropriate outcome measure(s) included in the COUNTY Research Protocol.</p>	<p>Contractor will administer/complete appropriate outcome measures in formats and schedules designated by COUNTY.</p>	<p>Outcome measure(s) will be given at the 1st contact and/or at any additional intervals as determined by COUNTY. Measures will be submitted to COUNTY within one (1) month of completion.</p>

9. DISASTER PREPAREDNESS

The contractor shall develop and update contingency plans to continue the delivery of services in the event of a fabricated or natural disaster. The COUNTY expects the contractor to have it available for review upon request and/or during contract monitoring visits.

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: Riverside-San Bernardino County Indian Health, Inc.
PROGRAM NAME: Native American Project: Strengthening the Circle (NAP: STC)
DEPARTMENT ID: 4100221378.74720.536240

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2024/2025 shall be \$517,248 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 (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

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 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

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

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

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 (1/12th) 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 (5th) 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 (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed 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 K-BUDGET - WESTERN**

CONTRACT PROVIDER NAME: Riverside-San Bernardino County Indian Health Inc.		FISCAL YEAR: 2024-2025			
PROGRAM NAME:		PERFORMANCE PERIOD: 07/01/24 - 06/30/2025			
NATIVE AMERICAN PROJECT: STRENGTHENING THE CIRCLE		MONTHLY REIMBURSEMENT: ACTUAL COST			
REGION/POPULATION: MHSA PEI - Western		YEAR END SETTLEMENT: ACTUAL COST			
CONTRACT MAXIMUM OBLIGATION (REGION): \$172,416		REGION DEPT ID #4100221378.74720.536240 / VENDOR # 25957 / BPO:			
PROGRAM:		CONTRACT # MHARC-XXXXX-XXX-06/22 / RU: LEGAL ENTITY#: 1702			
TYPE OF MODALITY:		Wellbriety Celebrating Families! / GONA			
MODE OF SERVICE:		INDIRECT SERVICE CONTRACT			
SERVICE FUNCTION:		60	60	60	60
CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):		78	78	78	78
		PROGRAM Time spent in the delivery of the PEI funded program, including staff time in preparation, travel and documentation. Includes time spent in all trainings for staff and personnel.	PROGRAM RECRUITMENT Time spent recruiting participants and educating potential referral sources of participants for the PEI program.	ENGAGEMENT / SCREENING Time spent engaging individuals to determine if they are appropriate for PEI program/service. This includes screening, assessing and referring for program and includes travel, preparation and documentation of time.	GONA EXPENSES Time spent planning and implementing all activities related to the GONA annual event.
1. Personnel Expenditures (from Staffing Detail)		TOTAL	TOTAL	TOTAL	TOTAL CONTRACT
a. Program Facilitator - (.33 FTE); 693.3 hrs x 25 per hour plus benefits)		\$9,208	\$5,399	\$673	\$2,053
Program Facilitator Benefits		\$2,578.24	\$1,511.72	\$188.44	\$574.84
b. Program Facilitator - (.33 FTE); (693.3 hrs x 25 per hour plus benefits)		\$9,208	\$5,399	\$673	\$2,053
Program Facilitator Benefits		\$2,578.24	\$1,511.72	\$188.44	\$574.84
c. Lead Program Facilitator - (.33 FTE); (693.3 hrs x 33 per hour plus benefits)		\$11,711	\$3,870	\$5,498	\$1,800
Lead Program Facilitator Benefits		\$3,279.08	\$1,083.60	\$1,539.44	\$504
d. Lead Program Facilitator - (.33 FTE); (693.3 hrs x 33 per hour plus benefits)		\$11,711	\$3,870	\$5,498	\$1,800
Lead Program Facilitator Benefits		\$3,279.08	\$1,084	\$1,539	\$504
e. Program Supervisor - (.25 FTE); (520 hrs x 45 per hour plus benefits)		\$14,401	\$4,050	\$4,050	\$900
Program Supervisor Benefits		\$4,031	\$1,134	\$1,134	\$252
f. Child Care Worker - (2 @.01 FTE); (16 hrs x 25 plus benefits)		\$0	\$0	\$0	\$800
Child Care Worker Benefits					\$248
Total Personnel Expenditures		\$71,984	\$28,914	\$20,983	\$12,063
2. Operating Expenditures					
A. Staff Training		\$0	\$0	\$0	\$0
B. Educational supplies (Additional educational supplies for participants and resources)		\$2,000	\$500	\$0	\$0
C. Promotional Items- pens, cups, stress balls, tabel covers, etc. (Incentive to promote program and seek potential participants)		\$1,270	\$2,000	\$0	\$0
D. Staff GSA vehicle for Travel Rate is base on GSA rate per year (2 GSA vehicles) \$271 monthly rate per vehicle x 12 months =3,252. 12,000miles @ .227 per mile = 2,724. TOTAL \$5,976 x 2 = 11,952 + insurance @ \$750=\$12,702/3 regions=\$4234		\$1,121	\$1,041	\$1,021	\$0
E. Office Supplies- Computer, printer, paper, file storage, etc. (Purchase of supplies and appropriate record keeping for program)		\$500	\$500	\$100	\$0
F. Communication- cellphone (\$400 expense), Network license fee (\$100 fees)		\$250	\$250	\$0	\$0

