

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO
AND MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY**

This Agreement is entered into this ____ day of _____, 2023, by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called “County,” and Mental Health Association of San Mateo County, hereinafter called “Contractor.”

* * *

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

Whereas, it is necessary and desirable that Contractor be retained for the purpose of providing housing and housing-related mental health services and flexible fund administration.

Now, therefore, it is agreed by the parties to this Agreement as follows:

1. Exhibits and Attachments

The following exhibits and attachments are attached to this Agreement and incorporated into this Agreement by this reference:

- Exhibit A—Services
- Exhibit B—Payments and Rates
- Exhibit C—Contractor’s Budget
- Attachment C—Election of the Third-Party Billing Process
- Attachment D—Payor Financial Information
- Attachment E—Fingerprinting Certification
- Attachment H—HIPAA Business Associate Requirement
- Attachment I—§ 504 Compliance

2. Services to be performed by Contractor

In consideration of the payments set forth in this Agreement and in Exhibit B, Contractor shall perform services for County in accordance with the terms, conditions, and specifications set forth in this Agreement and in Exhibit A.

3. Payments

In consideration of the services provided by Contractor in accordance with all terms, conditions, and specifications set forth in this Agreement and in Exhibit A, County shall make payment to Contractor based on the rates and in the manner specified in Exhibit B. County reserves the right to withhold payment if County determines that the quantity or quality of the work performed is unacceptable. In no event shall County’s total fiscal obligation under this Agreement exceed SEVEN MILLION NINE HUNDRED EIGHTY-NINE THOUSAND EIGHT HUNDRED SIXTY-SIX DOLLARS (\$7,989,866). In the event that the County makes any advance payments,

Contractor agrees to refund any amounts in excess of the amount owed by the County at the time of contract termination or expiration. Contractor is not entitled to payment for work not performed as required by this agreement.

4. Term

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2023, through June 30, 2026.

5. Termination

This Agreement may be terminated by Contractor or by the Chief of San Mateo County Health or his/her designee at any time without a requirement of good cause upon thirty (30) days' advance written notice to the other party. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that prorated portion of the full payment determined by comparing the work/services actually completed to the work/services required by the Agreement.

County may terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon the unavailability of Federal, State, or County funds by providing written notice to Contractor as soon as is reasonably possible after County learns of said unavailability of outside funding.

County may terminate this Agreement for cause. In order to terminate for cause, County must first give Contractor notice of the alleged breach. Contractor shall have five business days after receipt of such notice to respond and a total of ten calendar days after receipt of such notice to cure the alleged breach. If Contractor fails to cure the breach within this period, County may immediately terminate this Agreement without further action. The option available in this paragraph is separate from the ability to terminate without cause with appropriate notice described above. In the event that County provides notice of an alleged breach pursuant to this section, County may, in extreme circumstances, immediately suspend performance of services and payment under this Agreement pending the resolution of the process described in this paragraph. County has sole discretion to determine what constitutes an extreme circumstance for purposes of this paragraph, and County shall use reasonable judgment in making that determination.

6. Contract Materials

At the end of this Agreement, or in the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and other written materials (collectively referred to as "contract materials") prepared by Contractor under this Agreement shall become the property of County and shall be promptly delivered to County. Upon termination, Contractor may make and retain a copy of such contract materials if permitted by law.

7. Relationship of Parties

Contractor agrees and understands that the work/services performed under this Agreement are performed as an independent contractor and not as an employee of County and that neither Contractor nor its employees acquire any of the rights, privileges, powers, or advantages of County employees.

8. Hold Harmless

a. General Hold Harmless

Contractor shall indemnify and save harmless County and its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind, and description resulting from this Agreement, the performance of any work or services required of Contractor under this Agreement, or payments made pursuant to this Agreement brought for, or on account of, any of the following:

(A) injuries to or death of any person, including Contractor or its employees/officers/agents;

(B) damage to any property of any kind whatsoever and to whomsoever belonging;

(C) any sanctions, penalties, or claims of damages resulting from Contractor's failure to comply, if applicable, with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended; or

(D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County and/or its officers, agents, employees, or servants. However, Contractor's duty to indemnify and save harmless under this Section shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth by this Section shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

b. Intellectual Property Indemnification

Contractor hereby certifies that it owns, controls, and/or licenses and retains all right, title, and/or interest in and to any intellectual property it uses in relation to this Agreement, including the design, look, feel, features, source code, content, and/or other technology relating to any part of the services it provides under this Agreement and including all related patents, inventions, trademarks, and copyrights, all applications therefor, and all trade names, service marks, know how, and trade secrets (collectively referred to as "IP Rights") except as otherwise noted by this Agreement.

Contractor warrants that the services it provides under this Agreement do not infringe, violate, trespass, or constitute the unauthorized use or misappropriation of any IP Rights of any third party. Contractor shall defend, indemnify, and hold harmless County from and against all liabilities, costs, damages, losses, and expenses (including reasonable attorney fees) arising out of or related to any claim by a third party that the services provided under this Agreement infringe or violate any third-party's IP Rights provided any such right is enforceable in the United States. Contractor's duty to defend, indemnify, and hold harmless under this Section applies only provided that: (a) County notifies Contractor promptly in writing of any notice of any such third-party claim; (b) County cooperates with Contractor, at Contractor's expense, in all reasonable respects in connection with the investigation and defense of any such third-party claim; (c) Contractor retains sole control of the defense of any action on any such claim and all negotiations for its settlement or compromise (provided Contractor shall not have the right to settle any criminal action, suit, or proceeding without County's prior written consent, not to be unreasonably withheld, and provided further that any settlement permitted under this Section shall not impose any financial or other obligation on County, impair any right of County, or contain any stipulation, admission, or acknowledgement of wrongdoing on the part of County without County's prior written consent, not to be unreasonably withheld); and (d) should services under this Agreement become, or in Contractor's opinion be likely to become, the subject of such a claim, or in the event such a third party claim or threatened claim causes County's reasonable use of the services under this Agreement to be seriously endangered or disrupted, Contractor shall, at Contractor's option and expense, either: (i) procure for County the right to continue using the services without infringement or (ii) replace or modify the services so that they become non-infringing but remain functionally equivalent.

Notwithstanding anything in this Section to the contrary, Contractor will have no obligation or liability to County under this Section to the extent any otherwise covered claim is based upon: (a) any aspects of the services under this Agreement which have been modified by or for County (other than modification performed by, or at the direction of, Contractor) in such a way as to cause the alleged infringement at issue; and/or (b) any aspects of the services under this Agreement which have been used by County in a manner prohibited by this Agreement.

The duty of Contractor to indemnify and save harmless as set forth by this Section shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

9. Assignability and Subcontracting

Contractor shall not assign this Agreement or any portion of it to a third party or subcontract with a third party to provide services required by Contractor under this Agreement without the prior written consent of County. Any such assignment or subcontract without County's prior written consent shall give County the right to automatically and immediately terminate this Agreement without penalty or advance notice.

10. Insurance

a. General Requirements

Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this Section has been obtained and such insurance has been approved by County’s Risk Management, and Contractor shall use diligence to obtain such insurance and to obtain such approval. Contractor shall furnish County with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending Contractor’s coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days’ notice must be given, in writing, to County of any pending change in the limits of liability or of any cancellation or modification of the policy.

b. Workers’ Compensation and Employer’s Liability Insurance

Contractor shall have in effect during the entire term of this Agreement workers’ compensation and employer’s liability insurance providing full statutory coverage. In signing this Agreement, Contractor certifies, as required by Section 1861 of the California Labor Code, that (a) it is aware of the provisions of Section 3700 of the California Labor Code, which require every employer to be insured against liability for workers’ compensation or to undertake self-insurance in accordance with the provisions of the Labor Code, and (b) it will comply with such provisions before commencing the performance of work under this Agreement.

c. Liability Insurance

Contractor shall take out and maintain during the term of this Agreement such bodily injury liability and property damage liability insurance as shall protect Contractor and all of its employees/officers/agents while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from Contractor’s operations under this Agreement, whether such operations be by Contractor, any subcontractor, anyone directly or indirectly employed by either of them, or an agent of either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall not be less than the amounts specified below:

- (a) Comprehensive General Liability.....\$1,000,000
- (b) Motor Vehicle Liability Insurance..... \$1,000,000
- (c) Professional Liability.....\$1,000,000

County and its officers, agents, employees, and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that (a) the insurance afforded thereby to County and its officers, agents, employees, and servants shall be primary insurance to the full limits of liability of the policy and (b) if the County or its officers, agents,

employees, and servants have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.

