

**FIRST AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND TELECARE CORPORATION**

THIS FIRST AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 20____, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and TELECARE CORPORATION, hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, the parties entered into an Agreement on December 15, 2015 for psychiatric treatment services and long-term care in the amount of \$33,754,860, for the term July 1, 2015 through June 30, 2019; and

WHEREAS, the parties wish to amend the Agreement to add the Morton Bakar Center and Villa Fairmont, increasing the maximum amount of the agreement by \$324,190 to a new maximum of \$34,079,050, with no change to the term of the agreement.

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Section 3. Payments of the agreement is amended to read as follows:

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed THIRTY-FOUR MILLION SEVENTY-NINE THOUSAND FIFTY DOLLARS (\$34,079,050).

2. Exhibit A is hereby deleted and replaced with Exhibit A1 attached hereto.
3. Exhibit B is hereby deleted and replaced with Exhibit B1 attached hereto.

4. All other terms and conditions of the agreement dated December 15, 2015, between the County and Contractor shall remain in full force and effect.

Signature page follows

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

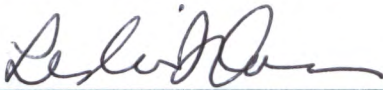
By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

TELECARE CORPORATION


Contractor's Signature LESLIE DAVIS, SVP/CFO

Date: 9/6/2016

EXHIBIT A.1 - SERVICES
TELECARE CORPORATION
FY 2015-19

AGING AND ADULT SERVICES
SERVICES AT GARFIELD NEUROBEHAVIORAL CENTER

In consideration of the payments set forth in Exhibit B.1, Contractor shall provide the services described below.

A. Description of Services to be performed at the SNF

Contractor shall provide access to beds for individuals ("residents") requiring additional care and supervision beyond basic care and supervision and who are registered clients of County. These services are to be performed at the Residential Care Facility, Garfield Nursing Home, Inc., dba Garfield Neurobehavioral Center (SNF), located at 1451 28th Avenue, Oakland, CA 94601. The owner of the SNF is Telecare Corporation located at 1080 Marina Village Parkway, Suite 100, Alameda, CA 94501.

1. Definitions:

- a. "Basic Care and Supervision" refers to the resident services required by conditions of the license between the SNF and the State of California's Department of Health Services License and Certification (DHS).
- b. "Additional Basic Care and Supervision" refers to the County's expectation that residents covered by this Agreement will be participants in the SNF's individualized treatment program (see definition of this program below in Special Needs SNF Admission Criteria) and that residents covered by this Agreement are acknowledged to have special care needs that often require more staff supervision from time to time than that needed by residents without special care needs.
- c. "County Service Plan" refers to the plan of care authorized by the resident's assigned County care manager.
- d. "SNF Care Plan" refers to the plan of care on-site at the SNF, which is prepared by the SNF with input from the resident and County care manager.

2. SNF Duties:

- a. SNF shall cooperate with County to develop a SNF Care Plan to meet the goals, objectives, and activities outlined in the resident's County Service Plan subsequent to referral and authorization by County. The SNF Care Plan shall be developed with the individual resident, the facility interdisciplinary team, and the designated County Director of Placement or designee. The County Service Plan shall be kept on file at the SNF at all times. The SNF shall cooperate with County to ensure that the individual resident's needs for clinical services are continuously identified and reported to the County Director of Placement or designee.
- b. SNF warrants the possession of all licenses and/or permits necessary to provide the resident services as specified and required by the laws of the United States and State of California, and the County of San Mateo. Failure to maintain these licenses and permits shall constitute grounds for the termination of the Agreement by County, pursuant to the Termination article of this Agreement.
- c. SNF shall maintain separate individual resident records in accordance with requirements of State and Federal SNF regulations and County regulations. Such individual resident record shall be kept current regarding the name of the County case manager assigned to monitor the resident's care at SNF.
- d. SNF shall allow access to County staff to the extent authorized by law for the purpose of resident assessment, monitoring, crisis intervention, record review, and consultation.
- e. SNF shall maintain the capability to meet the identified needs of special need residents as documented in the SNF Care Plan.
- f. SNF shall notify County immediately when a resident becomes medically or psychiatrically unstable or exhibits uncontrollably violent behavior. County shall transport the resident to the hospital for treatment and shall bear the cost of hospitalization and transportation. Once stable, the resident shall be evaluated for appropriate placement by the County and SNF representatives. Placement could be either back to SNF or to the hospital for continued hospitalization.
- g. SNF shall participate in resident satisfaction surveys as developed by County.
- h. SNF shall provide supplemental services for those residents who occupy beds covered by this Agreement as follows:

- 1) SNF shall provide scheduled transportation to meet the resident's mental and physical/medical needs and to meet the resident's needs to participate in any planned programs. SNF shall assist and support arrangement of medical care as appropriate.
- 2) SNF shall encourage the resident to take increasing responsibility for his/her own treatment by supporting established goals as described in the SNF Care Plan and by supporting the resident's participation in organized treatment programs such as self-help activities.
- 3) SNF shall encourage the resident's use of leisure time in a constructive manner and maintenance of appropriate grooming.
- 4) SNF shall assist the resident in learning social relationship skills such as communication with others and appropriate expression of feelings.
- 5) SNF shall participate with County staff in meetings concerning resident(s).
- 6) SNF shall support sobriety for residents who have a history of alcohol abuse.
- 7) SNF shall assist the resident in independent management of incontinence (i.e., reminders regarding toileting and use of incontinent garments as appropriate).
- 8) SNF shall provide those Additional Basic Care and Supervision services to residents who require the management of difficult behavior(s) consistent with the Care Plan.
- 9) SNF shall encourage resident to develop skills leading to greater independence.
- 10) SNF shall encourage resident participation in social/recreational activity outside the facility when indicated in the Resident Care Plan.
- 11) SNF shall accommodate the special needs of the resident, especially providing physical assistance with the resident's activities of daily living, including getting in and out of bed, toileting, dining, and outside activities.

- i. Contractor shall not admit clients in need of a 1:1 admission. Contractor shall provide for in-house clients in need of a 1:1 level of care for a short duration (30 days or less). Clients ongoing clinical need for a 1:1 will be assessed by the Contractor's psychiatrist every week. Contractor and County will develop a discharge plan for clients in need to 1:1 care for more than 30 days.

3. Utilization Management:

Both County and SNF understand and agree that the overall goal is to assist the resident occupying a bed covered by this Agreement to ultimately move to a lower level of care and more independent living in the community. Both County and SNF shall regularly review resident's progress and ability to move to a lower level of care in order to free up this resource for another County client.

SNF's beds are subject to availability and the SNF's determination that resident is compatible with other SNF residents and/or suitable for the SNF's programmatic and admission requirements.

4. County Duties:

- a. County shall provide SNF with as much complete information as possible regarding potential residents. County shall disclose if the potential resident has any history of violence, fire-setting, disregard for smoking rules, special dietary requirements, medical care needs, and/or infectious disease(s).
- b. County shall seek to place only those potential residents in beds covered by this Agreement who met "Special Needs SNF Admission Criteria" as established by the County and updated from time to time. Such criteria are described below in Special Needs SNF Admission Criteria.
- c. Community Programs-Placement, Director of Placement or designee shall provide an Authorization Letter at time of resident's admission.
- d. County shall ensure that each resident has an assigned case manager and that the SNF Care Plan is reviewed and updated regularly.
- e. Community Programs-Placement staff shall transport resident to the County of San Mateo whenever necessary for court hearings regarding the continuation of conservatorship. The Community Programs-Placement case manager will maintain regular communication with the assigned conservator.

5. Special Needs SNF Admission Criteria:

- a. Potential resident must be a legal resident of the County and eligible for State Medi-Cal reimbursement. SNF will bill Medi-Cal rate.

- b. Potential resident must be a registered client within the County and being provided case management services. Potential resident must also have a conservatorship administered by the County's Office of Conservatorship Services.
- c. Potential resident must be authorized by the County prior to admission.
- d. Criteria for SNF Admission: Individuals must have a primary diagnosis of Dementia, Amnestic and other cognitive disorder, and Mental Disorders due to a General Medical Condition. (The latter disorders had previously been known as "organic" disorder, but this term has been eliminated in the DSM-IV. Classifications include 29-.xx, 293.xx, and 780.xx). Individual behavioral characteristics must be of the nature which can be managed at a SNF level of functioning, e.g., free of seriously and persistent aggressive or violent behavior. Individuals must not pose an imminent threat to themselves or others due to severe disinhibition or aggressive behavior. Individuals must be able to benefit from this level and intensity of intervention. Medical complications must be of the nature that can be medically managed at a Skilled Nursing level of care, i.e., individuals with severe or acute impairments will be screened by the SNF assessment team for appropriateness. Individuals may have a co-existing substance abuse or dependence disorder or psychiatric disorder, but neither can be primary or the principal focus of treatment.
- e. Each resident will be continuously assessed regarding continuing necessity to occupy the bed covered by this Agreement. If the County staff determines that the resident no longer requires the bed covered by this Agreement, then the resident's conservator will proceed to place the resident in another living arrangement.
- f. Potential resident will have special needs as defined by the County requiring assistance with special needs as indicated in the Resident Care Plan.
- g. Acute Stabilization: Individuals who require acute medical or psychiatric stabilization during the course of stay at Garfield will be sent out to local hospitals, unless otherwise designated or arranged by the referring County. If planned transfer for treatment is not possible, emergency ambulance or "5150" transfers will be employed. Responsibility for subsequent inner-County transfer will be addressed between the referring County and the local admitting hospital.