G. Nutritional program - 20 families x 4 family members =80 participants. 80 x12 sessions= 960 meals. 960 meals x \$10 = \$9600 per region	\$9,600	\$0	\$0	\$0	\$9,600
H. GONA: a. Meeting Room(s) and Facility Costs	\$0	\$0	\$0	\$1,000	\$1,000
b. Food (\$10 per person x 250 participants)	\$0	\$0	\$0	\$2,500	\$2,500
c. Honorariums for Elders, Spiritual Leaders, or Local Performers	\$0	\$0	\$0	\$900	\$900
d. Handouts / Materials	\$0	\$0	\$0	\$100	\$100
e. Transportation (Mileage @.227)	\$0	\$0	\$0	\$350	\$350
f. Door Prizes/Incentives for Participants (\$25 per prize x 20 participants)	\$0	\$0	\$0	\$500	\$500
g. Outreach Advertising Costs	\$0	\$0	\$0	\$200	\$200
Total Operating Expenditures	\$14,741	\$4,291	\$1,121	\$5,550	\$25,703
Total Personnel & Operating Expenditures	\$86,725	\$33,205	\$22,104	\$17,612	\$159,645
3. Indirect Administrative Expenses					
a. Administrative Cost 8%	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772
Total Indirect Administrative Expenses	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772
Total Program Budget	\$93,663	\$35,861	\$23,872	\$19,021	\$172,416
Total Indirect Administrative Expenses % (Not to Exceed 15%)	8%	8%	8%	8%	8%

FUNDING SOURCES DOCUMENT: FY 2023/2024 MH CLIB NET FUNDING

PREPARED BY: Vernon Motschman, Program Coordinator

CONTACT #:

ADMIN SVCS ANALYST SIGNATURE: _____

DATE: _____

FISCAL ACCOUNTANT SIGNATURE: _____

DATE: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K-BUDGET - MID COUNTY

CONTRACT PROVIDER NAME: Riverside-San Bernardino County Health Inc.	FISCAL YEAR: 2024-2025						
	PERFORMANCE PERIOD: 07/01/24 - 06/30/2025	ACTUAL COST					
MONTHLY REIMBURSEMENT:	ACTUAL COST						
YEAR END SETTLEMENT:	ACTUAL COST						
REGION/POPULATION: MHA PEI - MID COUNTY	ACTUAL COST						
CONTRACT MAXIMUM OBLIGATION (REGION): \$172,416	ACTUAL COST						
PROGRAM NAME:	ACTUAL COST						
INACTIVE AMERICAN PROJECT: STRENGTHENING THE CIRCLE	ACTUAL COST						
REGION/POPULATION: MHA PEI - MID COUNTY	ACTUAL COST						
CONTRACT MAXIMUM OBLIGATION (REGION): \$172,416	ACTUAL COST						
PROGRAM:	ACTUAL COST						
TYPE OF MODALITY:	ACTUAL COST						
MODE OF SERVICE:	ACTUAL COST						
SERVICE FUNCTION:	ACTUAL COST						
INDIRECT SERVICE CONTRACT / GONA	ACTUAL COST						
REGION DEPT ID # 4100231378 74720-514246 / VENDOR # 25957 / BPO: Wellbity Celebrating Families / GONA	ACTUAL COST						
LEGAL ENTITY: 1792	ACTUAL COST						
PROGRAM DESCRIPTIONS	ACTUAL COST						
(PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):	ACTUAL COST						
PROGRAM	78	79	80	81	82	TOTAL	TOTAL CONTRACT
1. Personnel Expenses (From Staffline Detail)							
a. Program Facilitator - (13 FTE) @ \$3 x 25 per hour plus benefits	\$9,208	\$5,899	\$674	\$0	\$0	\$17,081	\$17,081
b. Program Facilitator Benefits	\$2,278	\$1,512	\$188	\$0	\$0	\$4,778	\$4,778
c. Program Facilitator - (13 FTE) @ \$3 x 25 per hour plus benefits	\$9,208	\$5,899	\$674	\$0	\$0	\$17,384	\$17,384
d. Program Facilitator Benefits	\$2,278	\$1,512	\$188	\$0	\$0	\$4,778	\$4,778
e. Lead Program Facilitator - (13 FTE) @ \$3 x 33 per hour plus benefits	\$11,211	\$7,070	\$848	\$0	\$0	\$19,129	\$19,129
f. Lead Program Facilitator Benefits	\$2,779	\$1,804	\$218	\$0	\$0	\$4,801	\$4,801
g. Lead Program Facilitator - (13 FTE) @ \$3 x 33 per hour plus benefits	\$11,211	\$7,070	\$848	\$0	\$0	\$19,129	\$19,129
h. Lead Program Facilitator Benefits	\$2,779	\$1,804	\$218	\$0	\$0	\$4,801	\$4,801
i. Program Supervisor - (25 FTE) @ \$20 plus 45 per hour plus benefits	\$14,401	\$4,050	\$486	\$0	\$0	\$18,937	\$18,937
j. Child Care Worker - (2 @ 01 FTE) @ \$18 plus benefit	\$4,031	\$1,134	\$136	\$0	\$0	\$5,301	\$5,301
k. Child Care Worker Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
l. Child Care Worker - (2 @ 01 FTE) @ \$18 plus benefit	\$4,031	\$1,134	\$136	\$0	\$0	\$5,301	\$5,301
m. Child Care Worker Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Personnel Expenses	\$71,944	\$28,914	\$3,083	\$0	\$0	\$103,941	\$103,941
2. Operating Expenses							
a. Staff Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Educational Supplies (Additional educational supplies for participants and resources)	\$2,000	\$500	\$0	\$0	\$0	\$2,500	\$2,500
c. Promotional Items - pens, cups, stress balls, t-shirt covers, etc. (Incentive to promote program and seek potential participants)	\$1,276	\$2,000	\$0	\$0	\$0	\$3,276	\$3,276
d. Staff (GSA Vehicle for Travel Rate) (see GSA rate per year (1 GSA vehicle) \$271 monthly rate per vehicle x 11 months = \$3,251. 11,000 miles @ \$277 per mile = 2,714. TOTAL \$3,276 x 2 = \$11,952 + insurance @ \$720 = \$12,672/Transportation)	\$1,121	\$1,041	\$1,019	\$0	\$0	\$3,181	\$3,181
e. Office supplies - Computer, printer, paper, file storage, etc. (Purchase of supplies and appropriate record keeping for program)	\$500	\$500	\$100	\$0	\$0	\$1,100	\$1,100
f. Nutritional program - (20 families x 4 family members = 80 participants. Box 12 shipments \$60 meals. 960 meals x \$10 = \$9,600 BPO reason)	\$250	\$250	\$0	\$0	\$0	\$500	\$500
g. Communication - (10 families x 4 family members = 40 participants. Box 12 shipments \$60 meals. 960 meals x \$10 = \$9,600 BPO reason)	\$9,600	\$0	\$0	\$0	\$0	\$9,600	\$9,600
h. GONA - a. Meeting Room(s) and Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Food (\$10 per person x 250 participants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Honorariums for Elders, Spiritual Leaders, or Local Performers	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Handouts / Materials	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. Transportation (Mileage @ \$27)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f. Door Prizes/Honorariums for Participants (\$75 per site x 20 participants)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Outreach Advertising Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Operating Expenses	\$14,741	\$4,291	\$1,119	\$0	\$0	\$20,151	\$20,151
3. Indirect Administrative Expenses							
a. Administrative Expenses	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772	\$12,772	\$12,772
b. Administrative Cost %	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772	\$12,772	\$12,772
Total Indirect Administrative Expenses	\$13,876	\$5,312	\$3,536	\$2,818	\$25,544	\$25,544	\$25,544
Total Indirect Administrative Expenses % (Not to exceed 15%)	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%	8.00%
Total Contract	\$113,944	\$38,914	\$4,202	\$0	\$0	\$157,060	\$157,060