In the event of the breach of any provision of this Section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, County, at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work and payment pursuant to this Agreement.

11. Compliance With Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County, and municipal laws, ordinances, regulations, and executive orders, including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Regulations promulgated thereunder, as amended (if applicable), the Business Associate requirements set forth in Attachment H (if attached), the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in programs and activities receiving any Federal or County financial assistance, as well as any required economic or other sanctions imposed by the United States government or under state law in effect during the term of the Agreement. Such services shall also be performed in accordance with all applicable ordinances and regulations, including but not limited to appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations. In the event of a conflict between the terms of this Agreement and any applicable State, Federal, County, or municipal law, regulation, or executive order, the requirements of the applicable law, regulation, or executive order will take precedence over the requirements set forth in this Agreement.

Further, Contractor certifies that it and all of its subcontractors will adhere to all applicable provisions of Chapter 4.107 of the San Mateo County Ordinance Code, which regulates the use of disposable food service ware. Accordingly, Contractor shall not use any non-recyclable plastic disposable food service ware when providing prepared food on property owned or leased by the County and instead shall use biodegradable, compostable, reusable, or recyclable plastic food service ware on property owned or leased by the County. (This paragraph may be deleted without County Attorney Review if not relevant to this agreement)

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

12. Non-Discrimination and Other Requirements

a. General Non-discrimination

No person shall be denied any services provided pursuant to this Agreement (except as limited by the scope of services) on the grounds of race, color, national origin, ancestry, age, disability (physical or mental), sex, sexual orientation, gender identity, marital or domestic partner status,

religion, political beliefs or affiliation, familial or parental status (including pregnancy), medical condition (cancer-related), military service, or genetic information.

b. Equal Employment Opportunity

Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees under this Agreement. Contractor's equal employment policies shall be made available to County upon request.

c. Section 504 of the Rehabilitation Act of 1973

Contractor shall comply with Section 504 of the Rehabilitation Act of 1973, as amended, which provides that no otherwise qualified individual with a disability shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of any services this Agreement. This Section applies only to contractors who are providing services to members of the public under this Agreement.

d. Compliance with County's Equal Benefits Ordinance

Contractor shall comply with all laws relating to the provision of benefits to its employees and their spouses or domestic partners, including, but not limited to, such laws prohibiting discrimination in the provision of such benefits on the basis that the spouse or domestic partner of the Contractor's employee is of the same or opposite sex as the employee.

e. Discrimination Against Individuals with Disabilities

The nondiscrimination requirements of 41 C.F.R. 60-741.5(a) are incorporated into this Agreement as if fully set forth here, and Contractor and any subcontractor shall abide by the requirements of 41 C.F.R. 60-741.5(a). This regulation prohibits discrimination against qualified individuals on the basis of disability and requires affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified individuals with disabilities.

f. History of Discrimination

Contractor certifies that no finding of discrimination has been issued in the past 365 days against Contractor by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other investigative entity. If any finding(s) of discrimination have been issued against Contractor within the past 365 days by the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or other investigative entity, Contractor shall provide County with a written explanation of the outcome(s) or remedy for the discrimination prior to execution of this Agreement. Failure to comply with this Section shall constitute a material breach of this Agreement and subjects the Agreement to immediate termination at the sole option of the County.

g. Reporting; Violation of Non-discrimination Provisions

Contractor shall report to the County Executive Officer the filing in any court or with any administrative agency of any complaint or allegation of discrimination on any of the bases prohibited by this Section of the Agreement or the Section titled "Compliance with Laws". Such duty shall include reporting of the filing of any and all charges with the Equal Employment Opportunity Commission, the California Department of Fair Employment and Housing, or any other entity charged with the investigation or adjudication of allegations covered by this subsection within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include a general description of the circumstances involved and a general description of the kind of discrimination alleged (for example, gender-, sexual orientation-, religion-, or race-based discrimination).

Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Executive Officer, including but not limited to the following:

- i. termination of this Agreement;
- ii. disqualification of the Contractor from being considered for or being awarded a County contract for a period of up to 3 years;
- iii. liquidated damages of \$2,500 per violation; and/or
- iv. imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Executive Officer.

To effectuate the provisions of this Section, the County Executive Officer shall have the authority to offset all or any portion of the amount described in this Section against amounts due to Contractor under this Agreement or any other agreement between Contractor and County.

h. Compliance with Living Wage Ordinance

As required by Chapter 2.88 of the San Mateo County Ordinance Code, Contractor certifies all contractor(s) and subcontractor(s) obligated under this contract shall fully comply with the provisions of the County of San Mateo Living Wage Ordinance, including, but not limited to, paying all Covered Employees the current Living Wage and providing notice to all Covered Employees and Subcontractors as required under the Ordinance.

13. Compliance with County Employee Jury Service Ordinance

Contractor shall comply with Chapter 2.85 of the County's Ordinance Code, which states that Contractor shall have and adhere to a written policy providing that its employees, to the extent they are full-time employees and live in San Mateo County, shall receive from the Contractor, on an annual basis, no fewer than five days of regular pay for jury service in San Mateo County, with jury pay being provided only for each day of actual jury service. The policy may provide that such employees deposit any fees received for such jury service with Contractor or that the Contractor may deduct from an employee's regular pay the fees received for jury service in San

Mateo County. By signing this Agreement, Contractor certifies that it has and adheres to a policy consistent with Chapter 2.85. For purposes of this Section, if Contractor has no employees in San Mateo County, it is sufficient for Contractor to provide the following written statement to County: "For purposes of San Mateo County's jury service ordinance, Contractor certifies that it has no full-time employees who live in San Mateo County. To the extent that it hires any such employees during the term of its Agreement with San Mateo County, Contractor shall adopt a policy that complies with Chapter 2.85 of the County's Ordinance Code." The requirements of Chapter 2.85 do not apply unless this Agreement's total value listed in the Section titled "Payments", exceeds two-hundred thousand dollars (\$200,000); Contractor acknowledges that Chapter 2.85's requirements will apply if this Agreement is amended such that its total value exceeds that threshold amount.

14. Retention of Records; Right to Monitor and Audit

(a) Contractor shall maintain all required records relating to services provided under this Agreement for three (3) years after County makes final payment and all other pending matters are closed, and Contractor shall be subject to the examination and/or audit by County, a Federal grantor agency, and the State of California.

(b) Contractor shall comply with all program and fiscal reporting requirements set forth by applicable Federal, State, and local agencies and as required by County.

(c) Contractor agrees upon reasonable notice to provide to County, to any Federal or State department having monitoring or review authority, to County's authorized representative, and/or to any of their respective audit agencies access to and the right to examine all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules, and regulations, to determine compliance with this Agreement, and to evaluate the quality, appropriateness, and timeliness of services performed.

15. Merger Clause; Amendments

This Agreement, including the Exhibits and Attachments attached to this Agreement and incorporated by reference, constitutes the sole Agreement of the parties to this Agreement and correctly states the rights, duties, and obligations of each party as of this document's date. In the event that any term, condition, provision, requirement, or specification set forth in the body of this Agreement conflicts with or is inconsistent with any term, condition, provision, requirement, or specification in any Exhibit and/or Attachment to this Agreement, the provisions of the body of the Agreement shall prevail. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. All subsequent modifications or amendments shall be in writing and signed by the parties.

16. Controlling Law; Venue

The validity of this Agreement and of its terms, the rights and duties of the parties under this Agreement, the interpretation of this Agreement, the performance of this Agreement, and any other dispute of any nature arising out of this Agreement shall be governed by the laws of the

State of California without regard to its choice of law or conflict of law rules. Any dispute arising out of this Agreement shall be venued either in the San Mateo County Superior Court or in the United States District Court for the Northern District of California.