- h. Bed Hold: There will be up to a seven-day bed hold when residents are sent out for acute treatment and have the expectation of return.
- i. Limitations of Service: Individuals with the following will not be accepted for admission:
 - 1) Individuals whose medical condition, as assessed by the Contractor, is deemed to be beyond the scope of resources of the facility, e.g., individuals on ventilators or receiving intravenous fluids or tube feedings, or individuals whose complex medical needs are beyond the resources of the facility at any given period;
 - 2) Individuals in extremely debilitated states, e.g., severe contractures; or
 - 3) Individuals not able to benefit from services at a Skilled Nursing Facility level of care.

B. Goals and Objectives

Goal 1: To provide a safe and supportive environment that meets the complex medical, psychiatric, and social needs of conservatees who may have dementia or other organic processes which limit their abilities to live in a less restrictive setting.

Goal 2: To minimize inappropriate or unnecessary state and local acute hospitalization to the extent clinically appropriate by providing quality twenty-four (24) hour sub-acute care.

Objective 1: No more than ten percent (10%) of all admissions will be discharged to an acute psychiatric level of care.

Data collection to be completed by the County in cooperation with Contractor.

End of Exhibit A.1

EXHIBIT A.2 - SERVICES
TELECARE CORPORATION
FY 2015-19

BEHAVIORAL HEALTH AND RECOVERY SERVICES
MENTAL HEALTH SERVICES, SKILLED NURSING AND
NEUROBEHAVIORAL SERVICES

In full consideration of the payments herein provided for in Exhibit B.2, Contractor shall provide services described herein (collectively referred to herein as "Services") authorized by the Behavioral Health and Recovery Services (BHRS) Division of San Mateo County and as meet medical necessity. These services shall be provided in manner prescribed by the laws of California and in accord with the applicable laws, titles, rules, and regulations, including quality improvement requirements of the Short-Doyle/Medi-Cal Program. All payments as identified in Exhibit B.2, Paragraph III, must directly support services specified in this Agreement. The San Mateo County Mental Health Services Documentation Manual ("County Documentation Manual") is included herein by reference. To the extent that there is inconsistency between a provision in the County Documentation Manual and this Agreement, the provisions in the County Documentation Manual shall prevail. The Documentation Manual is available at sanmateo.networkofcare.org/mh by following the link For Providers, and then the link to Service Provider Forms and Documents.

A. Uniform Program Requirements – All Mental Health Services

1. Minimum Staffing Requirements

Contractor shall have on file job descriptions (including minimum qualifications for employment and duties performed) for all personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement. Contractor agrees to submit any material changes in such duties or minimum qualifications to County prior to implementing such changes or employing persons who do not meet the minimum qualifications currently on file. Contractor service personnel shall be direct employees, contractors, volunteers, or training status persons.

2. Organizational Chart

Contractor shall have a current organization plan on file that reflects Contractor's current operating structure. Updated organization changes including vacancies or changes for key positions shall be forwarded to the office of County's Behavioral Health and Recovery Services (BHRS) Deputy Director.

3. Psychiatric Treatment Record Requirements

a. Record Requirements for Mental Health Rehabilitation Center (MHRC)

Medical, psychiatric, and activity records pertaining to MHRC treatment services provided to San Mateo County clients under this Agreement shall be kept according to Title 9, Article 22, Chapter 3.5 (MHRC), Sections 784.28 of the California Code of Regulations. These records shall include evaluation studies as required by the Director of the Division. All such records shall be confidential according to applicable state and federal laws. Documentation shall be maintained in compliance with the Mental Health Services Documentation Manual.

b. Management of Medical Records

All medical records pertaining to psychiatric treatment services provided to San Mateo County clients under this Agreement shall be maintained by, or under the direction of, an accredited medical records technician and in such manner as to meet all licensing, certification, and accreditation requirements and standards.

c. Paragraph 15 of the Agreement and Exhibit B.2, Section IV.S.4. notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18th) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later.

4. Community Liaison

Contractor shall maintain relationships with the immediate neighborhood and the San Mateo County Mental Health and Substance Abuse Recovery commission, as well as with appropriate BHRS staff.

County shall have reasonable access to the facility at any time and to such data as will allow for the meaningful evaluation and monitoring of quality of care.

5. Court Testimony

It is recognized that a certain number of clients at Cordilleras will require evaluations for legal purposes and that, in some instances, court

testimony will be required for clients who are San Mateo County residents. Both parties acknowledge that there may be times when clinical staff may be required to testify for such clients when determined by County Counsel; if and when it may occur, they shall do what is required without additional reimbursement for such evaluations or court testimony, including adequate preparation and consultation with County Counsel and testimony in court. Court appearances will be limited to San Mateo County.

6. Reporting

Contractor shall report state-required client services data to the BHRS Division's Management Information System (MIS) Unit at monthly intervals. The data shall be incorporated into a year-end report, which shall include such information as the Director of BHRS requires to permit reporting, monitoring, and evaluation of Contractor's performance pursuant to this Agreement.

7. Quality Improvement

Contractor shall submit and implement a Quality Improvement plan as required by and subject to approval of the San Mateo County BHRS Quality Improvement Manager. The plan shall include a description of utilization review, co-occurring capability development medication monitoring, case documentation, peer review, and other issues pertaining to quality improvement mandates and policies.

B. Cordilleras Mental Health Center

1. Overview

- a. For the term of this Agreement as herein specified, Contractor shall operate a Mental Health Rehabilitation Center (MHRC) at the Cordilleras Mental Health Center facility at 200 Edmonds Road in Redwood City, California. This facility is licensed at a capacity of sixty-eight (68) beds. Of these, sixty-one (61) beds are dedicated exclusively for residents of San Mateo County. Contractor may, at County's discretion, market the excess beds to other entities requiring these services. In addition contractor shall provide forty-nine (49) residential care beds. The total bed capacity for San Mateo County clients shall be one hundred ten (110) beds.
- b. Contractor will run and facilitate a Horticulture Therapy program that is available to clients at the Suites and the MHRC.
- c. Clients who have co-occurring illnesses that include substance

abuse, organic brain syndrome, mild mental retardation, or developmental disabilities will be welcomed provided they meet other admission criteria. Clients whose degree of organicity, dementia, mental retardation, or developmental disabilities impairs their ability to function in the Cordilleras setting will be reviewed by the Cordilleras clinical management team prior to admission.

- d. Clients being admitted into the Suites and MHRC will receive a comprehensive assessment which include a Psychosocial assessment, review of medical and physical needs and status, desired family or loved one involvement in treatment and discussion with the client about the presence of and progress on a Wellness and Recovery Action Plan. The client's needs and desires for the above areas will be used as basis for treatment to factor into the available services at Cordilleras.

2. Mental Health Rehabilitation Center (MHRC)

a. Capacity and Admissions

- 1) Contractor shall provide a dedicated capacity of sixty-one (61) beds for clients who are eighteen (18) years of age and older; who suffer moderate to severe mental illness and/or co-occurring disorders and who require a locked setting, including such eligible clients of the BHRS of the San Mateo County Health System, hereinafter referred to as "System," as may be referred to Cordilleras Center by Division staff, duly authorized by the Director of BHRS.
- 2) Contractor and BHRS shall work jointly to maximize admissions to available beds, including reviewing and accepting clients from out-of-county placements. BHRS shall be guaranteed first (1st) option for psychiatric services on any open bed. Dedicated beds will be held open awaiting a BHRS placement unless BHRS agrees to allow Contractor seeking a non-County resident to fill the open bed. Contractor will accept direct community admissions on a case by case basis in coordination with BHRS Manager or BHRS staff.
- 3) By January 31, 2016 Cordilleras MHRC will maintain a daily average census per month of at least 56 BHRS clients. By January 31, 2017 Cordilleras will achieve and maintain a daily average census per month of 57 clients, and by January 31, 2018, Cordilleras will achieve and maintain a daily average census per month of 58. Contractor will

provide census logs on a monthly basis to the Deputy Director of BHRS. Contractor will use current weekly meeting structures with ARM and 3AB staff and monthly meetings with Deputy Director to discuss any challenges and collaboratively identify solutions when the minimum census is not consistently met.

- 4) All admissions will follow written guidelines which describe the process for admission of clients to Cordilleras from inpatient hospital settings, jails, non-acute settings and for specific populations including 1370 clients.
- 5) Client referral information will be reviewed by Cordilleras MHRC staff. Contractor will work collaboratively with BHRS staff, via case conference, to develop a plan for each client situation where an approval or denial will not occur within 48 hours.
- 6) Residents of the MHRC must be at least eighteen (18) years of age. Clients sixty-five (65) years of age or older may be placed by mutual consent of Contractor and BHRS.
- 7) By virtue of its license as an MHRC (#02 68 015) Cordilleras Mental Health Center will serve criminal justice system clients on an exception basis while adhering to BHRS Policy No. 92-2 upon mutual consent of Contractor Administrator, the BHRS Deputy Director for Adult and Older Adult Services, and the BHRS Medical Director.
- 8) Clients may be admitted on a voluntary basis through the Portal Program, on a temporary or full Lanterman-Prentis-Short Act (LPS) conservatorship or on a 1370.01 legal hold.

b. Discharges

- 1) Discharge planning shall be the responsibility of Contractor in consultation with designated San Mateo County BHRS staff. It shall begin upon client admission and shall include evaluation of level of care needed for placement, linkage to appropriate setting, pre-discharge coordination of appropriate community-based and recovery-oriented services, including benefits and outpatient mental health services.
- 2) Discharge Planning shall be in writing and shall be included as part of the client's record.