\$159,645

FUNDING SOURCES DOCUMENT: FY 2023/2024 MHA CLINICAL FUNDING

PREPARED BY: Yvonne Nicholson, Program Coordinator

ADMIN SVCS ANALYST SIGNATURE: _____

FISCAL ACCOUNTANT SIGNATURE: _____

CONTACT #: _____

DATE: _____

DATE: _____

RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K-BUDGET - DESERT

CONTRACT PROVIDER NAME: Riverside-San Bernardino County Indian Health Inc. FISCAL YEAR: 2024-2025
 PROGRAM NAME: NATIVE AMERICAN PROJECT-STRENGTHENING THE CIRCLE PERFORMANCE PERIOD: 07/01/24 - 06/30/2025
 REGION/POPULATION: MIHSA PEI - DESERT MONTHLY REIMBURSEMENT: ACTUAL COST
 CONTRACT MAXIMUM OBLIGATION (REGION): \$172,416 YEAR END SETTLEMENT: ACTUAL COST

REGION DEPT ID #4100221378, 74720, 536249 / VENDOR # 25957 / BPO: LEGAL ENTITY#: 1702
 CONTRACT # MHARC-XXXX-XXX-06723 / RU: Wellbeing Celebrating Families / GOMA

CATEGORY DESCRIPTIONS (PROCEDURE CODES FOR PROVIDER CONNECT ENTRY):	PROGRAM		INDIRECT SERVICE CONTRACT		TOTAL	TOTAL CONTRACT
	60	78	60	78		
1. Personnel Expenditures (from Staffing Details)	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
a. Program Facilitator - (.33 FTE); 693.3 hrs x 22 per hour plus benefits	\$9,208	\$5,359	\$674	\$2,053	\$15,253	
b. Program Facilitator Benefits	\$2,578	\$1,512	\$188	\$575	\$4,728	
c. Program Facilitator - (.33 FTE); 693.3 hrs x 22 per hour plus benefits	\$9,208	\$5,359	\$674	\$2,053	\$17,334	
d. Program Facilitator Benefits	\$2,578	\$1,512	\$188	\$575	\$4,728	
e. Lead Program Facilitator - (.33 FTE); 693.3 hrs x 30 per hour plus benefits	\$11,711	\$3,870	\$5,498	\$1,800	\$22,879	
f. Lead Program Facilitator Benefits	\$3,279	\$1,084	\$1,539	\$504	\$6,448	
g. Program Supervisor - (.25 FTE); 693.3 hrs x 45 per hour plus benefits	\$11,711	\$1,800	\$5,498	\$1,800	\$22,879	
h. Program Supervisor Benefits	\$3,279	\$1,084	\$1,539	\$504	\$6,448	
i. Child Care Worker - (.2 @ .01 FTE); (16 hrs x 25 plus benefits)	\$4,031	\$1,134	\$1,134	\$251	\$7,253	
j. Child Care Worker Benefits	\$0	\$0	\$0	\$800	\$800	
Total Personnel Expenditures	\$71,984	\$28,915	\$20,982	\$12,063	\$139,944	
2. Operating Expenditures						
A. Staff Training	\$0	\$0	\$0	\$0	\$0	
B. Educational supplies (Additional educational supplies for participants and resources)	\$2,000	\$500	\$0	\$0	\$2,500	
C. Promotional items- pens, cups, stress balls, t-shirt covers, etc. (incentive to promote program and seek potential participants)	\$1,270	\$2,000	\$0	\$0	\$3,270	
D. Staff GSA vehicle for Travel Rate (base on GSA rate per year (2 GSA vehicles) \$771 monthly rate per vehicle x 12 months = 3,252. 12,000miles @ .227 per mile = 2,724. TOTAL \$5,976 x 2 = 11,952 + insurance @ \$750=\$12,702/3 regions=\$4234	\$1,121	\$1,040	\$1,019	\$0	\$3,180	
E. Office Supplies- Computer, printer, paper, file storage, etc. (Purchase of supplies and appropriate record keeping for program)	\$500	\$500	\$100	\$0	\$1,100	
F. Communication- cell phones (\$400 expense), network license fee (\$100 fees)	\$250	\$250	\$0	\$0	\$500	
G. Nutritional program - (20 families x 4 family members = 80 participants. 80x12 sessions= 960 meals x \$10 = \$9,600 per region.	\$9,600	\$0	\$0	\$0	\$9,600	
H. GOMA: a. Meeting Room(s) and Facility Costs	\$0	\$0	\$0	\$1,000	\$1,000	
b. Food (\$10 per person x 250 participants)	\$0	\$0	\$0	\$2,500	\$2,500	
c. Honorariums for Elders, Spiritual Leaders, or Local Performers	\$0	\$0	\$0	\$900	\$900	
d. Handouts / Materials	\$0	\$0	\$0	\$100	\$100	
