

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



ITEM: 3.58
(ID # 30705)

MEETING DATE:
Tuesday, June 23, 2026

FROM : RUHS-BEHAVIORAL HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - BEHAVIORAL HEALTH: Approve an Increase to the Long Term Care Contract Aggregate from \$48,000,000 to \$58,700,000 for FY 2025/2026 through FY 2027/2028, Authorize Riverside University Health System-Behavioral Health (RUHS-BH) to Utilize SNFs and IMDs Licensed by the State of California Department of Public Health (CDPH), and Ratify and Approve the Amendment for FY 2025/2026 Agreement with GHC of National City, All Districts. [\$10,700,000 in additional Cost for FY 2025/2026, \$58,700,000 Annually; Total Cost \$176,100,000 for three (3) Years; Up to \$5,870,000 in Additional Compensation Per Fiscal Year] 100% State.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Approve an increase to the Long Term Care contract aggregate in the amount of \$10,700,000, from \$48,000,000 to \$58,700,000 annually for the term of July 1, 2025 through June 30, 2028;
2. Authorize RUHS-BH to utilize the current list of Long Term Care facilities licensed by CDPH, and other SNF and IMD facilities identified in the future, not to exceed the approved annual aggregate amount through FY 2027/2028;

Continued on page 2

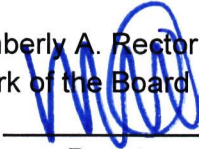
ACTION:Policy


Matthew Chang, Director 6/9/2026

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: June 23, 2026
xc: RUHS-BH

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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

RECOMMENDED MOTION: That the Board of Supervisors:

3. Ratify and approve the Behavioral Health Amendment to the Agreement with GHC of National City, LLC in the amount of \$5,000,600, for the term July 1, 2025 through June 30, 2026, with the option to renew annually for up to two (2) years, and authorize the Chair of the Board to sign and execute the Amendment on behalf of the County;

4. Authorize the Purchasing Agent, in accordance with Ordinance 459, based upon the availability of funding and as approved by County Counsel to: a) move the allocate among the vendors listed in attachment A; b) sign renewals and amendments, to the agreements listed in Attachment A; that exercise the option of the agreement including modifications of the statement of work that stay within the intent of the agreement; and c) sign amendments to the compensation provisions that do not exceed the sum total of the ten percent (10%) of the approved annual aggregate amount through June 30, 2028; and

5. Authorize the Purchasing Agent to issue a Purchase Order for goods and/or services rendered.

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$10,700,000	\$10,700,000	\$176,100,000	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State			Budget Adjustment: No	
			For Fiscal Year: 25/26-27/28	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

RUHS-BH operates a continuum of care system, composed of County-operated and contract service providers, delivering a variety of treatment services in each geographic region of the County.

The Long Term Care services include Skilled Nursing Facilities (SNFs) and Institutions for Mental Diseases (IMDs), which provide a range of specialized services in a residential treatment setting focused on mental health recovery, as defined in Title 42 of the Code of Federal Regulations (CFR), § 435.1010. SNFs and IMDs offer a lower level of care than state hospitals or acute care hospitals, making them more cost-effective treatment alternatives while still providing necessary supportive services. Placement is determined by the severity of the individual's mental condition, which often requires extended treatment and specialized services, as well as bed availability.

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

Previously, separate contract aggregates existed for SNFs and IMDs. Combining these contract aggregates will provide greater flexibility to ensure continuity of care and maintain adequate placement options for consumers requiring this level of behavioral health care. In some cases, providers offer both SNF and IMD services, making a combined aggregate more efficient and responsive to operational needs. RUHS-BH has experienced an increase in referrals for consumers requiring these higher levels of care.

Continuity of services for this mandated population is crucial; therefore, RUHS-BH is requesting the Board of Supervisors approve the increased Contract Aggregate with the vendors listed in Attachment A for FY 2025/2026 through FY 2027/2028 in the amount of \$58,700,000 annually.

Impact on Citizens and Businesses

These services are a component of the Department's system of care aimed at improving the health and safety of consumers and the community.

Additional Fiscal Information

There are sufficient funds in the department's FY 2025/2026 budget and no County funds are required.