- 3) Contractor shall refer clients to appropriate financial/medical programs such as GA or Medi-Cal and any other supports that will assist client in their recovery upon discharge.
- 4) Contractor shall provide monthly reports to the BHRS, Deputy Director or designee that will detail admissions and discharges to the community. County designated staff shall collaborate with Admission Coordinator in pre-discharge planning and shall share responsibility with Clinical Director and Admissions Coordinator for coordinating appropriate community support resources.
- 5) The Clinical Director and Admissions Coordinator shall be actively involved in BHRS meetings and activities that involve community housing resources, treatment, and rehabilitation and recovery services. The Clinical Director and Admissions Coordinator shall cooperate fully with the County Resource Management Team, to include, but not be limited to, participation in discharge planning meetings twice per month. Minutes of those meetings shall be taken by Contractor and provided to meeting participants and to the BHRS Deputy Director or designee.
- 6) The Clinical Director and/or Admission Coordinator shall participate in weekly administrative day meetings on unit 3AB at the San Mateo Medical Center. Admission Coordinator shall interview prospective clients and shall be pro-active in obtaining prospective client information in a timely manner. Admission Coordinator as needed will visit other acute inpatient facilities in San Mateo County to interview prospective clients and to obtain relevant client information.

c. MHRC Services to be Provided

1) Clinical Services

Contractor shall provide an integrated, co-occurring capable, rehabilitative and recovery-based program aimed at improving the adaptive functioning of persons with mental illnesses and co-occurring conditions to enable client to move to a less restrictive environment.

Services shall include, but are not limited to, the following

services. These services shall be provided in a manner consistent with the terms and provisions of this Agreement and subject to procedures and standards mutually agreed upon by Contractor and County. Transportation support shall be provided for groups that take place away from Cordilleras. Programs, groups, meetings, social and recreational activities will be available 7 days a week.

- a) Wellness Management and Recovery
Contractor shall assist clients to develop strategies for managing mental illness and progressing in recovery. Contractor will utilize a variety of techniques and treatment modalities to assist clients to set pursue personal goals that may stabilize and prepare them for discharge from the MHRC and assist in their functioning and stability in the community. Such modalities may include but not be limited DBT, WRAP, Seeking Safety, Motivational Interviewing and Horticultural Therapy.
- b) Additional Skill Building
Staff shall assist clients in the development of skills needed to succeed in living in the community. The focus of these activities shall be to increase clients' understanding of their cognitive and emotional processes and how these affect their behavior. Treatment modalities will focus on evidenced based or promising practices and shall include client psych and health education, and family education groups to help prepare family members to support their loved one upon return to the community. Groups and services may include but not be limited to:
 - i. Co-occurring Disorder Groups during all stages of treatment readiness
 - ii. Arts and crafts groups.
 - iii. Indoor and outdoor activities.
- c) Active discharge planning activities that may include occupation skills or other training.
- d) Transportation and support to clients to attend community reintegration activities.
- e) Specialty programs for transition age and young adults like YES youth empowerment and safety group and individualized programming and activities

2) MHRC Client Services

Contractor shall provide treatment services in accordance with all applicable federal, state, county, and municipal laws and ordinances and regulations, including Title 9 of the

California Administrative Code, applicable sections of the California Welfare and Institutions Code, including, but not limited to, Workers' Compensation requirements and standards for participating in the State and County program.

- a) Services shall include, but are not limited to the following:
 - i. room and meal services that accommodate dietary needs
 - ii. nursing services (including medication administration and resident care);
 - iii. housekeeping;
 - iv. laundry;
 - v. medical records management;
 - vi. medication order processing; and
 - vii. emergency medical and ancillary service provisions.
- b) Program Monitoring
The State of California and County and their appropriate agencies have the right to inspect or otherwise evaluate the quality, appropriateness, and timeliness of services performed and to audit and inspect any books and records of Contractor with respect to services performed under this Agreement.

3) Recovery Based Services

It is recognized that many clients receiving services in the MHRC are diagnostically complex and may have a variety of mal-adaptive behaviors. Contractor shall provide integrated recovery oriented, stage-matched treatment services for clients who have co-existing disorders which may be a combination of mental illness, substance abuse and health disorder diagnoses. In addition, contractor will work with all non-clinical staff on site to have at least a basic knowledge of recovery services and be able to utilize recovery language with the clients they may interact with.

Recovery based treatment shall be based on individual client need and functioning level and identified in each client's treatment plan. Services will include both individual and group counseling.

Programming should include a variety of treatment focus areas such as:

- a) Trauma informed services

- b) WRAP
 - c) DBT and CBT services
 - d) Focused Individual counseling/interventions as needed for specific clients to resolve mal-adaptive behaviors
 - e) Motivational Interviewing including relapse prevention
 - f) Psycho education and rehabilitative interventions regarding Psychiatric medication adherence and symptom management
 - g) Skill building and rehabilitative services for clients to learn self-care skills for their medical conditions. This may include dietary instruction, wound or foot care modeling and supportive counseling regarding health symptom management and medication support.
 - h) Smoking cessation
- 4) Integrated Psychiatric Services
- a) Contractor will work with a County-provided physician who acts as the Medical Director for the treatment facility and fulfills the required psychiatric services. The County physician will have administrative, clinical, and consultative responsibilities and shall participate in interdisciplinary meetings or other processes that review administrative and clinical issues.
 - b) The treatment facility Medical Director will participate in meetings and case conferences with BHRS and San Mateo Medical Center as needed or scheduled to discuss client care, client transitions in and out of the treatment facility and the coordination of services across the three programs.
 - c) The County will ensure that all licensing requirements are met through the provision of the County psychiatric services. The roles and responsibilities of the County physician will be detailed in a separate Memorandum of Understanding developed by the San Mateo Medical Center (SMMC) and BHRS and is incorporated by reference.
 - d) Contractor will utilize the Psychiatric Emergency Services (PES) department of SMMC for on-call coverage for evenings and weekends to include but not limited to MD orders, medication issues,

authorizations for seclusion in the event of a crisis, and consultation on medical and clinical issues.

- e) Contractor and County will meet on a regularly scheduled basis and minimally at least once a quarter to plan, coordinate, and ensure the quality of physician services provided by the County.
- 5) Psychiatry Services Provided by Contractor
- Contractor shall provide a licensed, qualified psychiatrist to provide part-time psychiatric services. The staff psychiatric responsibilities will be:
- a) Case Documentation (all services) – Case documentation shall be maintained in compliance with the California State Department of Mental Health guidelines and regulations for the Medi-Cal program and in accordance with the BHRS Documentation Manual. Documentation shall include completion of the physician's initial note, BHRS Medication Consent Forms, and progress and prescribing note. Charts shall be subject to annual medication monitoring review.
 - b) Adequate coverage in the provision of psychiatric services for facility clients (MHRC only).
 - c) Provision of court testimony (MHRC only).
 - d) In coordination with the Medical lead psychiatrist, provide scheduled coverage five (5) days per week (Monday-Friday) in such a format as to allow admissions and discharges to be made five days per week (MHRC only).
 - e) Receive supervision from the Medical lead psychiatrist provided by the County.

3. Adult Residential Facility (ARF) "Suites"

Contractor shall operate a co-occurring capable residential care programs for clients who can be served in an unlocked setting called Cordilleras Suites ("Suites"), licensed for a combined capacity of forty-nine (49) residential beds.

a. Capacity and Admissions

- 1) Clients for the Suites should typically be between eighteen (18) years of age and sixty (60) years of age. Clients over sixty (60) years of age may be accepted for placement with mutual consent of Cordilleras Suites and the client treatment team with confirmation that client can be safely

maintained in the setting based on his/her functioning.

- 2) Clients who are potentially dangerous to themselves or others will be closely screened to determine if they can be managed and treated adequately in the program. The decision to admit such clients will be based on clinical assessment, current staffing, census, and the capacity to respond to a client's unique behavioral challenges within the facility at the time of referral.
- 3) Clients under a hold in accordance with W&I code 5150 or 5250 may not be admitted.
- 4) All admissions shall be subject to screening procedures and standards mutually agreeable to Contractor and County. Such procedures and standards shall be developed to insure the admission of all persons who are able to benefit from the services provided. Such standards and procedures shall exclude the admission of persons whose disabilities or degree of disabilities would be inappropriate to the level of service intended to be provided by Contractor.

b. ARF ("Suites") Services

- 1) Wellness Management and Recovery
 - a) Program is designed to be co-occurring capable and serve clients who are able to leave the locked setting, yet require the structure of a facility like Cordilleras Center.
 - b) Clients may be referred from the general MHRC population. Admissions may also be referred from the community, upon the mutual agreement of Contractor and BHRS designee..
 - c) To gain greater independence, clients shall be encouraged to participate in community activities. Contractor shall provide transportation and support to assist residential clients in attending community activities when appropriate.
 - d) Contractor will provide Admissions Coordinator to provide intake and discharge coordination.
 - e) Upon intake and during ongoing contacts with clients, Contractor will discuss WRAP and offer assistance to all clients to develop or improve a Wellness and Recovery Action Plan (WRAP). Contractor shall provide WRAP groups onsite or assist clients to attend these groups off-site.