17. Notices

Any notice, request, demand, or other communication required or permitted under this Agreement shall be deemed to be properly given when both: (1) transmitted via facsimile to the telephone number listed below or transmitted via email to the email address listed below; and (2) sent to the physical address listed below by either being deposited in the United States mail, postage prepaid, or deposited for overnight delivery, charges prepaid, with an established overnight courier that provides a tracking number showing confirmation of receipt.

In the case of County, to:

Name/Title: Mariana Rocha/Clinical Services Manager
Address: 2000 Alameda de las Pulgas Suite 200 San Mateo CA
94403
Telephone: (650) 573-2538
Facsimile: (650) 522-9830
Email: mrocha@smcgov.org

In the case of Contractor, to:

Name/Title: Melissa Platte/Executive Director
Address: 2686 Spring Street, Redwood City, CA 94063
Telephone: (650) 368-3345
Facsimile: (650) 368-9017
Email: melissap@mhasmc.org

18. Electronic Signature

Both County and Contractor wish to permit this Agreement and future documents relating to this Agreement to be digitally signed in accordance with California law and County's Electronic Signature Administrative Memo. Any party to this Agreement may revoke such agreement to permit electronic signatures at any time in relation to all future documents by providing notice pursuant to this Agreement.

19. Payment of Permits/Licenses

Contractor bears responsibility to obtain any license, permit, or approval required from any agency for work/services to be performed under this Agreement at Contractor's own expense prior to commencement of said work/services. Failure to do so will result in forfeit of any right to compensation under this Agreement.

* * *

In witness of and in agreement with this Agreement's terms, the parties, by their duly authorized representatives, affix their respective signatures:

For Contractor: Mental Health Association of San Mateo County

<small>DocuSigned by:</small> <i>Melissa Platte, Executive Director</i> <small>17161DA37D8841E...</small>	06/26/2023	Mental Health Association of San Mateo C
Contractor Signature	Date	Contractor Name (please print)

COUNTY OF SAN MATEO

By:
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:
Clerk of Said Board

EXHIBIT A – SERVICES
MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY
FY 2023 – 2026

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

- A. Outpatient Rehabilitative Mental Health Services focus on individual needs, strengths, and choices; the individual is always involved in service planning and implementation. The goal of rehabilitation is to help individuals take charge of their own lives through informed decision-making. Services are based on the individual's desired results from mental health services (long term goals) concerning his/her own life, and consider his/her diagnosis, functional impairments, symptoms, disabilities, life conditions and rehabilitation readiness. Services are focused on achieving specific shorter-term personal milestones (measurable objectives) to support the individual in accomplishing his/her desired results.
- B. Program staffing is multi-disciplinary and reflects the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community that the program serves. Families, caregivers, human service agency personnel and other significant support persons are encouraged to participate in the planning and implementation process to help the individual meet his/her needs, choices, responsibilities and desires. Programs are designed to use both licensed and non-licensed personnel who are experienced in providing mental health services. Consumers and family members of consumers are valued as volunteer or paid staff.
- C. Services are optimal when delivered to individuals who live in housing of their own choice. Single room occupancy is a highly valued housing choice by consumers and is emphasized in resource development and service planning.
- D. Contractor shall provide emergency housing and support services, rehabilitation services, and administrative services including fiscal intermediary for Flexible Funds, Stipend Fund, and Lived Experience Scholarship Fund.
- E. These services shall be provided in a 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. The San Mateo County Behavioral Health and Recovery Services (BHRS) 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 of the County Documentation Manual shall prevail. The Short-Doyle/Medi-Cal Manual for the Rehabilitation Option and Target Case Management is included herein by reference. All payments under this Agreement must directly support services specified in this Agreement.

- F. Contractor will meet at least every two (2) months with the Deputy Director of Adult and Older Adult Services or designee to discuss fiscal and operational issues, program goals and objectives and any quality improvement issues as deemed appropriate.

II. SERVICES

A. Emergency Housing/Shelter (Spring Street Shelter)

Contractor shall provide a fifteen (15) bed, twenty-four (24) hour facility for emergency and short-term housing, including at least two (2) meals per day, for mentally ill and co-occurring clients who require immediate shelter but who do not require care and supervision as defined by Section 80001 (a) (10) of Title 22 of Community Care Licensing Regulations (“Emergency Housing/Shelter”). In addition to providing Emergency Housing/Shelter, Contractor shall collaborate with other public and private services and resources to assist these clients in finding permanent housing and securing other basic needs. Clients shall be assisted in securing medical and psychiatric services as needed.

1. Emergency Housing/Shelter staff shall accept referrals between 8 a.m. and 10 p.m., seven (7) days per week.
2. Contractor shall admit only those clients who meet the following criteria:
 - a. Have a primary mental health problem as designated on referral form; clients whose predominant problem is alcohol or substance abuse are not eligible;
 - b. Be at least eighteen (18) years of age or an emancipated minor;
 - c. Have no other identified resource for housing; and
 - d. Not be considered assaultive or suicidal, or present serious medical health problems.
3. For clients eligible for Emergency Housing/Shelter, i.e., who meet all the criteria in Paragraph II.A.2. of this Exhibit A, Contractor shall work

collaboratively with Adult Resource Management when necessary to prioritize, clients who are confined at San Mateo Medical Center Inpatient Psychiatric Unit or at Psychiatric Emergency Services (PES) who need a residence in order to be released from the hospital.

4. At least two (2) staff persons shall be on duty at all times, twenty-four (24) hours per day. BHRS staff shall provide consultation to Contractor's staff as deemed appropriate by the BHRS Director or designee.
5. The Emergency Housing/Shelter shall provide separate dormitory sections with showers and toilets for men and women with at least one (1) gender neutral stall. The facility shall also include a kitchen and office space. Accessibility shall be provided to the handicapped, and a sprinkler system shall be included throughout shelter.
6. Contractor shall provide five thousand one hundred ten (5,110) days of care (based on 94% occupancy) to one hundred twenty-five (125) unduplicated clients during the term of this Agreement. A client day shall be deemed to mean any and all services rendered by Contractor on behalf of one (1) client during any single day.
7. All clients who remain in the Emergency Housing/Shelter beyond three (3) days shall have a written plan of action outlining objectives for obtaining permanent housing and any other necessary case management needs that would support locating and securing housing, including income, health insurance, medical care and ongoing support.
8. At least seventy-five percent (75%) of all clients shall receive a minimum of two (2) rehabilitation services (exclusive of medication services) during their stay in the program to include but not limited to cooking skills, occupational therapy, using washer/dryer, use of Craig's list to search for resources/ employment, etc.
9. Individuals who are provided a bed who have not been connected to any Behavioral Health Services will be provided case management services until they have been appropriately connected to services for treatment.

B. Outpatient Services/Rehabilitation Services

Contractor shall provide seriously mentally ill and co-occurring adults with community-based rehabilitative mental health services ("Outpatient Services/Rehabilitation Services"). Outpatient Services/Rehabilitation

Services are intended to identify and provide assistance in locating and obtaining adequate and appropriate living arrangements and supportive resources (medical, social, vocational and educational) to enhance clients' potential for successful community placement.

1. Ongoing Outpatient Services/Rehabilitation Services shall include, but not be limited to: assessment/evaluation, plan development, individual and group counseling (including dual diagnosis and co-occurring support groups), collateral services, rehabilitation services, case management, and crisis intervention. Services may incorporate, the Community Housing Rehabilitation Independent Skills ("CHRIS") program which provides living skills assessments and training provided by a licensed occupational therapist and student interns for residents in all MHA owned housing sites, Spring Street Shelter, transitional housing and community clients.
2. Contractor shall provide three hundred fifty thousand (350,000) minutes of Outpatient Services/Rehabilitation Services to one hundred sixty-five (165) unduplicated adult clients. These numbers reflect all units of service, not only billable units of service.
3. Contractor shall provide at least a total of one hundred fifty thousand (150,000) billable units of service from outpatient services and rehabilitation services.
4. Referrals for Outpatient Services/Rehabilitation Services will be coordinated with BHRS Adult Supervising Mental Health Clinicians and/or clinic staff of regional clinic sites. These services will be provided to at least nineteen (19) residents of the St. Matthew residential hotel; at least twenty-two (22) residents of Belmont Apartments; and at least one hundred fifteen (115) residents in scattered safe community housing.
5. Contractor shall provide community based case management services to an active case load of one hundred thirty (130) BHRS clients with a client staff ratio of not more than one (1) to twenty-six (26).
6. Contractor will manage transportation needs of clients in all contractor sponsored programs. Contractor will assess client's transportation needs and ability to use public transportation, Redi-Wheels, staff provided transportation or taxis. Contractor will identify rehabilitation goals related to client's ability to use identified transportation, and will provide hands-on coaching/ training about how to use transportation as needed.