Contract History and Price Reasonableness

The Long Term Care Contract Aggregates and Agreements have previously been approved by the Board of Supervisors as follows:

- On May 3, 2016 (Item 3.16) the Board of Supervisors approved the SNF Contract Aggregate and agreements in the amount of \$12,311,097 annually for FY 2015/2016 through FY 2018/2019.
- On May 22, 2018 (Item 3.23), the Board of Supervisors approved the IMD contract aggregate amount of \$15,000,000 annually through June 30, 2021.
- On May 22, 2018 (Item 3.24) the Board of Supervisors approved the SNF Contract Aggregate and agreements in the amount of \$13,500,000 for FY 2019/2020.
- On August 25, 2020 (Item 3.43) the Board of Supervisors approved the SNF Contract Aggregate and agreements in the amount of \$6,500,000 annually for FY 2020/2021 through FY 2023/2024.
- On May 25, 2021 (Item 3.23) the Board of Supervisors approved the IMD contract aggregate amount of \$17,000,000 annually through June 30, 2024.
- On August 1, 2023 (Item 3.48) the Board of Supervisors approved the SNF Contract Aggregate and agreements in the amount of \$16,500,000 for FY 2023/2024 through FY 2026/2027.
- On October 17, 2023 (Item 3.29) the Board of Supervisors approved the IMD contract aggregate amount of \$23,000,000 annually through June 30, 2026.

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

- On July 29, 2025 (Item 3.50) the Board of supervisors approved the SNF Contract aggregate and agreements in the amount of \$25,000,000 annually for FY 2025/2026 through 2027/2028.

Pursuant to Riverside County Ordinance No. 459, Section 7, Category II Exceptions, subsection (d), Behavioral Health is exempt from the competitive bidding process for Long-Term Care services associated with State-mandated programs. Therefore, RUHS-BH is seeking approval to utilize current and future Skilled Nursing Facility (SNF) and Institution for Mental Diseases (IMD) providers identified by the California Department of Public Health (CDPH) to ensure timely access to medically necessary placement and treatment services for eligible consumers.

www.cdph.ca.gov/Programs/CHCQ/LCP/CalHealthFind/Pages/Home.aspx)

Attachments

- A. FY 2025/2026 SNF Contract aggregate maximum amounts
- B. GHC of National City, LLC. Amendment

ATTACHMENT A

FY 2025/2026 SNF CONTRACT AGGREGATE MAXIMUM AMOUNTS*

Contractor	Contract Max
Anne Sippi Clinic	\$2,072,035
Crestwood Behavioral Health, Inc.	\$3,179,449
Sylmar Health & Rehabilitation, Inc.	\$2,660,675
Vista Knoll Specialized Care Facility	\$750,000
South Coast Health & Wellness Corp., DBA Community Care on Palm	\$1,350,000
Vista Pacifica Enterprises - Convalescent	\$600,000
Parkside Health & Wellness	\$900,000
University Healthcare Center	\$200,000
RG Legacy	\$100,000
GHC of Auburn, LLC	\$492,750
GHC of Anberry, LLC	\$474,500
GHC of Fresno, LLC	\$355,875
GHC of Lakeside, LLC	\$5,900,000
GHC of El Cajon, LLC	\$1,085,875
GHC of Upland, LLC	\$1,934,500
GHC of Contra Costa, LLC	\$1,430,300
GHC of San Jacinto, LLC	\$5,300,000
GHC of Newport Beach, LLC	\$4,900,000
GHC of National City, LLC	\$5,000,600
GHC of Temecula, LLC	\$500,000
Serrano Post - Acute, LLC	\$876,000
Long Beach Healthcare, LLC	\$600,000

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

Riverside Healthcare Center	\$3,000,000
Shandin Hills	\$100,000
Sierra Vista	\$500,000
Landmark	\$4,551,451
View Heights Convalescent Hospital	\$6,000,000
Contract Total	\$54,814,010
Reserve	\$3,885,990
Total Contract Aggregate	\$58,700,000

- *Due to the nature of the services provided vendors listed in Attachment A are subject to change; therefore, Behavioral Health will need to add new contractors as necessary to deliver the State mandated services while staying within the approved total annual Skilled Nursing Facilities (SNF) Contract Aggregate.*

Melissa Curtis
Melissa Curtis, Deputy Director of Purchasing and Fleet

6/15/2026

Jacqueline Ruiz
Jacqueline Ruiz, Principal Analyst

6/16/2026

Gregg Gu
Gregg Gu, Chief of Deputy County Counsel

6/15/2026

**FY 2025/2026
FIRST AMENDMENT TO AGREEMENT
BETWEEN
COUNTY OF RIVERSIDE
AND
GHC OF NATIONAL CITY 1, LLC, DBA
FRIENDSHIP MANOR NURSING &
REHABILITATION CENTER**