- f) Contractor shall provide services designed to improve the clients' daily living skills and help clients become engaged in meaningful activities on a daily basis. Contractor shall also partner with other service providers such as Total Wellness, El Centro to provide groups and activities both on and offsite of the Suites campus. These service shall include:
 - i. Supplemental Services which support recovery
 - o Transportation and support to clients to attend community reintegration activities.
 - o Medication and wellness management services
 - o Coordination of medical appointments, including transportation
 - o Development of a personal support system in the community
 - o Practicing social skills
 - o Planning and implementing leisure activities, including:
 - o Providing incentives to increase clients' anticipation in meaningful community-based activity
 - o Assisting clients in making healthy choices about daily activities
 - o Reviewing clients' daily activities on a regular basis to adjust, when necessary, daily activity goals
 - o Learning basic and/or independent living skills, including:
 - meal preparation
 - shopping
 - housekeeping
 - personal hygiene
 - recreation
 - physical fitness
 - use of public transportation
 - money management
 - use of community resources
 - ii. Pre-vocational Counseling
 - ii. Securing long-term community housing
- 2) Mental Health Services:
 - a) Integrated service coordination, including case management services, crisis intervention, and rehabilitative services to support clients with their

- treatment goals.
- b) Resident Community Meetings, which may address a variety of topics including recovery and relapse prevention, personal goals, and coping skills
- c) Skills groups and coaching related to emotional regulation, recovery
- 3) Peer Counseling
Contractor shall research the feasibility of a peer counseling program onsite. Contractor will report back to BHRS within 6 months of contract execution.
- 4) Coordination
 - a) Contractor will coordinate client care with other service providers including San Mateo Medical Center, BHRS and Aging and Adult Services.
 - b) Contractor Program Director or designee will regularly participate in UR meeting to coordinate placement and consult in order to step down clients from the Suites into a lower level community placement when possible or step clients down from MHRC to the Suites.
- 9) Reporting
Contractor shall report to County the total number of hospital days for clients annually and any other data provided by Caminar.
- 10) Horticultural Therapy
Contractor shall work with clients to develop and maintain a vegetable garden and fruit tree orchard. Garden and orchard produce shall be used to supplement the client food supply.

4. Video Monitoring System

Contractor shall utilize a video monitoring system to improve patient safety and reduce serious incidents. The system will cover public areas including hallways, dayrooms, exits, entrances, lobbies, stairwells, and areas outside of the facility immediately adjacent to the building. It will not monitor private areas including bedrooms, bathrooms, and shower areas.

Contractor will:

- a. Monitor exits and entrances to identify possible elopement risks, analyze details of elopements to enhance security measures and provide a detailed patient description to law enforcement when elopement occurs.

- b. Monitor hallways to prevent patients from wandering into other patient's rooms in order to reduce high-risk incidents such as theft, assault, and unwanted sexual contact.
- c. Provide increased surveillance during times of lighter staffing (nights and weekends) in unsupervised areas such as the stairwell and elevator lobby.
- d. Reduce incidents of contraband and illicit substances brought into the facility by visitors.
- e. Review patient incidents when they actually occur to determine preceding events, to debrief the incidents, and to learn how to prevent such incidents in the future.
- f. Discuss environmental or building safety issues and emergency protocols with clients on a regular basis.

C. Garfield Neurobehavioral Center (SNF)

Contractor shall provide access to beds for individuals ("residents") requiring additional care and supervision beyond basic care and supervision and who are registered clients of County. These services are to be performed at the Residential Care Facility, Garfield Nursing Home, Inc., dba Garfield Neurobehavioral Center (SNF), located at 1451 28th Avenue, Oakland, CA 94601. The owner of the SNF is Telecare Corporation located at 1080 Marina Village Parkway, Suite 100, Alameda, CA 94501.

1. Definitions:

- a. "Basic Care and Supervision" refers to the resident services required by conditions of the license between the SNF and the State of California's Department of Health Services License and Certification (DHS).
- b. "Additional Basic Care and Supervision" refers to the County's expectation that residents covered by this Agreement will be participants in the SNF's individualized treatment program (see definition of this program below in Special Needs SNF Admission Criteria) and that residents covered by this Agreement are acknowledged to have special care needs that often require more staff supervision from time to time than that needed by residents without special care needs.
- c. "County Service Plan" refers to the plan of care authorized by the resident's assigned County care manager.

- d. "SNF Care Plan" refers to the plan of care on-site at the SNF, which is prepared by the SNF with input from the resident and County care manager.

2. SNF Duties:

- a. SNF shall cooperate with County to develop a SNF Care Plan to meet the goals, objectives, and activities outlined in the resident's County Service Plan subsequent to referral and authorization by County. The SNF Care Plan shall be developed with the individual resident, the facility interdisciplinary team, and the designated County Director of Placement or designee. The County Service Plan shall be kept on file at the SNF at all times. The SNF shall cooperate with County to ensure that the individual resident's needs for clinical services are continuously identified and reported to the County Director of Placement or designee.
- b. SNF warrants the possession of all licenses and/or permits necessary to provide the resident services as specified and required by the laws of the United States and State of California, and the County of San Mateo. Failure to maintain these licenses and permits shall constitute grounds for the termination of the Agreement by County, pursuant to the Termination article of this Agreement.
- c. SNF shall maintain separate individual resident records in accordance with requirements of State and Federal SNF regulations and County regulations. Such individual resident record shall be kept current regarding the name of the County case manager assigned to monitor the resident's care at SNF.
- d. SNF shall allow access to County staff to the extent authorized by law for the purpose of resident assessment, monitoring, crisis intervention, record review, and consultation.
- e. SNF shall maintain the capability to meet the identified needs of special need residents as documented in the SNF Care Plan.
- f. SNF shall notify County immediately when a resident becomes medically or psychiatrically unstable or exhibits uncontrollably violent behavior. County shall transport the resident to the hospital for treatment and shall bear the cost of hospitalization and transportation. Once stable, the resident shall be evaluated for appropriate placement by the County and SNF representatives. Placement could be either back to SNF or to the hospital for

continued hospitalization.

- g. SNF shall participate in resident satisfaction surveys as developed by County.
- h. SNF shall provide supplemental services for those residents who occupy beds covered by this Agreement as follows:
 - 1) SNF shall provide scheduled transportation to meet the resident's mental and physical/medical needs and to meet the resident's needs to participate in any planned programs. SNF shall assist and support arrangement of medical care as appropriate.
 - 2) SNF shall encourage the resident to take increasing responsibility for his/her own treatment by supporting established goals as described in the SNF Care Plan and by supporting the resident's participation in organized treatment programs such as self-help activities.
 - 3) SNF shall encourage the resident's use of leisure time in a constructive manner and maintenance of appropriate grooming.
 - 4) SNF shall assist the resident in learning social relationship skills such as communication with others and appropriate expression of feelings.
 - 5) SNF shall participate with County staff in meetings concerning resident(s).
 - 6) SNF shall support sobriety for residents who have a history of alcohol abuse.
 - 7) SNF shall assist the resident in independent management of incontinence (i.e., reminders regarding toileting and use of incontinent garments as appropriate).
 - 8) SNF shall provide those Additional Basic Care and Supervision services to residents who require the management of difficult behavior(s) consistent with the Care Plan.
 - 9) SNF shall encourage resident to develop skills leading to greater independence.
 - 10) SNF shall encourage resident participation in social/recreational activity outside the facility when indicated in the Resident Care Plan.
 - 11) SNF shall accommodate the special needs of the resident, especially providing physical assistance with the resident's activities of daily living, including getting in and out of bed, toileting, dining, and outside activities.
- i. Contractor shall not admit clients in need of a 1:1 on admission.

Contractor shall provide for in-house clients in need of a 1:1 level of care for a short duration (30 days or less). Clients ongoing clinical need for a 1:1 will be assessed by the Contractor's psychiatrist every week. Contractor and County will develop a discharge plan for clients in need of 1:1 care for more than 30 days.

D. Morton Bakar Center

Contractor shall provide access to beds for individuals ("residents") requiring additional care and supervision beyond basic care and supervision and who are registered clients of County. These services are to be performed at the Skilled Nursing Facility, Morton Bakar Center (SNF), located at 494 Blossom Way, Hayward, CA 94541. The owner of the SNF is Telecare Corporation located at 1080 Marina Village Parkway, Suite 100, Alameda, CA 94501.

Contractor shall provide to the County BHRS access to beds at the Morton Bakar Center (SNF/STP), for San Mateo County clients who are seriously mentally ill, aged sixty-five (65) and over, and in need of mental health rehabilitation, treatment, and long term care.

For the purpose of this Agreement, the terms "per bed, per day, daily per bed rate, and daily bed rate" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility.

1. Mental Health Services

a. Admissions

- i. All admissions shall be subject to screening procedures and standards mutually agreeable to Contractor and Deputy Director of BHRS or designee, subject to the provisions of paragraph A.2 of this Exhibit A.
- ii. All admissions are subject to prior authorization by the County. The admission of all persons receiving services under this Agreement must receive the approval of the Deputy Director of BHRS or designee. A signed authorization form shall indicate such approval.

b. Patient Eligibility

- i. BHRS will submit required information about each prospective client and will work with Morton Bakar Center to determine eligible clients.
- ii. Contractor shall admit clients with a DSM diagnosis, who are sixty-five (65) and older, and are in need of twenty-four (24) hour skilled nursing services.
- iii. Clients who may have histories of and, without adequate

treatment, and are at risk of displaying behavioral symptoms (such as combativeness, elopement risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level care facility, shall be considered acceptable for admission. County or Contractor may grant individual exceptions to these admission criteria.

- 1) Frequency of these behaviors is a determining factor to be negotiated on an individual patient basis between BHRS and the Contractor. It is agreed by County and Contractor that individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from developmental disability, mental retardation, or physical illness (without a psychiatric component), shall not be considered for admission.

c. Mental Health Rehabilitation Program Service Levels

Contractor shall provide the basic service level in compliance with Title 22 of the California Code of Regulations, Section 72445, or Title 9 of the California Code of Regulations. Service include but are not limited to collaborative treatment planning with a recovery focus, comprehensive evaluation and risk assessment, medication education and training, independent living skills training, physical, occupational and speech therapy, psychosocial assessments, psychotherapy and twenty-four (24) hour nursing care life skills training.