7. Contractor will develop a regular schedule with each Community Service Area BHRS Unit Chief and or contract monitor, to review cases of clients who have not received care within the previous ninety (90) day period. The purpose of the meeting will be to discuss appropriate levels of care and/or need to close the case. This review will be set up to reoccur on a continuous basis.

C. Friendship Center/Community Friends

1. Contractor shall operate Friendship Centers for community based social, recreational, wellness, and educational programs. Services and programming may include meals, arts and crafts, social and rehabilitative outings and groups including but not limited to Self-care; Dealing with Stress; Physical Activity in Daily Life; Eating Well & Finding and Using Community Resources. Services will be located in at least five (5) sites throughout San Mateo County including Daly City and East Palo Alto, and may include programs based in San Mateo, Belmont, and Redwood City.
2. Contractor shall provide seven thousand (7,000) client days of services at the Friendship Centers. A “client day” is one client’s participation for one day. Contractor will provide Friendship Center services for at least three hundred seventy-five (375) unduplicated clients per year and each location will maintain an attendance of at least ten (10) clients per client day.
3. Friendship Centers will maintain an 8:1 client to staff ratio which may include volunteers. At all times a paid MHA staff person will be in attendance.
4. Contractor shall operate a Community Friends Program which will provide a companion/support network for isolated individuals so they can safely participate in community activities (“Community Friends Program”). Contractor will provide up to one thousand (1,000) hours of Community Friends Program services.
5. Contractor will provide outreach to various sites within each Community Service Area, and written information regarding the Community Friends Program which will a) identify clients who might be able to utilize those services, and b) outline criteria for identifying peers to provide the services. Policy and procedures will define the length of time of participation in the program for each participant with the goal of an established participation time frame to assure a continuous flow of new clients to accepted into the program. The policy will also address issues pertaining to friendships continuing on a voluntary basis beyond completion of allotted time.

- D. Flexible Fund, Stipend Fund, Pathways Flexible Fund, Total Wellness Flexible Fund, Lived Experience Scholarship Fund, Service Connect Flexible Fund, NMT Flexible Fund, Pathways Grant Flexible Funds, and Veterans Treatment Court Flexible Fund
1. Contractor shall manage the fiscal distribution of the Flexible Fund of the Adult Services System of Care (“Flexible Fund”). The Flexible Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Flexible Funded goods and services, Contractor shall appropriate the amount requested to the specified vendor or to reimburse a provider.
 2. Contractor shall manage the fiscal distribution of the Consumer/Family Member Stipend Fund of the Adult Services System of Care (“Stipend Fund(s)”). The Stipend Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Stipend Funds, Contractor shall appropriate the amount requested to the specified consumer/family member.
 3. Contractor shall manage the fiscal distribution of the Flexible Fund of the program (“Pathways Flexible Fund”). The Pathways Flexible Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Pathways Flexible Funded goods and services, Contractor shall appropriate the amount requested to the specified vendor or to reimburse a provider.
 4. Contractor shall manage the fiscal distribution of the Total Wellness Flexible Fund. This Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Total Wellness Flexible funded goods, services, and consumer/family stipends, Contractor shall appropriate the amount requested to the specified vendor or reimburse a provider.
 5. Contractor shall manage the fiscal distribution of the Service Connect Flexible Fund. The Service Connect Flexible Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Service Connect Flexible Funded goods and services, Contractor shall appropriate the amount requested to the specified vendor or to reimburse a provider.
 6. Contractor shall manage the fiscal distribution of the NMT Flexible Fund. The NMT Flexible Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for NMT Flexible Funded goods and services, Contractor shall

appropriate the amount requested to the specified vendor or to reimburse a provider.

7. Contractor shall manage the fiscal distribution of the Pathways Grant Flexible Fund. The Pathways Grant Flexible Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Pathways Grant Flexible Funded goods and services, Contractor shall appropriate the amount requested to the specified vendor or to reimburse a provider.
8. Contractor shall manage the fiscal distribution of the Veterans Treatment Court Flexible Fund. This Fund shall be managed by Contractor under a separate account. Upon receiving BHRS authorized requests for Veterans Treatment Court Flexible funded goods, services, and consumer/family stipends, Contractor shall appropriate the amount requested to the specified vendor or reimburse a provider.
9. Contractor shall manage the fiscal distribution of the Lived Experience Scholarship Fund for the fiscal year. Students with lived experience enrolled at an accredited community college or four-year university will submit applications to the Contractor for the scholarships which are FIVE HUNDRED DOLLARS (\$500) each. Up to twenty (20) scholarship recipients will be chosen. Contractor will oversee the scholarships which are intended to defray costs of tuition and supplies. Those with lived experience are identified as mental health/alcohol and other drug consumers and/or family members of consumers who are engaged in service at BHRS or contracted agency program. Specific responsibilities of Contractor:
 - a. Create and distribute applications to up to twenty (20) students enrolled in college of choice and who have the following qualifications:
 - i. Enrolled in college of choice for at least six units of coursework
 - ii. Interest in pursuing a career in behavioral healthcare as expressed in detail in scholarship application
 - b. Review applicant's registration at the time of application for scholarship to determine student status. Applicants are to review with Contractor their education plan at the time of award.
 - c. In addition to creating the application form, Contractor shall review application and select the candidates.

- d. Require Scholarship Recipient to sign contract stipulating the requirement to provide receipts and make good faith effort to collect them at the end of the semester.
10. Administrative costs include the following activities:
- a. Processing checks (postal costs included);
 - b. Administrative time in receiving authorized funds, returning documentation of completed transactions and sending fiscal expenditure reports to BHRS Administration;
 - c. Bonding insurance coverage costs (liability coverage separate from typical malpractice requirements).
11. Specific administrative activities shall include:
- a. Administer Flexible Fund, Stipend Fund, Pathways Flexible Fund, Total Wellness Flexible Fund, NMT Flexible Fund, Service Connect Flexible, and Pathways Grant Flexible Fund, Veterans Treatment Court Flexible Fund in conformance with BHRS Policy 00-03: Flexible Funds.
 - b. Receive and process Flexible Fund, Stipend Fund, Pathways Flexible Fund, Total Wellness Flexible Fund, NMT Flexible Fund, Service Connect Flexible Fund, Pathways Grant Flexible Fund, and Veterans Treatment Court Flexible Fund authorization forms;
 - c. Issuance of checks to specified vendors, providers, or consumer/family members (for reimbursement purposes);
 - d. Maintain proper documentation of checks distributed and transactions completed (e.g., receipts received);
 - e. Provide monthly fiscal reports of Flexible Fund, Stipend Fund, Pathways Flexible Fund, Total Wellness Flexible Fund expenditures, NMT Flexible Fund, Service Connect Flexible Fund, Lived Experience Scholarship Fund, Pathways Grant Flexible Fund, and Veterans Treatment Court Flexible Fund;
 - f. Provide a six (6) month and final year report showing fund distribution for the General Flexible Fund, Housing Assistance funds, Stipend Fund, Pathways Flexible Fund, Total Wellness Flexible Fund, NMT Flexible Fund, Service Connect Flexible

Fund, Lived Experience Scholarship Fund, Pathways Grant Flexible Fund, and Veterans Treatment Court Flexible Fund.