That certain Agreement between the County of Riverside (COUNTY) and GHC of NATIONAL CITY 1, LLC, a California limited liability company, dba FRIENDSHIP MANOR NURSING & REHABILITATION CENTER (CONTRACTOR), Board Authority established on July 29, 2025, Agenda Item 3-50, for FY 2024/2025 through FY 2027/2028; approved by the Purchasing Agent on October 3, 2025 for FY 2025/2026; is hereby amended for FY 2025/2026, effective July 1, 2025 through June 30, 2026, in consideration for mutual obligations;

- Rescind the previous Exhibit C in its entirety, and replace it with the new, attached Exhibit C, which increases the contract maximum from \$200,000 to \$5,000,600 for FY 2025/2026.
- Rescind the Schedule I in its entirety, and replace it with the new attached Schedule I.

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

By: Karen S. Spiegel
Chair of the Board

KAREN SPIEGEL

Dated: JUN 23 2026

County Counsel

Approved As To Form:

By: Gregg Ju
Deputy County Counsel

CONTRACTOR

GHC of National City 1, LLC
DBA Friendship Manor Nursing and Rehab Centr

902 Euclid Ave
National City, CA 91950

By: Lois Mastrocola
Lois Mastrocola (Jun 17, 2026 10:38:11 PDT)

Name: Chief Financial Officer

Title: Chief Financial Officer

Dated: 17/Jun/26

ATTEST:
KIMBERLY A. RECTOR, Clerk

By: [Signature]
DEPUTY







25.26 GHC Of National City SNF 1st A AATF

Final Audit Report

2026-06-17

Created:	2026-06-17
By:	Aaron Wonzocordero (a.wonzocordero@ruhealth.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAALTYNOmWmG2m2TkdcHGbMirGNnkOo5qf

"25.26 GHC Of National City SNF 1st A AATF" History

-  Document created by Aaron Wonzocordero (a.wonzocordero@ruhealth.org)
2026-06-17 - 4:48:00 PM GMT
-  Document emailed to GHC of National City (wendyhaining@lifegen.net) for signature
2026-06-17 - 4:48:05 PM GMT
-  Email viewed by GHC of National City (wendyhaining@lifegen.net)
2026-06-17 - 5:14:01 PM GMT
-  Signer GHC of National City (wendyhaining@lifegen.net) entered name at signing as Lois Mastrocola
2026-06-17 - 5:38:09 PM GMT
-  Document e-signed by Lois Mastrocola (wendyhaining@lifegen.net)
Signature Date: 2026-06-17 - 5:38:11 PM GMT - Time Source: server - Signature Appearance Selected: TYPE
-  Agreement completed.
2026-06-17 - 5:38:11 PM GMT

**EXHIBIT C
REIMBURSEMENT & PAYMENT**

CONTRACTOR NAME: GHC OF NATIONAL CITY I, LLC DBA
 FRIENDSHIP MANOR & REHABILITATION CENTER
PROGRAM NAME: **LONG TERM CARE**
DEPARTMENT ID: **4100206479.83550.525440**

A. MAXIMUM OBLIGATION:

COUNTY'S maximum obligation for FY 2025/2026 shall be \$5,000,600 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. Refer to Section J. MUTUAL COST RECONCILIATION, for year-end cost reconciliation options.

- 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 K. PAYMENT RECONCILIATION, for payment reconciliation requirements.
- 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. PAYMENT RECONCILIATION, for payment 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, 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 submission 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 recovery 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 Contracts Administration email inboxes. (CostReport@ruhealth.org; BHContracts@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 the following steps.
 - i. CONTRACTOR should provide all applicable supporting financial information, as determined appropriate by the COUNTY. Cost reconciliation documents shall detail the actual cost of services provided.
 - ii. 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.
 - iii. If denied, CONTRACTOR may resubmit justification for further review.

K. PAYMENT RECONCILIATION:

If required per Section E., for each fiscal year, or portion thereof, that this Agreement is in effect, CONTRACTOR shall review COUNTY provided reconciliation documentation, and provide any additional supporting documentation as appropriate to reconcile to payment within Forty-five (45) calendar days of receipt from COUNTY.