Services include a focus on the client's stage of change, need for harm reduction, utilization of motivational interviewing and data driven intervention guided by client outcome measures.

Basic services shall also include reasonable access to medical treatment and up to date psychopharmacology, reasonable transportation to needed off-site services and bilingual/bicultural programming.

d. Coordination with BHRS Collaborative Care Team

BHRS will assign one (1) or more staff from the Collaborative Care Team (CCT) to work with the Morton Bakar Center to monitor the progress of clients placed at the facility. The BHRS CCT will meet with Morton Bakar staff at least once a month to monitor, coordinate care, and plan for discharge and aftercare.

E. Villa Fairmont

Contractor shall provide access to beds for individuals ("residents") requiring additional care and supervision beyond basic care and supervision and who are registered clients of County. These services are to be performed at the Mental Health Rehabilitation Center, Villa Fairmont (MHRC), located at 15200 Foothill Blvd., San Leandro, CA 94578. The owner of the MHRC is Telecare Corporation located at 1080 Marina Village Parkway, Suite 100, Alameda, CA 94501.

Contractor shall provide to the County BHRS access to beds at the Villa Fairmont MHRC for San Mateo County clients who are seriously mentally ill and in need of mental health rehabilitation, treatment and long term care.

For the purpose of this Agreement, the terms "per bed, per day, daily per bed rate, and daily bed rate" includes beds held vacant for patients who are temporarily (not more than seven (7) days) absent from a facility.

1. Mental Health Services

a. Admissions

- i. All admissions are subject to prior authorization by the County. The admission of all persons receiving services under this Agreement must receive the approval of the Deputy Director of BHRS or designee. A signed "Authorization for Admission to IMD/State Hospital Placement" form shall indicate such approval.
- ii. BHRS will submit required information about each prospective client and will work with Villa Fairmont to determine eligible clients.

b. Patient Eligibility

- i. Contractor shall admit clients with a DSM diagnosis, clients who may have histories of and, without adequate treatment, are at risk of displaying behavioral symptoms (such as combativeness, elopement risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level care facility, shall be considered acceptable for admission. County or Contractor may grant individual exceptions to these admission criteria.
- ii. It is agreed by County and Contractor that individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from dementia, developmental disability, mental retardation, or physical

illness (without a psychiatric component), shall not be considered for admission.

2. MHRC Service Levels

a. Basic Services

Contractor shall provide a basic service level that fully complies with Title 22 of the California Code of Regulations, Section 72445, or Title 9 of the California Code of Regulations, which includes life skills training, money management, training on accessing community services, transitional programs, and discharge planning with County staff. Basic services shall also include reasonable access to medical treatment and up-to-date psychopharmacology including Clozapine, reasonable transportation to needed off-site services, and bilingual/bicultural program.

- b. Contractor will provide access to beds for San Mateo County SMI individuals either in the Flex program or in the classic program. Each program will offer a full range of treatment services that are client centered co-occurring recovery options. Programing is structured and outlined in clients treatment plan and allows for client choice based on need and interest.

It is understood that a client admitted to either the flex or classic program may need to transfer to the other program. The transfer will be discussed, coordinated and approved by SMC BHRS. Billing will be adjusted to reflect the change between programs.

c. Program Eligibility

i. Flex Program:

Clients will be considered for the flex program if they meet one or more of the following criteria:

- 1) A need for reduced stimuli, a high level of structure, a contained environment, limited use of passes, and an average length of stay of three (3) to six (6) months.
- 2) A need for separation from other individuals upon whom they have become focused in a dangerous manner, such as assaultive behavior or failure to respect sexual boundaries. A prolonged need for closed observation related to behaviors such as polydipsia, AWOL risk, self-harm, and impulsivity or uncontrolled substance abuse, even in inpatient

settings.

- 3) Limited ability to cooperate with precautions and accept redirection. Needs a high degree of supervision, and more frequent staff interaction, but not to the point of one (1) to one (1) supervision.
- 4) Clients on Murphy Conservatorship with other criminal justice involvement may be considered.
- 5) Clients with a history of assaultive behaviors will be evaluated based on the severity, date of the episodes and what has changed to improve or mitigate the behavior.

ii. Classic Program:

- 1) Clients in need of a locked rehabilitative program that are able to engage and benefit from a wide range of programming and treatment options.
- 2) Clients who are voluntary or involuntary.
- 3) Clients with co-occurring substance abuse disorder who are precontemplative.
- 4) Clients who are in need of programming with a transitional aged youth focus.

3. Communication with BHRS

BHRS will assign one (1) or more staff from the Collaborative Care Team to work with Villa Fairmont to monitor the progress of the client placed at the facility. The BHRS staff will meet with Villa Fairmont staff at least once a month to monitor, coordinate care and plan for eventual step down care or discharge.

F. Goals and Objectives

On an annual basis, the Contractor will report, in writing, on the outcomes of the following goals:

1. Mental Health Services

a. MHRC

Goal 1: To develop new skills and supports and increase adaptive behaviors enabling clients to live in a less restrictive, more independent residential environment.

Objective 1: A minimum of eighty percent (80%) of clients who respond to the MHSIP will indicate that they "strongly

agree" or "agree" with the statement "I do better in social situations."

Objective 2: A minimum of eighty percent (80%) of clients who respond to the MHSIP will indicate that they "strongly agree" or "agree" with the statement "I am better able to deal with crisis."

Goal 2: To minimize client seclusion

Objective: Client seclusion rate shall be less than 1.99 days per one thousand (1,000) bed days

Goal 3: To enhance client satisfaction with services received

Objective 1: A minimum of ninety percent (90%) of clients who complete a satisfaction survey will be satisfied with the program. A satisfaction survey will be administered on a voluntary basis at discharge.

Objective 2: A minimum of seventy-five percent (75%) of clients shall report that Contractor staff is sensitive to cultural and ethnic background of client.

Goal 4: Increase flow of client admissions and discharges in the acute/sub-acute service system.

Objective 1: One hundred thirty-two (132) admissions will be made per fiscal year.

Objective 2: Community discharges will be maintained at ninety-one (91) during each fiscal year.

Goal 5: To maintain the number of clients in their current or a lower level of care and out of the hospital.

Objective: No more than twenty-five percent (25%) of clients admitted to the facility shall be returned to a higher level of care within fifteen (15) days of admission.

Goal 6: To progress towards becoming a smoke-free environment by end of FY 2016-17.

Objective: Smoking cessation group and harm reduction services will be offered. Nicotine replacement is offered to all clients.

b. Adult Residential Facility

Goal 1: To develop new skills and supports and increase adaptive behaviors enabling clients to live in a less restrictive, more independent residential environment.

Objective 1: A minimum of eighty percent (80%) of clients who respond to the MHSIP will indicate that they "strongly agree" or "agree" with the statement "I do better in social situations."

Objective 2: A minimum of eighty percent (80%) of clients who respond to the MHSIP will indicate that they "strongly agree" or "agree" with the statement "I am better able to deal with crisis."

Contractor to provide MHSIP response data.

Objective 3: All clients at Suites will be offered to develop a WRAP plan and attend WRAP groups if appropriate.

Objective 4: All clients will be offered to attend Total Wellness groups on and off campus.

Contractor to provide data.

Goal 2: To enhance client satisfaction with services received

Objective 1: A minimum of ninety percent (90%) of clients who complete a satisfaction survey will be satisfied with the program. A satisfaction survey will be administered on a voluntary basis at discharge.

Contractor to provide data.

Objective 2: A minimum of seventy-five percent (75%) of clients shall report that Contractor staff is sensitive to cultural and ethnic background of client.

Contractor to provide data.

Goal 3: To minimize inappropriate or unnecessary acute hospitalization.

Objective: Program clients will have no more than a total of four (4) Psychiatric Emergency Services visits per month.

Contractor to provide data.

Goal 4: To increase or maintain the number of clients in community housing and not becoming homeless.

Objective: No more than five percent (5%) of clients shall become homeless.

Contractor to provide data.

Goal 5: To increase or maintain the number of clients working in paid or unpaid positions, or actively seeking employment.

Objective: At least ten percent (10%) of clients shall be working in paid or unpaid positions, or actively seeking employment.

Contractor to provide data.

2. Garfield Neurobehavioral Center (SNF)

Goal 1: To provide a safe and supportive environment that meets the complex medical, psychiatric, and social needs of conservatees who may have dementia or other organic processes which limit their abilities to live in a less restrictive setting.

Goal 2: To minimize inappropriate or unnecessary state and local acute hospitalization to the extent clinically appropriate by providing quality twenty-four (24) hour sub-acute care.

Objective 1: No more than ten percent (10%) of all admissions will be discharged to an acute psychiatric level of care.

Data collection to be completed by the County in cooperation with Contractor.

3. Morton Bakar Center (SNF)

Goal 1: To provide a safe and supportive environment that meets the complex medical, psychiatric, and social needs of conservatees who may have skilled nursing needs which

limit their abilities to live in a less restrictive setting.

Goal 2: To minimize inappropriate or unnecessary state and local acute hospitalization to the extent clinically appropriate by providing quality twenty-four (24) hour sub-acute care.

Objective 1: No more than ten percent (10%) of all admissions will be discharged to an acute psychiatric level of care.