e. Transportation (mileage @ .227)	\$0	\$0	\$0	\$350	\$350	
f. Door Prizes/Incentives for Participants (\$25 per prize x 20 participants)	\$0	\$0	\$0	\$500	\$500	
g. Outreach Advertising Costs	\$0	\$0	\$0	\$200	\$200	
Total Operating Expenditures	\$14,741	\$4,290	\$1,119	\$5,550	\$25,700	
Total Personnel & Operating Expenditures	\$86,725	\$33,205	\$22,101	\$17,613	\$159,644	
3. Indirect Administrative Expenses						
a. Administrative Cost BN	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772	
Total Indirect Administrative Expenses	\$6,938	\$2,656	\$1,768	\$1,409	\$12,772	
Total Program Budget	\$93,663	\$35,861	\$23,869	\$19,022	\$172,416	
Total Indirect Administrative Expenses % (Not to Exceed 15%)	8.00%	8.00%	8.00%	8.00%	8.00%	

FUNDING SOURCES DOCUMENT: FY 2023/2024 MH CLUB NET FUNDING
 PREPARED BY: Vernon Mochman, Program Coordinator
 ADMIN SVCS ANALYST SIGNATURE: _____
 FISCAL ACCOUNTANT SIGNATURE: _____

CONTACT #: _____ DATE: _____
 DATE: _____

**FY 2024/2025
AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
OPERATION SAFEHOUSE, INC.
FOR
TAY RESILIENCY**

That certain Agreement between the County of Riverside (COUNTY) and OPERATION SAFEHOUSE, INC. (CONTRACTOR), Board Authority established August 4, 2020, Agenda Item 3.40, for FY 2020/2021 through FY 2023/2024; approved by the Purchasing Agent on July 27, 2022 for FY 2022/2023; approved by the Purchasing Agent on August 7, 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, up to an additional one (1) year, 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 \$1,742,896.
- Rescind the Schedule I's in their entirety, and replace them with the new attached Schedule I's.
- Rescind the Schedule Ks in their entirety, and replace them with the new attached Schedule K's.

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
Operation SafeHouse, INC.
9685 Hayes Street
Riverside, CA 92503

Signature: *Chuck Washington*
Print Name: Chuck Washington
Title: Chair, Board of Supervisors
Date: 9/10/2024

Signature: *Amy S. Harrison*
Print Name: Amy S. Harrison
Title: Board President
Date: 8/9/24

COUNTY COUNSEL
Approved as to Form

By: *Katherine Wilkins*
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: *Mary J. [Signature]*
DEPUTY

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: MHSA PEI – TAY RESILIENCY
DEPARTMENT ID: 4100221372-74720-830280

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2024/2025 shall be \$1,742,896 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 (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

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 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

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

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

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 (1/12th) 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 (5th) 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 (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed 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 UNIVERISTY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K**

CONTRACT PROVIDER NAME:	OPERATION SAFEHOUSE, INC.	VENDOR #1468	FISCAL YEAR:	2024/2025
PROGRAM NAME:	PEI TAY RESILIENCY PROJECT		PERFORMANCE PERIOD:	JULY 1, 2024 - JUNE 30, 2025
DEPT ID/REGION:	MHSA PEI/WESTERN		MONTHLY REIMBURSEMENT:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION:	\$585,122		YEAR END SETTLEMENT:	ACTUAL COST