1. 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.
2. All CONTRACTORS must send one representative to the COUNTY'S annual payment reconciliation training that covers the preparation of the year-end payment 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 payment reconciliation documents are completed appropriately. Failure to attend this training will result in delay of any reimbursements to the CONTRACTOR.
3. CONTRACTOR will be notified in writing by COUNTY, if the payment 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.
4. The payment 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 payment reconciliation shall be repaid upon demand, or will be deducted from the next payment to CONTRACTOR.
5. All current and future payments to CONTRACTOR will be withheld by the COUNTY until all final, current and prior year payment reconciliation(s) have been reconciled, settled and signed by CONTRACTOR, and received and approved by the COUNTY.
6. CONTRACTOR shall report Actual Costs separately, if deemed applicable and as per CONTRACTOR'S Schedule I, to provide Agreement Client Ancillary Services, Prescriptions, Health Maintenance Costs, and Flexible funding costs under this Agreement on the annual cost reconciliation. Where deemed applicable, Actual Costs for Indirect Administrative Expenses shall not exceed the percentage of cost as submitted in the CONTRACT Request for Proposal or Cost Proposal(s).

L. BANKRUPTCY:

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

M. AUDITS:

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

N. TRAINING:

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

O. FURNISHINGS AND EQUIPMENT

1. **OWNERSHIP:**

If equipment and furnishings were previously purchased through this Agreement, CONTRACTOR acknowledges that these items are the property of COUNTY. Procedures provided by COUNTY for the acquisition, inventory, control and disposition of the equipment and the acquisition and payment for maintenance services to such equipment (e.g. office machine repair) are to be followed.

2. **INVENTORY:**

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

3. DISPOSAL:

Approval must be obtained from COUNTY prior to the disposal of any property purchased with funds from this Agreement, regardless of the acquisition value. Disposal (which includes sale, trade-in, discard, or transfer to another agency or program) shall not occur until approval is received in writing from COUNTY.

4. CAPITAL ASSETS:

- a. Capital assets are tangible or intangible assets exceeding \$5,000 that benefit an agency more than a single fiscal year. For capital assets approved for purchase by COUNTY, allowable and non-allowable cost information and depreciation requirements can be found in the Center for Medicare and Medicaid Services (CMS) Publication 15, Provider Reimbursement Manual (PRM) Parts I & II. It is CONTRACTOR'S responsibility to ensure compliance with these requirements.
- b. Any capital asset that was acquired or improved in whole or in part with funds disbursed under this Agreement, or under any previous Agreement between COUNTY and CONTRACTOR, shall either be, at the election of COUNTY as determined by the Director or designee: (1) transferred to COUNTY including all title and legal ownership rights; or (2) disposed of and proceeds paid to COUNTY in a manner that results in COUNTY being reimbursed in the amount of the current fair market value of the real or personal property less any portion of the current value attributable to CONTRACTOR's out of pocket expenditures using non-county funds for acquisition of, or improvement to, such real or personal property and less any direct and reasonable costs of disposition.

RIVERSIDE UNIVERSITY HEALTH SYSTEM-BEHAVIORAL HEALTH
SCHEDULE I

CONTRACT PROVIDER NAME: of National City I, LLC DBA Friendship Manor Nursing & Rehabilitation Center (Amedme)																FISCAL YEAR	
REGION: Long Term Care																2025/2026	
DEPT. ID: 4100206479.83550.525440																	
NEGOTIATED RATE NON MEDI-CAL																	
SYSTEM RU#	33VNNF						33VNNF										TOTAL CONTRACT MAXIMUM
MODE OF SERVICE:	5						05										
TYPE OF MODALITY:	LTC PATCH A	LTC PATCH B	LTC PATCH C	LTC INDIGENT PATCH A	LTC INDIGENT PATCH B	LTC INDIGENT PATCH C	STP PATCH A	STP PATCH B	STP PATCH C	STP INDIGENT PATCH A	STP INDIGENT PATCH B	STP INDIGENT PATCH C	STP MURPHY PATCH A	STP MURPHY PATCH B	STP MURPHY PATCH C	BED HOLD	
PROCEDURE CODE:	246NB2A	246NB2B	246NB2C	246NB3A	246NB3B	246NB3C	246NB4A	246NB4B	246NB4C	246NB5A	246NB5B	246NB5C	246NB8A	246NB8B	246NB8C	236nb	
UNITS	0	0	0	0	0	4000		150		300	0	0				200	
NEGOTIATED RATE:	\$260.00	\$280.00	\$310.00	\$560.00	\$590.00	\$620.00	\$334.00	\$360.00	\$385.00	\$620.00	\$645.00	\$670.00	\$490.00	\$515.00	\$540.00	\$250.00	
MAXIMUM OBLIGATION	\$0	\$0	\$0	\$0	\$0	\$2,480,000	\$0	\$643,600	\$0	\$1,822,000	\$0	\$0	\$0	\$0	\$0	\$55,000	
NPI 1235132687							SITE LOCATION ADDRESS 902 Euclid Avenue National City, CA 91950										