E. Disentanglement

Contractor shall cooperate with County and County's other contractors to ensure a smooth transition at the time of termination of this Agreement, regardless of the nature or timing of the termination. Contractor shall cooperate with County's efforts to effectuate such transition with the goal of minimizing or eliminating any interruption of work required under the Agreement and any adverse impact on the provision of services or the County's activities; provided, however, that County shall pay Contractor on a time and materials basis, at the then-applicable rates, for all additional services performed in connection with such cooperation.

Contractor shall deliver to County or its designee, at County's request, all documentation and data related to County, including, but not limited to, patient files, held by Contractors, and after return of same, Contractor shall destroy all copies thereof still in Contractor's possession, at no charge to County. Such data delivery shall be in an electronic format to facilitate archiving or loading into a replacement application. County and Contractor shall mutually agree on the specific electronic format.

Upon any termination of the Agreement, regardless of the nature or timing of the termination, County shall have the right, up to twelve (12) months (the "Transition Period"), at County's option and request, to continue to receive from Contractor all maintenance and support services, at the then-applicable rates, and receive from Contractor all services reasonably necessary to effectuate an orderly transition to such new system or software solution ("Transition Services"). In addition to the foregoing, upon any expiration or lapse of this Agreement, County shall have the right to extend the Transition Period beyond the twelve (12) month period at its option and request, in which case the Transition Period shall continue in effect on a month-to-month basis, during which time County shall continue to receive from Contractor all Transition Services at the then-applicable rates provided, however, that the annual support and maintenance fee shall be prorated and paid in advance on a monthly basis during such time, and the amount of such support and maintenance fee shall remain subject to the limitations set forth in the Agreement regarding any increase in such fee.

F. Administrative Requirements (for all service components)

1. Quality Management and Compliance

a. Quality Management Program and Quality Improvement Plan

Contractor must have a Quality Management Program and submit a Quality Improvement Plan to Behavioral Health and Recovery Services (BHRS) Quality Management (QM) annually by June 30. The Quality Improvement Plan should address 1) how the Contractor will comply with all elements of this Agreement, 2) the Contractor will maintain an audit disallowance rate of less than 5%, and 3) first appointment will be within 14 days of referral or request of service. BHRS QM will provide feedback if the submitted plan is missing critical components related to San Mateo County requirements. Additional feedback may be available if requested prior to the submission date.

b. Referring Individuals to Psychiatrist

Contractor will have written procedures for referring individuals to a psychiatrist or physician when necessary, if a psychiatrist is not available.

c. Medication Support Services

For Contractors that provide or store medications: Contractor will store and dispense medications in compliance with all pertinent state and federal standards. Policies and procedures must be in place for dispensing, administering and storing medications consistent with BHRS Policy 99-03, Medication Room Management and BHRS Policy 04-08 Medication Monitoring located at www.smchealth.org/bhrs-documents. In particular:

- 1) Medications are logged in, verified, counted and added to inventory sheets.
- 2) All medications obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
- 3) Medications intended for external use only are stored separately from medications intended for internal use; food and blood samples are stored in separate refrigerators.

- 4) All medications are stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit.
- 5) Medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
- 6) Medications are disposed of after the expiration date and recorded
- 7) Injectable multi-dose vials are dated and initialed when opened.
- 8) A medications log is maintained to ensure that expired, contaminated, deteriorated and abandoned medications are disposed in a manner consistent with state and federal laws.
- 9) "Stock" medications that are not prescribed by the client's physician may not be used (for example, Tylenol).

d. Record Retention

Paragraph 15 of the Agreement notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of ten (10) years, except the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until ten (10) years beyond the person's eighteenth (18th) birthday or b) for a period of ten (10) years beyond the date of discharge, whichever is later. This rule does not supersede professional standards. Contractor may maintain records for a longer period of time if required by other regulations or licenses.

e. Documentation of Services

Contractor shall provide all pertinent documentation required for state and federal reimbursement including but not limited to Consent Forms, assessments, treatment plans, and progress notes. Contractor agencies must submit, via fax to Quality Management at 650-525-1762, their version of these forms for Quality Management approval before the forms are to be used. Special attention must be paid to documentation requirements for residential treatment facilities. Documentation shall be completed in compliance with the BHRS Policies & Documentation Manuals (as

defined in the first paragraph of this Exhibit A.2). Contractor agencies are required to provide and maintain record of regular documentation training to staff providing direct services. Proof of trainings including attendance by staff may be requested at any time during the term of this Agreement.

System of Care (SOC) Mental Health Providers shall document in accordance with the BHRS Documentation Manual located online at:

<http://www.smchealth.org/sites/default/files/docs/BHRS/BHRSDocManual.pdf>.

SOC contractor will utilize either documentation forms located on <http://smchealth.org/SOCMHContractors> or contractor's own forms that have been pre-approved.

Substance Use providers services shall be in compliance with the Alcohol and Other Drug Services Provider Handbook which is located online at <http://www.smchealth.org/bhrs/aod/handbook>.

Managed Care providers document in accordance with the BHRS Managed Care Provider Manual: located online at <http://www.smchealth.org/sites/default/files/docs/BHRS/Providers/ManagedCareProviderManual.pdf>. Managed Care Providers will utilize documentation forms located at <http://www.smchealth.org/bhrs/contracts>.

f. Audits

Behavioral Health and Recovery Services QM will conduct regular chart audits of Contractors. Contractor is required to provide either the original or copies of charts, including all documentation upon request. The Department of Health Care Services and other regulatory agencies conduct regular audits of the clinical services provided by BHRS and Contractors requiring submission of charts as requested. Contractor is required to provide all necessary documentation for external audits and reviews within the stated timeline.

g. Client Rights and Satisfaction Surveys

1) Administering Satisfaction Surveys

Contractor agrees to administer/utilize any and all survey instruments as directed by BHRS, including outcomes and satisfaction measurement instruments.

2) Beneficiary/Patient's Rights

Contractor will comply with County policies and procedures relating to beneficiary/patient's rights and responsibilities as referenced in the Agreement.

3) Advance Directives

Contractor will comply with County policies and procedures relating to advance directives.

h. Beneficiary Brochure and Provider Lists

Contractor must provide Medi-Cal beneficiaries new to BHRS with a beneficiary brochure at the time of their first mental health service from the Contractor. Contractors are required to be aware of and make available to BHRS Medi-Cal clients all mandatory postings listed at this website <http://www.smchealth.org/bhrs/providers/mandpost>.

i. Licensing Reports

Contractor shall submit a copy of any licensing complaint or corrective report issued by a licensing agency to BHRS Quality Management, BHRS Deputy Director of Youth Services, BHRS Deputy Director of Adult and Older Adult Services, or the Manager of SU Services or their designee, within ten (10) business days of Contractor's receipt of any such licensing report.

j. Compliance with HIPAA, Confidentiality Laws, and PHI Security

1) Contractor must implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Protected Health Information (PHI), including electronic PHI that it creates, receives, maintains, uses or transmits, in compliance with 45 C.F.R and to prevent use or disclosure of PHI other than as provided for by this Agreement. Contractor shall implement reasonable and appropriate policies and procedures to comply with the standards. Contractor is required to report any security incident or breach of confidential PHI to BHRS Quality Management within twenty-four (24) hours.

- 2) Contractor will develop and maintain a written Privacy and Security Program that includes administrative, technical and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities.
- 3) Contractor agrees to comply with the provisions of 42 C.F.R. Part 2 as described below if records contain or contract possesses any PHI covered under 42 C.F.R Part 2:
 - a) Acknowledge that in receiving, storing, processing, or otherwise using any information from BHRS about the clients in the program, it is fully bound by the provisions of the federal regulations governing Confidentiality of Behavioral Health and Recovery Services Patient Records, 42 C.F.R. Part 2;
 - b) Undertake to resist in judicial proceedings any effort to obtain access to information pertaining to clients otherwise than as expressly provided for in the federal confidentiality regulations, 42 C.F.R. Part 2; and
 - c) Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
- 4) Confidentiality Training

Contractor is required to conduct, complete and maintain record of annual confidentiality training by all staff serving or accessing PHI of BHRS clients. Contractor may utilize BHRS Confidentiality trainings located at <http://smchealth.org/bhrs/providers/ontrain>.

k. Site Certification

- 1) Contractor will comply with all site certification requirements
- 2) Contractor is required to inform BHRS Quality Management, in advance, of the following major changes:
 - a) Major leadership or staffing changes.
 - b) Major organizational and/or corporate structure changes (example: conversion to non-profit status).
 - c) Any changes in the types of services being provided at that location; day treatment or medication support

- services when medications are administered or dispensed from the provider site.
- d) Significant changes in the physical plant of the provider site (some physical plant changes could require a new fire or zoning clearance).
- e) Change of ownership or location.
- f) Complaints regarding the provider.

I. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management (via fax #650-525-1762) when there are unusual events, accidents, errors, violence or significant injuries requiring medical treatment for clients, staff or members of the community. (Policy #93-11 and 45 C.F.R. § 164, subpart C, in compliance with 45 C.F.R. § 164.316.)

The incident reports are confidential however discussion may occur with the Contractor regarding future prevention efforts to reduce the likelihood of recurrence. Contractor is required to participate in all activities related to the resolution of critical incidents.

m. Ineligible Employees

BHRS requires that Contractors identify the eligibility status to bill for Medi-Cal services of ALL employees, interns or volunteers prior to hiring and on an annual basis thereafter. These records should be maintained in the employee files. This process is meant to ensure that any person involved with delivering services to clients of BHRS or involved in Medi-Cal billing or oversight are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below.