DEPT ID#4100221372-74720-530280									
MODALITY:	Direct Service		Indirect Svc		Indirect Svc		TOTALS		
MODE OF SERVICE:	15		45		60				
SERVICE FUNCTION:	1-9:10-59		10		78				
1. Personnel Expenditures	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Totals
a. MH Program Director - .08 FTE, \$43 hr x 171 hr, 18% benefits	\$2,333	\$423	\$1,257	\$228	\$3,589	\$651	\$7,179	\$1,302	\$8,481
b. Peer Coordinator - 1 FTE, \$25 hr x 2080 hrs, 16.8% benefits	\$0	\$0	\$0	\$0	\$52,000	\$8,736	\$52,000	\$8,736	\$60,736
c. Peer Specialist II - 1 FTE, \$19.50 hr x 2080 hrs, 12.5% benefits	\$0	\$0	\$0	\$0	\$40,560	\$5,070	\$40,560	\$5,070	\$45,630
d. Peer Specialist I - 1 FTE, \$17.50 hr x 2080 hrs, 9.5% benefits	\$0	\$0	\$0	\$0	\$36,400	\$3,458	\$36,400	\$3,458	\$39,858
e. SAYM CT - 4 FTE, \$29.75 hr x 2080 hrs, 16% benefits	\$160,888	\$25,742	\$86,632	\$13,862	\$0	\$0	\$247,520	\$39,604	\$287,124
f. SAYM Clinical Sup - .01548 FTE, \$41 hr x 32 hrs, 15% benefits	\$858	\$128	\$462	\$70	\$0	\$0	\$1,320	\$198	\$1,518
SubTotals S & B	\$164,079	\$26,293	\$88,351	\$14,160	\$132,549	\$17,915	\$384,979	\$58,368	\$443,347
Total Personnel Expenditures	\$190,372		\$102,511		\$150,464		\$443,347		
2. Operating Expenditures									
a. Rent, utilities, communication	\$13,416		\$7,224		\$9,960		\$30,600		
b. Office supplies, equipment lease	\$2,210		\$1,190		\$1,700		\$5,100		
c. Mileage, transportation	\$2,470		\$1,330		\$2,580		\$6,380		
d. Other operating expenses	\$5,330		\$2,870		\$5,900		\$14,100		
e. Graduation Incentives	\$2,600		\$1,400		\$2,000		\$6,000		
f. CAST Books	\$0		\$0		\$3,275		\$3,275		
Total Operating Expenditures	\$26,026		\$14,014		\$25,415		\$65,455		
Total Personnel & Operating Expenditures	\$216,398		\$116,525		\$175,879		\$508,802		
3. Indirect Administrative Expenses									
a. Administrative Cost	\$32,460		\$17,479		\$26,381		\$76,320		
(not to exceed 15%)	15.00%		15.00%		15.00%		15.00%		
Total Indirect Administrative Expenses	\$32,460		\$17,479		\$26,381		\$76,320		
Total Program Budget	\$248,858		\$134,004		\$202,260		\$585,122		

FUNDING SOURCES DOCUMENT: FY 2023/2024 MH CLIB NET FUNDING

ADMIN SVCS ANALYST SIGNATURE: _____, MHSA Administration / PEI PHONE _____

DATE _____

FISCAL ACCOUNTANT SIGNATURE: _____ Amber Limon, Fiscal Accounting Unit PHONE _____

DATE _____

**RIVERSIDE UNIVERISTY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K**

CONTRACT PROVIDER NAME:	OPERATION SAFEHOUSE, INC.	VENDOR #1468	FISCAL YEAR:	2024/2025
PROGRAM NAME:	PEI TAY RESILIENCY PROJECT		PERFORMANCE PERIOD:	JULY 1, 2024 - JUNE 30, 2025
DEPT ID/REGION:	MHSA PEI/MID COUNTY		MONTHLY REIMBURSEMENT:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION:	\$585,340		YEAR END SETTLEMENT:	ACTUAL COST

DEPT ID#4100221372-74720-530280										
MODALITY:	Direct Service		Indirect Svc		Indirect Svc		TOTALS			
MODE OF SERVICE:	15		45		60					
SERVICE FUNCTION:	1-9:10-59		10		78					
1. Personnel Expenditures	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Totals	
a. MH Program Director - .08 FTE, \$43 hr x 171 hr, 18% benefits	\$2,333	\$423	\$1,257	\$228	\$3,589	\$651	\$7,179	\$1,302	\$8,481	
b. Peer Coordinator - 1 FTE, \$25 hr x 2080 hrs, 16.8% benefits	\$0	\$0	\$0	\$0	\$52,000	\$8,736	\$52,000	\$8,736	\$60,736	
c. Peer Specialist II - 1 FTE, \$19.50 hr x 2080 hrs, 12.5% benefits	\$0	\$0	\$0	\$0	\$40,560	\$5,070	\$40,560	\$5,070	\$45,630	
d. Peer Specialist I - 1 FTE, \$17.50 hr x 2080 hrs, 9.5% benefits	\$0	\$0	\$0	\$0	\$36,400	\$3,458	\$36,400	\$3,458	\$39,858	
e. SAYM CT - 4 FTE, \$29.75 hr x 2080 hrs, 16% benefits	\$160,888	\$25,742	\$86,632	\$13,862	\$0	\$0	\$247,520	\$39,604	\$287,124	
f. SAYM Clinical Sup - .01548 FTE, \$41 hr x 32 hrs, 15% benefits	\$858	\$128	\$462	\$70	\$0	\$0	\$1,320	\$198	\$1,518	
SubTotals S & B	\$164,079	\$26,293	\$88,351	\$14,160	\$132,549	\$17,915	\$384,979	\$58,368	\$443,347	
Total Personnel Expenditures		\$190,372		\$102,511		\$150,464			\$443,347	
2. Operating Expenditures										
a. Rent, utilities, communication		\$11,739		\$6,321		\$9,900			\$27,960	
b. Office supplies, equipment lease		\$2,210		\$1,190		\$1,700			\$5,100	
c. Mileage, transportation		\$2,818		\$1,517		\$4,875			\$9,210	
d. Other operating expenses		\$5,330		\$2,870		\$5,900			\$14,100	
e. Graduation Incentives		\$2,600		\$1,400		\$2,000			\$6,000	
f. CAST Books		\$0		\$0		\$3,275			\$3,275	
Total Operating Expenditures		\$24,697		\$13,298		\$27,650			\$65,645	
Total Personnel & Operating Expenditures		\$215,069		\$115,809		\$178,114			\$508,992	
3. Indirect Administrative Expenses										
a. Administrative Cost		\$32,260		\$17,371		\$26,717			\$76,348	
(not to exceed 15%)		15.00%		15.00%		15.00%			15.00%	
Total Indirect Administrative Expenses		\$32,260		\$17,371		\$26,717			\$76,348	
Total Program Budget		\$247,329		\$133,180		\$204,831			\$585,340	