- g. Provide a running balance of the total flexible fund loan amount owed by each consumer on a quarterly basis to BHRS contract monitor.
- h. Contractor will make a form letter available to be used by BHRS case managers to notify clients of their loan amount and how they can remit payment to contractor.

E. Shelter Plus Care Project Coordination

Contractor shall provide the following services for the Shelter Plus Care Project:

1. Act as information and coordination hub for Shelter Plus Care Project.
2. Co-lead the Shelter Plus Care Screening Committee.
3. Coordinate with BHRS housing liaison and attend regional and relevant ad hoc Shelter Plus Care Committee meetings and disseminate information to Shelter Plus Care County representative and contract agencies.
4. Maintain current Program Information System.
5. Maintain computer and reporting system with contract agencies that track all data and information necessary for the completion of the HUD annual progress report, including the program's measurable objectives.
6. In conjunction with the Housing Authority, complete and submit to HUD the Annual Progress Report.

F. Continuum of Care Permanent Supportive Housing Project (SHP)

In cooperation with the Housing Authority of San Mateo, Contractor shall provide supportive services to assist participants in maintaining their housing in the community. These services shall include intensive case management, mental health and substance abuse services, health care, and access to educational and vocational programs. Services shall be provided to fourteen (14) homeless clients selected to participate in this project.

G. Provider-owned Property Integrated Full Service Partnership (IFSP)

All tenants at Cedar Street and Waverly Place apartments will be members of the IFSP. They will be provided with case management and support services and on-site recovery based education and activities.

1. Selection of tenants will meet all housing funding criteria plus a need to live in a site-based supportive community. Level of care will be based on an assessment including Locus Level of at least seventeen (17) with a history of acute and/or sub-acute hospitalization.
2. Contractor will coordinate the tenant outreach and selection process. The process will include: outreach and marketing to a variety of entities that serve potentially eligible individuals; a selection process that includes the appropriate FSP eligibility and for the applicants for the MHSA-funded units, MHA participation in the BHRS MHSA criteria review committee.
3. Contractor will coordinate the moving process for selected tenants.
4. Contractor Case Management staff will be the assigned coordinated care provider and will assume this responsibility when a tenant is selected for Cedar Street Apartment or Waverly Place.
5. The following services will be provided:
 - a. Comprehensive Case Management Services including regular visits, referral for medical or mental health services, assistance with completion of forms and applications, medication management and regular support and assistance in symptom and illness management.
 - b. Daily Living Skills Training including, but not limited to, cooking, budgeting, money management, and cleaning.
 - c. Transportation Assistance and Training which will include support and assistance with completing transit discount application, help in using schedules and one-on-one support in using any and all needed forms for public transportation.
 - d. Pre-Employment Activities, e.g., resume writing, employment interview techniques and practice, and job search.
 - e. Social and Recreational Activities through Contractor's Friendship Center Programs, on-site social activities and participation in Heart and Soul-sponsored activities.

- f. Occupational Therapy and Treatment, including an assessment of daily living skills and follow-up treatment recommendations for deficits, inventory of learning styles, etc.
- g. Coordination of services provided by external agencies and/or other programs in which the client is enrolled.

6. Medication and Medication Support

Medication assistance will include at least daily medication reminders, nursing support and education, and coordination with medication provider. The Contractor will not be responsible for medication evaluation and provision.

H. Property Management

County agrees and acknowledges that Contractor owns property used to provide permanent and transitional housing for adults with serious mental illness. Some properties are owned and their respective programs operated by Contractor, other properties are owned by Contractor with their respective programs operated in collaboration with other community based non-profit agencies.

- 1. For properties that are owned by Contractor and for which their respective programs are operated by Contractor, Contractor will provide services which include: screening clients for eligibility as property residents; rental and leasing to clients; regular property inspections for health, safety, habitability, and County and local code compliance; rent collection; and staffing to ensure property repair and maintenance is completed in a timely manner. These properties include: Spring Street Shelter, Cedar Street Apartments, Belmont Apartments, Villa Terrace, Burlingame Apartments, Burlingame House, and Waverly Place.
- 2. For properties that are owned by Contractor and for which their respective programs are operated in collaboration with other community based non-profit agencies, a Memorandum Of Understanding will be completed indicating contractor's obligations including: completion of rental contracts between Contractor and clients; regular property inspections for health, safety, habitability of non-residential community areas and County and local code compliance; rent collection; and staffing to ensure that property repair and maintenance is completed in a timely manner. Included in the MOU will be a protocol for notification to the respective agency within an agreed upon timeframe, of any issues found by the property manager that could affect the health, safety and or habitability of the

residents and/or lead to housing instability. Any modifications to the MOU are to be submitted to BHRS within thirty (30) days of the signed change. In cooperation with such other community based non-profit agencies, contractor will participate in review of residential units as tenants move into or out of the property to assess needed repairs and assign responsibility for payment for repairs in excess of normal wear and tear. Such properties include: Santa Barbara Street, 3rd Ave., and Clinton St. Contractor will meet on a regularly scheduled basis with the respective agency(ies) to review any property management concerns as cited above.

I. Mental Health Services Act Funded Full Service Partnership Housing Support Program (Edgewood Turning Point)

Contractor shall provide housing and property management for up to thirty (30) Transition Age Youth through Mental Health Services Act funds in various sites and locations throughout San Mateo County.

1. Description of Services for Housing Support Program

- a. Contractor shall provide housing services for Transition-Age Youth Full Service Partnership (“FSP”) Provider.
- b. Contractor shall be responsible for managing service enriched housing that offers integrated housing and support services for the Housing Support Program geared toward achieving maximum levels of residential stability and improved health outcomes for enrollees.

2. Description of Housing Support Program

- a. Locate and obtain needed units of housing.
- b. Ensure that leased housing remains in clean, safe, and habitable condition.
- c. Collaborate on a regular basis with FSP Provider to ensure that tenants receive all practical chances and opportunities to remain housed. This will require the utilization of creative, harm reduction based techniques that go well beyond standard property management practices and activities.
- d. Effectively manage relationship with property owners including timely payment of rent, monitoring and enforcement of lease provisions, and problem solving in the event of disruptive tenant behavior.

- e. When all reasonable interventions have been exhausted, manage eviction, transfer, or the voluntary vacating of the unit in a timely, professional, and consistent manner in compliance with all State and local housing laws.

3. Populations to Be Served

- a. Up to thirty (30) individuals made up of youth ages eighteen (18) to twenty-five (25) and emancipated minors ages sixteen (16) to eighteen (18) (collectively referred to as “Transition Age Youth” or “TAY”)
- b. SED and co-occurring Transition Age Youth at risk of or returning from residential placement or emancipating, with past juvenile justice or child welfare involvement.
- c. SED and dually diagnosed homeless Transition Age Youth and Transition Age Youth exiting school based, individual educational plan (IEP) driven services.
- d. Newly identified Transition Age Youth that are experiencing a “first break” and have been recently diagnosed with a psychotic disorder. This target population may or may not have had prior involvement with the mental health, juvenile justice and/or child welfare systems.

4. Housing Characteristics

- a. Contractor will ensure that tenants have safe, decent, affordable housing in a state of good repair, and that ongoing maintenance and repairs occur in a timely manner. Before leasing, each unit will be inspected by the Property Manager and Occupational Therapist (as each is defined in Paragraphs II.H.14.a.iii. and II.H.14.d. respectively, of this Exhibit A) to identify any deficits relating to housing occupancy standards (HOS). These items will require repair by the landlord prior to move-in.
- b. In addition to health and safety issues in identifying appropriate sites for housing, Contractor shall look at issues of access to transportation, banks, places of worship, parks, shopping, and employment. All of these considerations will play a major role in identifying and selecting housing units for this project. On an individual basis, each unit must include a stove, refrigerator, smoke detectors, sufficient electricity to operate several appliances (at least 110 amps), window

coverings, deadbolt locks, and the ability to have cable or satellite television and internet services.

5. Type of Housing

- a. The plan for identifying housing will incorporate both multiple units in single sites as well as single units in scattered sites located throughout San Mateo County so that tenants can access their health care and mental health care providers, may reside close to family and other supports, and can have opportunity and choice. These are all elements critical to successful housing.
- b. As appropriate, housing options will be identified which provide elements of assisted living and 24-hour care, semi-independent living, and/or board and care facilities.