The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting form, Policy #93-11) and faxing to 650-525-1762 should a current employee, intern or volunteer be identified as ineligible to bill Medi-Cal services. Contractors are required to screen for ineligible employees, interns and volunteers by using the following websites:

1) Office of Inspector General

Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to

be an Ineligible Person will be removed from responsibility for, or involvement with County of San Mateo clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: <http://exclusions.oig.hhs.gov/>.

2) California Department of Health Care Services

Contractor providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Health Care Services (DHCS) in the provision of services for the County through this Agreement. Any employee(s) of Contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: <http://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp>. Once there, scroll down to the bottom of the page and click on Medi-Cal Suspended and Ineligible Provider List (Excel format). The list is in Alphabetical order. Search by the individual's last name.

n. Compliance Plan and Code of Conduct

Contractor will annually read and be knowledgeable of the compliance principles contained in the BHRS Compliance Plan and Code of Conduct. In addition, Contractor will assure that Contractor's workforce is aware of compliance mandates and informed of the existence and use of the BHRS Compliance Improvement Hotline (650) 573-2695.

o. Fingerprint Compliance

At County's sole discretion, Contractor certifies that its employees and/or its subcontractors, assignees, and volunteers who, during the course of performing services under this Agreement, have

contact with children or any person under his or her care will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of children or individuals with whom Contractor's employees and/or its subcontractors, assignees, or volunteers have contact. If said employees and/or subcontractors, assignees, and volunteers have such a criminal history, they shall not have contact with children or others who receive services through this Agreement. Fingerprint information received from the Department of Justice (DOJ) shall be retained or disposed of pursuant to DOJ directive. A certificate of fingerprinting certification is attached hereto and incorporated by reference herein as Attachment E.

p. Credentialing

Contractor is responsible for implementing a process to verify, at time of employment, and ongoing, (at the clinician's license or registration renewal time) the credentials of its clinical staff at <https://www.breeze.ca.gov/datamart/loginCADCA.do>. Contractor will obtain a waiver when needed from BHRS Quality Management. All clinical personnel must comply with HIPAA regulations to obtain a National Provider Identifier (NPI) number. The license and NPI information shall be reported to the County through the completion of a County provided credentialing form located at <http://www.smchealth.org/AvatarAccess> and submitted to the BHRS. Contractor is requirement to track expiration dates and verify all licenses and credentials are current and in good standing at all times. Contractor is required to keep proof of verification of credentials for each staff person. BHRS Quality Management must be notified within twenty-four (24) hours of any violations. Contractor must notify BHRS Quality Management if an employee's license is not current or is not in good standing and must submit plan to correct to address the matter.

q. Staff Termination

Contractor shall inform BHRS, in a timely fashion, when staff have been terminated. BHRS Quality Management requires prompt notification to be able to terminate computer access and to safeguard access to electronic medical records by completing the BHRS Credentialing form.

r. Minimum Staffing Requirements

Contractor shall have on file job descriptions (including minimum qualifications for employment and duties performed) for all

personnel whose salaries, wages, and benefits are reimbursable in whole or in part under this Agreement. Contractor agrees to submit any material changes in such duties or minimum qualifications to County prior to implementing such changes or employing persons who do not meet the minimum qualifications currently on file. Contractor service personnel shall be direct employees, contractors, volunteers, or training status persons.

2. Cultural Competency

Implementations of these guidelines are based on the National Culturally and Linguistically Accessible Services (CLAS) Standards issued by the Department of Health and Human Services. For more information about these standards, please contact the Health Equity Initiatives Manager (HEIM) at 650-573-2714 or jafrica@smcgov.org.

- a. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Program Manager and the Health Equity Initiatives Manager (HEIM) by September of the fiscal year.

The annual cultural competence plan will include, but is not limited to the following:

- 1) Implementation of policies and practices that are related to promoting diversity and cultural competence.
- 2) Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee).
- 3) Collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation.
- 4) Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)
- 5) Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services.

- b. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council for the term of the Agreement. Contractor shall submit to BHRS Office of Diversity and Equity (ODE) by March 31st, a list of staff who had participated in these efforts. For more information about the Cultural Competence Council (CCC), and other cultural competence efforts within BHRS, contact HEIM.
- c. Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese). If Contractor is unable to provide services in those languages, Contractor is expected to contact Access Call Center or their BHRS Program Manager for consultation. If additional language resources are needed, please contact HEIM.
- d. Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.
- e. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the Program Manager and HEIM (jafrika@smcgov.org) to plan for appropriate technical assistance.

3. Surety Bond

Contractor shall retain and show proof of a bond issued by a surety company in accordance with Community Care Licensing's regulations for a licensee who may be entrusted with care and/or control of client's cash resources.

4. Physician Incentive Plans

Contractor shall obtain approval from County prior to implementing a Physician Incentive Plan as described by Title 42, CFR, Section 438.6(h). The County will submit the Physician Incentive Plan to the State for approval. The State shall approve the Contractor's request for a Physician Incentive Plan only if the proposed Physician Plan complies with all applicable federal and state regulations.

5. Availability and Accessibility of Service

Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees, if the Contractor also serves enrollees of a commercial plan, or that are comparable to the hours the Contractor makes available for Medi-Cal services that are not covered by the County or another Mental Health Plan, if the Contractor serves only Medi-Cal clients.

End of Exhibit A.2

EXHIBIT B.1 – PAYMENTS AND RATES
TELECARE CORPORATION
FY 2015-19

AGING AND ADULT SERVICES

In consideration of the services provided by Contractor in Exhibit A.1, County shall pay Contractor based on the following fee schedule:

I. Total Maximum Obligation For All Services

The maximum amount County shall be obligated to pay for all services rendered under this Agreement shall not exceed THIRTY-FOUR MILLION SEVENTY-NINE THOUSAND FIFTY DOLLARS (\$34,079,050) for the four fiscal years 2015-19. The maximum amount for each fiscal year is as follows:

FY 2015-16	\$8,127,566
FY 2016-17	\$8,604,575
FY 2017-18	\$8,552,530
FY 2018-19	<u>\$8,794,379</u>
Total	\$34,079,050

II Aging and Adult Services Payments Only

For services at Garfield Neurobehavioral Center (SNF)

- A. The County shall pay TWO HUNDRED FORTY-ONE DOLLARS AND ELEVEN CENTS (\$241.11) per client per bed day for access to beds for individuals who require additional care and supervision beyond the basic level, not to exceed ONE MILLION TWO HUNDRED EIGHTY THOUSAND DOLLARS (\$1,280,000) for the four fiscal years 2015-19. The maximum amount for each fiscal year is as follows:

FY 2015-16	\$320,000
FY 2016-17	\$320,000
FY 2017-18	\$320,000
FY 2018-19	<u>\$320,000</u>
Total	\$1,280,000

- B. If client is not Medi-Cal eligible, an additional rate of TWO HUNDRED EIGHTY-THREE DOLLARS AND FIFTY-TWO CENTS (\$283.52) per client per day and additional charges for physicians and ancillary will be billed. This additional charge is set at the State Medi-Cal rate and will be adjusted if the Medi-Cal rate changes. If client is not Medi-Cal eligible, County will be notified within thirty (30) days following SNF's receipt of written notice of such lack of eligibility.
- C. Payment by County to Contractor shall be monthly. Contractor shall submit one monthly invoice to the County on or before the tenth (10th) working day of each month for the prior month. The invoice shall include the facility name, client name, and a summary of services and charges for the month of service. The invoice must document the resident's Authorization Number and Units of Service. Invoices shall be sent to:
- Aging and Adult Services
San Mateo County Health System
225 37th Avenue
San Mateo, CA 94403
- D. In addition Contractor shall provide back-up to the invoice. Such back-up shall be in the form of:
1. County provided service reporting form(s) ("Service Reporting Form(s)") completed by Contractor according to the instructions accompanying the Service Reporting Form(s), or
 2. County approved form(s) which provide detailed description of services provided including but not limited to: patient names, number of patient days, daily negotiated rate, and type of service provided (Ex: Day Treatment, etc.).
- E. All compensation will be payable during the month following the month of days utilized by residents covered by this Agreement ("Utilization Month") unless the absence of Medi-Cal eligibility is not determined until later. In the event that Medi-Cal eligibility is denied after the utilization month, then SNF may bill and be paid for the denied service. Bed will be considered occupied if bed is on "Bed Hold" while resident is receiving acute treatments.

- F. County shall pay Contractor for 1:1 services at the rate of TWENTY-THREE DOLLARS AND TWENTY CENTS (\$23.20) per hour. This payment is in addition to the per bed day rate established in Article III, Sections A and B of Exhibit B.1. Prior to admission or at any point during the client's stay in the Garfield Neurobehavioral Center, Contractor will be in close collaboration with the County to address the potential need for 1:1 services. As care is provided, based on safety considerations, evaluation for continued 1:1 services will be made by the Contractor, with progress reports provided to the County as requested.

County agrees to pay within thirty (30) days the hourly rate set out herein based on the number of hours of service provided as reflected on the billing presented by Contractor. Contractor shall submit one monthly invoice to the County on or before the tenth (10th) working day of each month for the prior month. The invoice shall include the facility name, client name, and a summary of services and charges for the month of service. The invoice must document the resident's Authorization Number and Units of Service.