FUNDING SOURCES DOCUMENT: FY 2023/2024 MH CLIB NET FUNDING

ADMIN SVCS ANALYST SIGNATURE: _____, MHSA Administration / PEI PHONE _____ DATE _____

FISCAL ACCOUNTANT SIGNATURE: _____ Amber Limon, Fiscal Accounting Unit PHONE _____ DATE _____

**RIVERSIDE UNIVERISTY HEALTH SYSTEM - BEHAVIORAL HEALTH
SCHEDULE K**

CONTRACT PROVIDER NAME:	OPERATION SAFEHOUSE, INC.	VENDOR #1468	FISCAL YEAR:	2024/2025
PROGRAM NAME:	PEI TAY RESILIENCY PROJECT		PERFORMANCE PERIOD:	JULY 1, 2024 - JUNE 30, 2025
DEPT ID/REGION:	MHSA PEI/DESERT		MONTHLY REIMBURSEMENT:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION:	\$572,434		YEAR END SETTLEMENT:	ACTUAL COST

DEPT ID#4100221372-74720-530280									
MODALITY:	Direct Service		Indirect Svc		Indirect Svc		TOTALS		
MODE OF SERVICE:	15		45		60				
SERVICE FUNCTION:	1-9:10-59		10		78				
1. Personnel Expenditures	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	Totals
a. MH Program Driector - .08 FTE, \$43 hr x 171 hr, 18% benefits	\$2,333	\$423	\$1,257	\$228	\$3,589	\$651	\$7,179	\$1,302	\$8,481
b. Peer Coordinator - 1 FTE, \$25 hr x 2080 hrs, 16.8% benefits	\$0	\$0	\$0	\$0	\$52,000	\$8,736	\$52,000	\$8,736	\$60,736
c. Peer Specialist II - 1 FTE, \$19.50 hr x 2080 hrs, 12.5% benefits	\$0	\$0	\$0	\$0	\$40,560	\$5,070	\$40,560	\$5,070	\$45,630
d. Peer Specialist I - 1 FTE, \$17.50 hr x 2080 hrs, 9.5% benefits	\$0	\$0	\$0	\$0	\$36,400	\$3,458	\$36,400	\$3,458	\$39,858
e. SAYM CT - 4 FTE, \$29.75 hr x 2080 hrs, 16% benefits	\$160,888	\$25,742	\$86,632	\$13,862	\$0	\$0	\$247,520	\$39,604	\$287,124
f. SAYM Clinical Sup - .01548 FTE, \$41 hr x 32 hrs, 15% benefits	\$858	\$128	\$462	\$70	\$0	\$0	\$1,320	\$198	\$1,518
SubTotals S & B	\$164,079	\$26,293	\$88,351	\$14,160	\$132,549	\$17,915	\$384,979	\$58,368	\$443,347
Total Personnel Expenditures	\$190,372		\$102,511		\$150,464		\$443,347		
2. Operating Expenditures									
a. Rent, utilities, communication		\$3,128		\$1,684		\$1,500			\$6,312
b. Office supplies, equipment lease		\$1,885		\$1,015		\$3,960			\$6,860
c. Mileage, transportation		\$5,152		\$2,773		\$9,550			\$17,475
d. Other operating expenses		\$5,330		\$2,870		\$5,900			\$14,100
e. Graduation Incentives		\$2,600		\$1,400		\$2,000			\$6,000
f. CAST Books		\$0		\$0		\$3,675			\$3,675
Total Operating Expenditures		\$18,095		\$9,742		\$26,585			\$54,422
Total Personnel & Operating Expenditures		\$208,467		\$112,253		\$177,049			\$497,769
3. Indirect Administrative Expenses									
a. Administrative Cost		\$31,270		\$16,838		\$26,557			\$74,665
(not to exceed 15%)		15.00%		15.00%		15.00%			15.00%
Total Indirect Administrative Expenses		\$31,270		\$16,838		\$26,557			\$74,665
Total Program Budget		\$239,737		\$129,091		\$203,606			\$572,434