6. Collaborative Approach

- a. Meetings between the Property Manager, Program Supervisor, and the FSP Provider representatives will occur on a regular basis. County will ask each FSP Provider to assign one (1) person as the single point of responsibility for contact for that agency ("FSP Provider Administrator"). Contractor will also identify a primary person to serve as the single point of responsibility and contact for the Housing Support Program. These individuals will be responsible for the coordination of communication between the two (2) entities. Additionally, Contractor will be responsible for ensuring that the following specific activities occur:
- b. Property Manager will notify case managers/FSP provider staff of any problematic behavior or other circumstances that could lead to housing instability within twenty-four (24) hours of becoming aware of such behavior or circumstance, including late payment of rent.
- c. Contractor staff will meet with the FSP Provider staff for regularly scheduled meetings at a minimum of once per month.
- d. No eviction proceedings will begin without prior notification and/or case conference with the FSP Provider.
- e. Contractor's Executive Director and Associate Director will meet with FSP Provider management on an as needed basis

to resolve communication and other issues that arise between line staff.

- f. Contractor's Executive Director will meet regularly with BHRS Deputy Director for Child and Youth Services and the FSP Provider Administrator to review housing trends.
- g. BHRS Deputy Director for Child and Youth Services will be the arbiter of conflicting needs requests and determine housing priorities in consultation with Contractor and FSP Provider Administrator.

7. Client Selection and Placement

- a. A personal meeting with the tenant will be held to complete the screening process. This will focus on assessing the likelihood that any applicant will be able to meet the essential requirements of tenancy as expressed in the lease as follows:
 - i. To pay rent and any other charges in a timely manner.
 - ii. To care for and avoid damaging the unit and common areas, use the facilities and equipment in a reasonable way, to not create health or safety hazards, to report significant maintenance needs in a timely manner.
 - iii. To respect the personal and property rights of others.
 - iv. To not engage in criminal activity that threatens the health and/or safety of other residents or staff.
 - v. To comply with health and safety codes and necessary and reasonable rules and program requirements.
- b. Assessment for housing shall include a criminal justice background check, rental history, and income verification. This will allow the rent to be set on a per person basis.
- c. If problems, issues or concerns arise, the Property Manager will meet with FSP Provider Administrator to determine if accommodations of some type are required.

8. Specific expectations pertaining to the rent-up process include:

After initial rent up and when a unit becomes vacant, Contractor will ensure that such unit is ready for occupancy within four (4) weeks. If there are extenuating circumstances that cause placement to happen later than four (4) weeks, Contractor will notify the County.

9. Rent And Tenant Relations

Contractor will meet the following objectives relating to rent collection and general tenant relations:

- a. Contractor will ensure that the Property Management Staff will make themselves available by phone to tenants twenty-four (24) hours a day/seven (7) days per week.
- b. Contractor staff will be available by phone or in person during regular business hours to assist tenants with a broad range of issues related to housing stability.
- c. Contractor will establish a clear and consistent method for tenants to pay rent, including standard practices for providing notice to tenants regarding late payment.
- d. When appropriate, Contractor will establish a 3rd party rent payment mechanism for tenants.
- e. Contractor will develop and administer a client satisfaction survey that assesses tenant satisfaction with housing and property management services.
- f. Should it be necessary to begin the eviction process, Contractor will ensure that the Property Management Staff will proceed according to all legal statutes and requirements.

10. Eviction Prevention

Individuals who are deemed continuously disruptive will become the subject of a meeting to identify possible intervention to alleviate the problem. The participants in such meeting shall be the individual, the Property Manager, the Program Supervisor and the FSP Provider staff. Efforts will be made to determine if the disruption is the result of symptoms of illness, or if the resident is under the influence of alcohol or drugs when the disruption occurs. Meeting participants will seek to determine if there is a cause that can be ameliorated, reduced or eliminated to avoid eviction, and will develop a plan of action based on complete, accurate and factual documentation of the activity. In cases where disruptive behavior is a coping mechanism for symptoms which are never completely eliminated, participants will seek to identify housing that reduces interaction with others, while maintaining the necessary supports to keep the individual successfully housed.

11. Maintenance And Unit Habitability

- a. One hundred percent (100%) of the units will meet local building and health codes at time of initial rent-up.
- b. One hundred percent (100%) of the units will receive a thorough annual housing quality inspection including but not limited to inspections of smoke detectors, plumbing, gas, electricity, and heating systems
- c. Any hazards or other unsafe or unhealthy conditions that are reported by tenant, landlord, or program personnel will be investigated within forty-eight (48) hours. Life/safety issues (including, but not limited to, heating, plumbing, and electrical systems) will be corrected within twenty-four (24) hours; non-emergency repairs will be corrected within fifteen (15) working days.
- d. One hundred percent (100%) of clients needing accessibility modifications will receive them prior to move-in.
- e. After thirty (30) days of trying to resolve a unit habitability issue, if a suitable resolution has not occurred, Contractor will report such occurrence to BHRS Deputy Director for Adult and Older Adult Services.

12. Landlord Relationship

- a. Contractor will ensure that the Property Management Staff responds to all non-emergency complaints or calls for assistance from program landlords within twenty-four (24) hours.
- b. Contractor will ensure that the Property Management Staff will respond to all emergency calls from landlords within two (2) hours.
- c. Contractor will ensure that all landlords receive their rent each month on or before the date stipulated in the rental agreement.
- d. Contractor will enter into rental agreements for all independent housing units rented and such agreement will include all customary tenant/landlord provisions.

- e. Contractor will make all reasonable efforts to maintain positive relationships with program landlords.

13. Furnishings

- a. At the point of assessment, the Property Manager, the Program Supervisor, and FSP Provider staff will work collaboratively upon referral to identify the most appropriate sites, required community amenities and resident needs. This information will all be used to create or find the optimal setting for each individual.
- b. All units will have a base level of amenities and Contractor will make every effort to obtain donated furnishing for tenants of this program. Only items of good quality or better will be accepted and used. Contractor will not be responsible for storage or transportation of items.

14. Staffing Operations

- a. Property Management
 - i. The parties agree and acknowledge that Contractor will self-manage through agency staff all aspects of property management as identified below:
 - ii. In order to protect client privacy, Contractor will share with the Property Management staff only the minimum client information necessary to carry out the duties hereunder. Further, no confidential mental health information will be disclosed by Contractor to the Property Management staff, nor any information prohibited from disclosure under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
 - iii. The agency will hire one (1.0) part-time property manager to provide property management services for the Housing Support Program (“Property Manager”). The Property Manager hours will be flexed to provide twenty-four (24) hour coverage, much of it on-call after initial lease up.
 - iv. The Property Manager will provide twenty-four (24) hour phones response. At all times tenants and landlords will be able to reach a person to report or address a problem.
 - v. The Property Manager will provide a property repair specialist (a handyman) to attend to minor repairs and maintenance of the sites.

b. Program Supervisor

As prospective tenants are identified the Program Supervisor will be responsible for orienting them to health and safety aspects of their units, local transportation, and other nearby amenities such as grocery stores and shopping center, parks, libraries, banks, churches, etc.

c. Associate Director

Contractor shall provide a twenty percent (.20) FTE associate director (“Associate Director”) for the Housing Support Program who will function as the liaison between the Contractor and FSP Providers, representative payees, vendors, and will provide reporting details to funders. The Associate Director will provide general oversight of the Housing Support Program and its operations, supervise all staff, ensure completion of all reports, budgets and financial statements, oversee the work of the Property Management Firm, and function as the Housing Support Program liaison between Contractor and BHRS.

d. Occupational Therapist

Contractor shall provide a twenty percent (.20) FTE occupational therapist (“Occupational Therapist”) for the Housing Support Program. The Occupational Therapist will work with each resident to assure that he or she is knowledgeable about cleaning expectations and truly understand what products to use, how and when. Periodically the Occupational Therapist may return to the housing sites to work with clients who need additional support and assistance.