End of Exhibit B.1

EXHIBIT B.2 – PAYMENTS AND RATES
TELECARE CORPORATION
FY 2015-19

BEHAVIORAL HEALTH AND RECOVERY SERVICES

In consideration of the services provided by Contractor in Exhibit A.2, County shall pay Contractor based on the following fee schedule:

I. Total Maximum Obligation For All Services

The maximum amount County shall be obligated to pay for all services rendered under this Agreement shall not exceed THIRTY-FOUR MILLION SEVENTY-NINE THOUSAND FIFTY DOLLARS (\$34,079,050) for the four fiscal years 2015-19. The maximum amount for each fiscal year is as follows:

FY 2015-16	\$8,127,566
FY 2016-17	\$8,604,575
FY 2017-18	\$8,552,530
FY 2018-19	<u>\$8,794,379</u>
Total	\$34,079,050

II. Behavioral Health and Recovery Services Payments Only

In full consideration of the mental health treatment services provided by Contractor pursuant to this Agreement it is hereby agreed by the parties hereto that County shall pay Contractor in the manner described below, except that any and all such payments shall be subject to the conditions contained in this Agreement.

A. Mental Health Services

1. Maximum Obligation

Notwithstanding the method of payment set forth herein, in no event shall County pay or be obligated to pay Contractor more than THIRTY-ONE MILLION SEVEN HUNDRED NINETY THOUSAND EIGHT HUNDRED FORTY-EIGHT DOLLARS (\$31,790,848) for the four fiscal years 2015-19 for mental health services provided at Cordilleras Mental Health Center. The maximum amount per fiscal year is as follows:

FY 2015-16	\$7,598,872
FY 2016-17	\$7,826,839
FY 2017-18	\$8,061,644
FY 2018-19	<u>\$8,303,493</u>
Total	\$31,790,848

2. Payments and Rates

- a. The daily per bed rate for MHRC shall be as follows:

FY 2015-16	\$257.11
FY 2016-17	\$265.55
FY 2017-18	\$273.52
FY 2018-19	\$281.72

- b. The daily rate for board and care supplement is NINETY-FOUR DOLLARS (\$94).

- c. Psychiatric Services

Payment for psychiatric services shall not exceed FOUR HUNDRED NINE THOUSAND SIX HUNDRED SIXTY-ONE DOLLARS (\$409,661) for the four fiscal years 2015-19. The maximum amount per fiscal year is as follows:

FY 2015-16	\$97,920
FY 2016-17	\$100,858
FY 2017-18	\$103,883
FY 2018-19	<u>\$107,000</u>
Total:	\$409,661

Such funding is included in the Total Maximum obligation described in Exhibit B.2, II.A.1.

- d. Payment for residential treatment services provided at Cordilleras is based on net costs. Contractor may bill and retain any Supplemental Security Income (SSI) or State Supplemental Payment (SSP) income payable by clients for room and board costs.

- e Unless otherwise authorized by the Chief of the Health System or designee, the monthly rate of payment by County to Contractor for mental health services shall be one-twelfth (1/12) of the maximum annual obligation, as established in Paragraph II.A.1. of this Exhibit B.2. These monthly payments shall be in the following amounts:

FY 2015-16	\$633,239.37
FY 2016-17	\$652,236.55
FY 2017-18	\$671,803.64
FY 2018-19	\$691,957.75

B. Services at Garfield Neurobehavioral Center

The County shall pay TWO HUNDRED FORTY-ONE DOLLARS AND ELEVEN CENTS (\$241.11) per client per bed day for access to beds for individuals who require additional care and supervision beyond the basic level, not to exceed SIX HUNDRED EIGHTY-FOUR THOUSAND ELEVEN DOLLARS (\$684,011) for the four fiscal years 2015-19. The maximum amount for each fiscal year is as follows:

FY 2015-16	\$171,354
FY 2016-17	\$170,886
FY 2017-18	\$170,886
FY 2018-19	<u>\$170,886</u>
Total	\$684,011

C. Services at Morton Bakar Center

The County shall pay Contractor a total of ONE HUNDRED THIRTY-SIX THOUSAND SEVEN HUNDRED FIFTY DOLLARS (\$136,750) per client per bed day for access to beds for individuals who require additional care and supervision beyond the basic level, for the four fiscal years 2015-19. The maximum amount per fiscal year is as follows:

FY 2015-16	\$10,500
FY 2016-17	<u>\$126,250</u>
Total	\$136,750

The daily bed rate for clients with Medi-Cal is ONE HUNDRED TWENTY-SEVEN DOLLARS AND EIGHTEEN CENTS (\$127.18). The daily bed rate for clients without Medi-Cal is THREE HUNDRED FORTY-FIVE DOLLARS AND EIGHTY-SEVEN CENTS (\$345.87).

D. Services at Villa Fairmont

The County shall pay Contractor a total of ONE HUNDRED EIGHTY-SEVEN THOUSAND FOUR HUNDRED FORTY DOLLARS (\$187,440) for the four fiscal years 2015-19. The maximum amount per fiscal year is as follows:

FY 2015-16	\$26,840
FY 2016-17	<u>\$160,600</u>
Total	\$187,440

The daily bed rate for the classic program is FOUR HUNDRED DOLLARS (\$400). The daily bed rate for the flex program is FOUR HUNDRED FORTY DOLLARS (\$440).

- E. The Gross Operating Income described in Exhibit D (Budget) shall not exceed ONE MILLION EIGHT HUNDRED NINETY-FIVE THOUSAND SEVEN HUNDRED FORTY-EIGHT DOLLARS (\$1,895,748) for the four fiscal years 2015-19, without the express written consent of the Chief of the Health System. Funding for such Gross Operating Income is included in the Total Maximum Obligation set forth in Exhibit B.2, Paragraph II.A.1. The maximum amount for each fiscal year is as follows:

FY 2015-16	\$455,737
FY 2016-17	\$467,631
FY 2017-18	\$479,881
FY 2018-19	<u>\$492,500</u>
Total	\$1,895,748

- F. Budget modifications may be approved by the Chief of the Health System or designee, subject to the maximum obligation set forth in Paragraph 3 of the Agreement and the Gross Operating Income Limitations.
- G. Not used.
- H. Contractor shall bill County on or before the tenth (10th) working day of each month for the current month. All claims shall clearly reflect and in reasonable detail give information regarding the services, as described in Exhibit A.2, for which claim is made. Invoices shall be sent to:

Behavioral Health and Recovery Services
San Mateo County Health System
225 37th Avenue
San Mateo, CA 94403

- I. Contractor shall provide a monthly written summary of services provided, including caseload, units of service, and vacancy rates per service. This summary shall be provided on the services reporting form provided by the County, and shall accompany the monthly invoice.
- J. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- K. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the end of each applicable year for the term of this Agreement. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted to County along with the Cost Report.
- L. If the annual Cost Report provided to County reveals that total payments to Contractor, less the Gross Operating Income as established in Paragraph II.C. of this Exhibit B.2, exceed the total allowable costs for all of the services rendered by Contractor to eligible clients during the reporting period, a single payment in the account of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Chief of the Health System or designee.
- M. County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of the Health System or designee.
- N. If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 5 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

- O. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.
- P. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes). The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the County BHRS Quality Improvement Manager.
- Q. In the event this Agreement is terminated prior to June 30, 2019, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the BHRS Director.
- R. Contractor may rollover unspent funding from the County according to the following procedures.
1. Contractor shall submit a projected calculation of any savings no later than ninety (90) days before end of the fiscal year. The projected calculation will be a separate report from the year-end cost report.
 2. At the time of the submission of the projected calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the BHRS Director or designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.
 3. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

4. If the specific purpose is not yet complete as of the end of the succeeding fiscal year, contractor may request to rollover the unspent funds to the succeeding second fiscal year by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the request is approved by the BHRS Director or designee.
3. A final accounting of the rollover funds shall be submitted ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the second fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

S. Beneficiary Billing

Contractor shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract except to collect other health insurance coverage, share of cost and co-payments. The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services for which the State does not pay the County, for costs of covered services for which the State or the County does not pay the Contractor, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

T. Election of Third Party Billing Process

Contractor shall select an option for participating in serial billing of third-party payors for services provided through this Agreement through the completion of Attachment C – Election of Third Party Billing Process. The completed Attachment C shall be returned to the County with the signed Agreement. Based upon the option selected by the Contractor the appropriate following language shall be in effect for this Agreement.

1. Option One

- a. Contractor shall bill all eligible third-party payors financially responsible for a beneficiary's health care services that Contractor provides through this Agreement. Within ten (10) days of the end of each month, Contractor shall provide to County copies of the Explanation of Benefits or other remittance advice for every third-party payment and/or denial of such third-party payments for services provided by Contractor during such month. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph M. of this Exhibit B.2. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third-party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement, through the Cost Report reconciliation.
- b. Contractor shall provide a copy of each completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this Agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

2. Option Two

- a. Contractor shall provide information to County so that County may bill applicable/eligible other third-parties for services provided by Contractor through this Agreement. County shall retain these revenues and shall not offset these revenues against payments to Contractor.

- b. Contractor shall provide a copy of the completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

U. Claims Certification and Program Integrity

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.
2. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A.2 of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

The claim must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the claim.

"Under the penalty of perjury under the laws of the State of California, I hereby certify that the above claim for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

"Executed at _____ California, on _____, 20____
Signed _____ Title _____
Agency _____"

3. The certification shall attest to the following for each beneficiary with services included in the claim:

- a. An assessment of the beneficiary was conducted in compliance with the requirements established in this Agreement;
 - b. The beneficiary was eligible to receive services described in Exhibit A.2 at the time the services were provided to the beneficiary;
 - c. The services included in the claim were actually provided to the beneficiary;
 - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided;
 - e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this Agreement;
 - f. For each beneficiary with supplemental specialty mental health services included in the claim, all requirements for Contractor payment authorization for supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this Agreement; and
 - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
4. Except as provided in Exhibit A.2, Paragraph F.1.d. relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.

End of Exhibit B.2