FUNDING SOURCES DOCUMENT: FY 2023/2024 MH CLIB NET FUNDING

ADMIN SVCS ANALYST SIGNATURE: _____, MHSA Administration / PEI PHONE _____ DATE _____

FISCAL ACCOUNTANT SIGNATURE: _____ Amber Limon, Fiscal Accounting Unit PHONE _____ DATE _____

**FY 2024/25 SCHEDULE I
DEPARTMENT OF BEHAVIORAL HEALTH**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: PEI TAY RESILIENCY PROGRAM
DEPT ID/PROGRAM: 4100221372.74720.530280
REGION/POPULATION: WESTERN
MONTHLY REIMBURSEMENT: ACTUAL COST
YEAR END SETTLEMENT: ACTUAL COST

TYPE OF MODALITY	Outpatient Mental Health Services	PEI OUTREACH	CLIENT ENGAGEMENT	TOTAL
RU#(s):	Direct Services	33JSPT		
	Direct SAYM	Indirect Svc - SAYM	Indirect Svc - P2P	
MODE OF SERVICE:	15 (Outpatient Services)	45	60	
SERVICE FUNCTION:	01-09 & 10-59 (Mental Health Services)	10	78	
PROCEDURE CODES/CATEGORY DESCRIPTIC	TBD	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	
UNIT MEASUREMENT:	MINUTES	MINUTES	MINUTES	
NUMBER OF UNITS:	248,858	134,004	202,260	
COST PER UNIT:	\$1.00	\$1.00	\$1.00	
GROSS COST:	\$248,858	\$134,004	\$202,260	
LESS REVENUES COLLECTED BY CONTRACTORS:				
# OF STAFF ASSIGNED	4			
# TO BE SERVED PER REGION	140			
# TO BE SERVED ANNUALLY	140			
MAXIMUM OBLIGATION	\$248,858	\$134,004	\$202,260	\$585,122
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:				
A: MHP/PEI	\$248,858	\$134,004	\$202,260	\$585,122
B: OTHER:	\$0	\$0	\$0	\$0
TOTAL (ALL FUNDING SOURCES)	\$248,858	\$134,004	\$202,260	\$585,122

FUNDING SOURCES DOCUMENT:

FY 2022/2023 MH CLIB NET FUNDING

**FY 2024/25 SCHEDULE I
DEPARTMENT OF BEHAVIORAL HEALTH**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: PEI TAY RESILIENCY PROGRAM
DEPT ID/PROGRAM: 4100221372.74720.530280
REGION/POPULATION: MID-COUNTY
MONTHLY REIMBURSEMENT: ACTUAL COST
YEAR END SETTLEMENT: ACTUAL COST

TYPE OF MODALITY	Outpatient Mental Health Services	PEI OUTREACH	CLIENT ENGAGEMENT	TOTAL
RU#(s):	Direct SAYM	3306PT		
		Indirect Svc - SAYM	Indirect Svc - P2P	
MODE OF SERVICE:	15 (Outpatient Services)	45	60	
SERVICE FUNCTION:	01-09 & 10-59 (Mental Health Services)	10	78	
PROCEDURE CODES/CATEGORY DESCRIPTIC	TBD	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	
UNIT MEASUREMENT:	MINUTES	MINUTES	MINUTES	
NUMBER OF UNITS:	247,329	133,180	204,831	
COST PER UNIT:	\$1.00	\$1.00	\$1.00	
GROSS COST:	\$247,329	\$133,180	\$204,831	\$585,340
LESS REVENUES COLLECTED BY CONTRACTORS:				
# OF STAFF ASSIGNED	4			
# TO BE SERVED PER REGION	140			
# TO BE SERVED ANNUALLY	140			
MAXIMUM OBLIGATION	\$247,329	\$133,180	\$204,831	\$585,340
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:				
A: MHSA/PEI	\$247,329	\$133,180	\$204,831	\$585,340
B: OTHER:	\$0	\$0	\$0	\$0
TOTAL (ALL FUNDING SOURCES)	\$247,329	\$133,180	\$204,831	\$585,340

FUNDING SOURCES DOCUMENT:

FY 2022/2023 MH CLIB NET FUNDING

**FY 2024/25 SCHEDULE I
DEPARTMENT OF BEHAVIORAL HEALTH**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: PEI TAY RESILIENCY PROGRAM
DEPT ID/PROGRAM: 4100221372.74720.530280
REGION/POPULATION: DESERT
MONTHLY REIMBURSEMENT: ACTUAL COST
YEAR END SETTLEMENT: ACTUAL COST

TYPE OF MODALITY	Outpatient Mental Health Services	PEI OUTREACH	CLIENT ENGAGEMENT	TOTAL
RU#(s):	Direct Services	33JTPT		
	Direct Svs - SAYM	Indirect Svc - SAYM	Indirect Svc - P2P	
MODE OF SERVICE:	15 (Outpatient Services)	45	60	
SERVICE FUNCTION:	01-09 & 10-59 (Mental Health Services)	10	78	
PROCEDURE CODES/CATEGORY DESCRIPTIONS:	TBD	PROGRAM RECRUITMENT	ENGAGEMENT/SCREENING	
UNIT MEASUREMENT:	MINUTES	MINUTES	MINUTES	
NUMBER OF UNITS:	239,737	129,091	203,606	
COST PER UNIT:	\$1.00	\$1.00	\$1.00	
GROSS COST:	\$239,737	\$129,091	\$203,606	\$572,434
LESS REVENUES COLLECTED BY CONTRACTORS:				
# OF STAFF ASSIGNED	4			
# TO BE SERVED PER REGION	140			
# TO BE SERVED ANNUALLY	140			
MAXIMUM OBLIGATION	\$239,737	\$129,091	\$203,606	\$572,434
SOURCES OF FUNDING FOR MAXIMUM OBLIGATION:				
A: MHSA/PEI	\$239,737	\$129,091	\$203,606	\$572,434
B: OTHER:	\$0	\$0	\$0	\$0
TOTAL (ALL FUNDING SOURCES)	\$239,737	\$129,091	\$203,606	\$572,434