J. Housing Support Services (Caminar YAIL)

Housing support services will be provided to residents living on-site at the Caminar YAIL program located at 37 Clinton Street, Redwood City, California. Services for “housing assistance” will include MHSA funding up to **\$36,000 per year** for rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for persons who are seriously mentally ill and homeless or at risk of homelessness.

K. Transitional Housing (2628 Spring Street)

Contractor will provide one (1) part-time staff member to assist residents to apply for benefits, complete housing applications to obtain housing and related housing support services, and transition residents from transitional housing to long-term and permanent housing. This staff person will also coordinate client care with BHRS and medical treatment teams, as necessary, to ensure clients attend scheduled appointments.

L. Technology Supports for Clients

Through the Mental Health Service Act (MHSA) and the Coronavirus Aid, Relief, and Economic Security (CARES) Act, BHRS has secured funding to provide technology supports (devices and data plans) for clients and family members of clients that would benefit from telehealth and/or other behavioral health services, but do not have the resources to purchase the technology they need.

BHRS selected a federally-subsidized program, T-Mobile For Government, that offers a low-cost data plan (internet service) along with free refurbished phones/tablets. Given the limited resources, this benefit should be prioritized for clients and families most in need and who are unable to take advantage of other low-cost and/or income-based technology supports.

1. Services

- a. Through CARES Act funding, BHRS purchased twenty-five (25) tablets for Contractor to support client participation in services. T-Mobile will mail the tablets directly to Contractor; Contractor will distribute the tablets in accordance with the guidance set forth in this agreement.
- b. For MHSA One-Time funding, Contractor will contact the T-Mobile For Government representative directly to procure additional devices and data plans needed for clients. MHSA One-Time funding can be used to purchase phones and tablets; and/or purchase headphones, screen protectors, device covers, and/or other device accessories as needed to support client participation in services. See Attachment T – Frequently Asked Questions (FAQ) for contact information and other information about the T-Mobile For Government program.
- c. Contractor will develop a screening or process to allocate the devices to clients and families most in need and who are

unable to take advantage of other low-cost and/or income-based technology services.

- d. Contractor will develop a user agreement for clients to support safety and accountability while using the devices. See Attachment U – Sample Device User Agreement and Waiver.

2. Reporting Activities

- a. As a condition of accepting the CARES Act funded tablets, Contractor is required to submit monthly Tracking Logs, see Attachment V - Technology Supports – Monthly Reporting Form. Contractor shall report the following:
 - ii. Client(s) name receiving tablet for participation in services.
 - iii. Number of devices used to support client services on-site (for example, a shared tablet at residential facility to facilitate group sessions, field services, etc.); including the following information:
 - (1) location/site;
 - (2) service provided using the device(s); and
 - (3) number of clients served.
- b. For MHSA One-Time funding, Contractor will submit the monthly Tracking Logs, see Attachment V - Technology Supports – Monthly Reporting Form along with invoices for reimbursement:
 - i. Total number of phones and total number of tablets ordered.
 - ii. Detail other device accessories purchased to support client participation in services.
 - iii. Client(s) name and device (phone/tablet) and/or accessories received.
 - iv. Number of devices used to support client services on-site (for example, a shared tablet at residential facility or lobby, to facilitate group sessions, field services, etc.); including the following information:
 - (1) location/site;
 - (2) service provided using the device(s); and
 - (3) number of clients served.

M. Eden Light Tree Apartments – No Place Like Home (NPLH) Units

1. Services

- a. Contractor shall provide .5 FTE PSC II (NPLH Coordinator) for the Eden Light Tree housing project. The NPLH Coordinator will be on site and will work with the Eden Light Tree Service Coordinator, property management, and other BHRS staff or BHRS contracted case managers who work with other NPLH tenants at Light Tree Apartments. In addition, the Contractor may be a service provider to their enrolled clients who reside at Light Tree Apartments.
- b. MHA will oversee the NPLH Coordinator duties that are described in the Memorandum of Understanding (MOU) established by mutual agreement with Eden Housing and BHRS.
- c. The NPLH Coordinator duties should also follow the Supportive Services Plan Attachment A- NPLH Supportive Services Plan.
- d. The NPLH Coordinator will be responsible for data entry into the Homeless Management Information System (HMIS) upon client leasing up into a NPLH unit and then on an annual basis after that. The NPLH Coordinator will work with Light Tree Apartment's property management and the client's treatment team to obtain any information needed for the data entry into HMIS.
- e. A management representative from MHA will attend a Monthly Operations Meeting which would include all project partners.

2. Duties

The duties of NPLH site coordinator may include but are not limited to the following:

- a. Maintain regular posted hours on site.
- b. The coordinator will attend weekly tenant review meetings and will be adequately knowledgeable about the status of each NPLH unit.
- c. Assist property managers with lease-up and occupancy of apartments, which would include orientation and engagement with resident services coordinator and property management.

- d. Act as on-site coordinator of all NPLH apartments.
- e. Outreach to NPLH tenants to ascertain needs and current status. Communicate with assigned case manager as needed.
- f. Provide supportive counseling and resource information to NPLH tenants in coordination with assigned case manager.
- g. In coordination with assigned case manager may assist with housing retention skills to include cleaning instruction, landlord tenant relations, eviction prevention. Encourage social and recreational involvement and participation in building activities.
- h. Communicate with assigned case manager to coordinate and delineate roles and responsibilities of on-site coordinator and assigned case manager.
- i. Convene regular discussion with assigned case managers, supervisors to develop and monitor the services provided on site. Promote understanding of NPLH service plan and brainstorm ways to address challenges in service delivery.
- j. Will be knowledgeable of the principles of supportive housing and the skills and knowledge needed by supportive housing case managers.
- k. Communicate regularly with Resident Service Coordinator. Serve as an intermediary between Resident Services, Property Management and the NPLH tenants in coordination with assigned case manager.
- l. In coordination with assigned case manager's agency, a 24 hour/ 7 day a week response plan will be developed for handling crisis issues involving NPLH tenants.

III. ADMINISTRATIVE REQUIREMENTS

A. Quality Management and Compliance

1. 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.

2. 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.

3. 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:

- a. Medications are logged in, verified, counted and added to inventory sheets.
- b. 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.
- c. Medications intended for external use only are stored separately from medications intended for internal use; food and blood samples are stored in separate refrigerators.
- d. All medications are stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit.
- e. Medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense, or administer medication.
- f. Medications are disposed of after the expiration date and recorded.

- g. Injectable multi-dose vials are dated and initialed when opened.
- h. 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.
- i. “Stock” medications that are not prescribed by the client’s physician may not be used (for example, Tylenol).

4. Record Retention

Paragraph 14 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.

5. 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 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 Paragraph II. of this Exhibit). 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.

6. 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.

7. Client Rights and Satisfaction Surveys

a. Administering Satisfaction Surveys

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

b. 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.

c. Advance Directives

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

8. 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>.

9. 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.

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

- a. 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.
- b. 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.
- c. 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:
 - 1) 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;
 - 2) 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

- 3) Agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.

d. 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>.

11. Site Certification

- a. Contractor will comply with all site certification requirements
- b. Contractor is required to inform BHRS Quality Management, in advance, of the following major changes:
 - 1) Major leadership or staffing changes.
 - 2) Major organizational and/or corporate structure changes (example: conversion to non-profit status).
 - 3) 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.
 - 4) Significant changes in the physical plant of the provider site (some physical plant changes could require a new fire or zoning clearance).
 - 5) Change of ownership or location.
 - 6) Complaints regarding the provider.

12. Critical Incident Reporting

Contractor is required to submit Critical Incident reports to BHRS Quality Management on the same day of the incident or within 24 hrs. 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, including but not limited to participation in quality improvement meetings,

provision of all information requested by the County relevant to the incident, and Contractor staff cooperation.

13. Ineligible Employees

BHRS requires that contractors comply with Federal requirements as outlined in 42 CFR (438.608) Managed Care Regulations. Contractors must identify the eligibility of employees, interns, or volunteers prior to hiring and on a monthly basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to clients of BHRS 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) should a current employee, intern, or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns, and volunteers by following procedures included in BHRS Policy # 04-01, which can be found online at: <http://www.smchealth.org/bhrs-policies/compliance-policy-funded-services-provided-contracted-organizational-providers-04-01>. 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 a plan to correct to address the matter.