FUNDING SOURCES DOCUMENT:

FY 2022/2023 MH CLIB NET FUNDING

**FY 2024/2025
AGREEMENT RENEWAL
BETWEEN
COUNTY OF RIVERSIDE
AND
OPERATION SAFEHOUSE, INC.
FOR
YOUTH OUTREACH**

That certain Agreement between the County of Riverside (COUNTY) and OPERATION SAFEHOUSE, INC. (CONTRACTOR), Board Authority established on August 4, 2020, Agenda Item 3-40, for FY 2020/2021 through FY 2023/2024; approved by the Purchasing Agent on June 2, 2022 for FY 2022/2023; approved by the Purchasing Agent on July 25, 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, up to an additional one (1) year, 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 C.**, as follows:
 - C. 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 G.**, as follows:
 - G. 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 XIX. STAFFING** of this Agreement shall be amended to include **Subsection I.**, as follows:
 - I. 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 \$80,391.
- Rescind the Schedule K in its entirety, and replace it with the new attached Schedule K.

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: Chair, Board of Supervisors

Date: 9/10/2024

CONTRACTOR

Operation SafeHouse, Inc.
9685 Hayes Street
Riverside, CA 92503

Signature: 

Print Name: Amy S. Harrison

Title: Board President

Date: 7/23/24

COUNTY COUNSEL

Approved as to Form

By: 
Deputy County Counsel

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: 
DEPUTY

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: OPERATION SAFEHOUSE, INC.
PROGRAM NAME: MHSA PEI – YOUTH OUTREACH
DEPARTMENT ID: 4100221702-74720-536240

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2024/2025 shall be \$80,391 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 (1/12th), on a monthly basis of the overall maximum obligation of the COUNTY as specified herein.
- Actual Cost, as invoiced by expenditure category specified in Schedule K.

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 30th). Approval shall not exceed the maximum obligation.
2. In addition, CONTRACTOR may not, under any circumstances and without prior written consent and approval being received from COUNTY Program Administrator/Manager and confirmed by the Fiscal Supervisor, reallocate funds between mode and service functions as designated in the Schedule I that are

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

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

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 (1/12th) 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 (5th) 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 (5th) calendar day of the current month.
 - d. Services entered into the MIS more than 60 calendar days after the date of service without prior approval by the COUNTY may result in financial and/or service denials and/or disallowances to the CONTRACTOR.
 - e. In addition to entering all service related data into the COUNTY'S MIS and the submission of a signed 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.

**OPERATION SAFEHOUSE, INC - SCHEDULE K
RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH**

CONTRACT PROVIDER NAME: OPERATION SAFEHOUSE		FISCAL YEAR:	2024/2025
PROGRAM NAME: MHSA PEI - YOUTH OUTREACH		PERIOD OF PERFORMANCE:	July 1, 2024 - June 30, 2025
REGION/POPULATION: WESTERN/DESERT REGIONS		MONTHLY REIMBURSEMENT:	ACTUAL COST
CONTRACT MAXIMUM OBLIGATION:	\$80,391	YEAR END SETTLEMENT:	ACTUAL COST

VENDOR#: 1468 / DEPT ID# 4100221702.74720.536240 / BPO: XXXXXX

MODALITY:	INDIRECT SVC						
MODE OF SERVICE:	60						
SERVICE FUNCTION:	78						
REGION AND RU#:	Western - 33JSPE	Desert - 33JTPE		Total	Total		
1. Personnel Expenditures (from Staffing Detail)	Salaries	Benefits	Salaries	Benefits	Salaries	Benefits	TTL Salaries/Benefits
a. Outreach Salary - Western 57% @ \$24/hr, Desert 72% @ \$24/hr	\$26,830	\$3,980	\$33,600	\$4,995	\$60,430	\$8,975	\$69,405
Total Personnel Expenditures		\$30,810		\$38,595		\$69,405	\$69,405
2. Operating Expenditures							
a. Travel and Transportation -Mileage		\$454		\$324			\$778
b. Program Supplies		\$600		\$1,000			\$1,600
c. Other Operating Expenses (Cell Phones)		\$650		\$650			\$1,300
Total Operating Expenditures		\$1,704		\$1,974			\$3,678
Total Personnel & Operating Expenditures		\$32,514		\$40,569			\$73,083
3. Indirect Administrative Expenses (not to exceed 10%)							
a. Administrative Costs		\$3,251		\$4,057			\$7,308
Total Indirect Administrative Expenses		\$3,251		\$4,057			\$7,308
<i>Not to exceed 10%</i>		<i>10.00%</i>		<i>10.00%</i>			<i>10.00%</i>
Total Program Budget		\$35,765		\$44,626			\$80,391

FUNDING SOURCES DOCUMENT: FY 2022/2023 MH CLIB NET FUNDING