- a. Credentialing Check – Initial
During the initial contract process, BHRS will send a packet of contract documents that are to be completed by the Contractor and returned to BHRS. Attachment F – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment F and return it along with all other contract forms.
- b. Credentialing Check – Monthly
Contractor will complete Attachment F – Agency/Group Credentialing Information each month and submit the completed form to BHRS Quality Management via email at: HS_BHRS_QM@smcgov.org or via a secure electronic format.

14. 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 located at <http://smchealth.org/bhrs-documents>. 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.

Contractor is required to conduct, complete and maintain record of annual compliance 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>.

15. Fingerprint Compliance

Contractor certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom the Contractor's employees, trainees and/or its subcontractors, assignees, or volunteers have contact. Contractor shall have a screening process in place to ensure that employees who have positive fingerprints shall:

- a. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the contractor; OR
- b. Obtain a waiver from Community Care Licensing allowing the employee to provide services to individuals with whom they have contact as a part of their employment with the contractor.

A certificate of fingerprinting certification is attached hereto and incorporated by reference herein as Attachment E.

16. Staff Termination

Contractor shall inform BHRS when staff have been terminated prior to or at the time of separation. 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. Termination of computer access needs to be simultaneous with the departure of staff, not after or later.

17. Minimum Staffing

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.

B. 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 Office of Diversity & Equity (ODE) at 650- 573-2714 or ode@smcgov.org.

1. 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 Analyst/Program Manager and the Office of Diversity & Equity (ODE) by September 30th of the fiscal year.

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

- a. Implementation of policies and practices that are related to promoting diversity and cultural competence, such as ongoing organizational assessments on disparities and needs, client's rights to receive language assistance.
- b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee, grievance, or conflict resolution committee).
- c. Ongoing collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation in health records to improve service provision and help in planning and implementing CLAS standards.
- d. 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.)
- e. 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 including the CLAS and use of interpreters.

2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend a Health Equity Initiative (HEI), including but not limited to the Diversity & Equity Council (DEC), for the term of the Agreement. Participation in an HEI/DEC allows for the dissemination of CLAS as well as ongoing collaborations with diverse stakeholders. Contractor shall submit to BHRS Office of Diversity and Equity (ODE) by March 31st, a list of staff who have participated in these efforts. For more information about the HEI/DEC, and other cultural competence efforts within BHRS, contact ODE or visit <https://www.smchealth.org/health-equity-initiatives>.
3. 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 their BHRS Analyst/Program Manager for consultation. If additional language resources are needed, please contact ODE.
4. 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 ODE by March 31st, copies of Contractor's health-related materials in English and as translated.
5. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the BHRS Analyst/Program Manager and ODE (ode@smcgov.org) to plan for appropriate technical assistance.

C. 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.

D. 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.

E. 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.

IV. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

A. Satisfaction

Goal: To enhance clients' satisfaction with the services provided.

Objective 1: At least ninety percent (90%) of customer survey respondents will rate services as good or better.

Objective 2: At least ninety percent (90%) of customer survey respondents will rate access to mental health services as good or better.

Objective 3: At least ninety percent (90%) of tenants will express satisfaction with the property management services.

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

B. Shelter

Goal: Contractor shall increase the independence of clients by assisting them in obtaining any and all necessary support services (e.g., financial assistance, housing, medical/psychiatric services, etc.) to facilitate a higher level of self-sufficiency.

Objective: A minimum of fifty percent (50%) of clients shall obtain stable (permanent or transitional) housing upon discharge.

Data collection to be completed by the Contractor.

C. Outpatient Services/Rehabilitation Services and Continuum of Care Permanent Supportive Housing Project (SHP)

1. Hospitalizations

Goal: To increase or maintain the client's ability to remain in the community and out of the hospital.

Objective: No more than fifteen percent (15%) of the clients in each of the programs listed in this Paragraph II. B. shall be hospitalized.

Data to be collected by Contractor.

Note: Contractor shall establish baseline data for the contract year in order to set realistic outcomes for subsequent contract years.

2. Homeless

Goal: To increase or maintain the client's ability to remain in community housing and not becoming homeless.

Objective: No more than five percent (5%) of clients in each of the programs listed in this Paragraph II.B. shall become homeless.

Data collection to be completed by Contractor.

3. Employment

Goal: To increase or maintain the client's ability to work in paid or unpaid positions, or actively seeking employment.

Objective: There shall be an increase of at least five percent (5%) in the number of clients in each of the programs listed in this Paragraph II.B. who are working in paid or unpaid positions, or actively seeking employment.

Note: Contractor shall establish baseline data for the contract year in order to set realistic outcomes for subsequent contract years.

Data collection to be completed by Contractor.

4. Incarcerations

Goal: To increase or maintain the client's ability to remain in the community and not being incarcerated.

Objective: No more than five percent (5%) of clients in each of the programs listed in this Paragraph II.B. shall be incarcerated.

Data collection to be completed by Contractor.

5. MHSA funded Full Service Partnership Housing Support Program

Goal: To increase or maintain the probability of clients remaining in housing.

Objective: At least eighty-five percent (85%) of situations that could result in eviction will be resolved without loss of housing for tenant.

To document success in meeting this objective, Contractor will develop, and submit to the County, a list of primary actions or behaviors that typically lead to eviction and a mechanism for tracking when those behaviors occur, what specific actions were taken to ameliorate the situation, and whether or not a loss of housing was avoided.

The overall evaluation of the program will be determined by tenants successfully maintaining housing. This will be tracked monthly by Contractor and reported to County.

D. Lived Experience Scholarship Fund

Goal: To provide accountability and oversight of the Lived Experience Scholarship Fund to prepare workforce with lived experience entry into the broad field of behavioral health and recovery services.

Objective: One hundred percent (100%) of the Scholarship Recipients will complete coursework in behavioral healthcare the semester the scholarship is awarded.

Data collection to be completed by Contractor.

*** END OF EXHIBIT A***

EXHIBIT B – PAYMENTS AND RATES
 MENTAL HEALTH ASSOCIATION OF SAN MATEO COUNTY
 FY 2023 – 2026

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

I. PAYMENTS

In full consideration of the services provided by Contractor under this Agreement and subject to the provisions of Paragraph 3 of this Agreement, County shall pay Contractor in the manner described below:

A. Maximum Obligation

The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement.

In any event, the maximum amount County shall be obligated to pay for all services rendered under this contract shall not exceed SEVEN MILLION NINE HUNDRED EIGHTY-NINE THOUSAND EIGHT HUNDRED SIXTY-SIX DOLLARS (\$7,989,866).

County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement for the period July 1, 2023 through June 30, 2026:

1. FY 2023-2024

<u>Service Component</u>	<u>Maximum Amount</u>
Emergency Housing/Shelter (Spring St. Shelter)	\$552,340
Outpatient Services/Rehabilitative Services	
CHRIS Program	67,687
Services to clients in the community	416,444
Supported Housing Project (Belmont Apts.)	259,504
Supported Housing Project (Cedar Street Apts.)	148,972
Supported Housing Project (Waverly Place)	171,309
Supported Housing Project (Eden Housing – NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Transportation	<u>1,197</u>
Total Outpatient Services/Rehabilitative Services	\$1,138,698
Friendship Center/Community Friends	\$100,465
Flexible Funds	
Flexible Funds	37,514
Flexible Funds administration	7,535
Stipend Funds	9,820

Stipend Funds administration	1,214
Pathways Flexible Fund	29,459
Pathways Flexible Fund Administration	3,641
Service Connect Flexible Fund	29,459
Service Connect Flexible Fund Administration	3,641
NMT Flexible Fund	10,801
NMT Flexible Fund Administration	1,335
Veteran's Treatment Court Flexible Fund	15,600
Total Wellness Flexible Fund	5,401
Total Wellness Flexible Fund Administration	668
Lived Experience Scholarship Fund	10,801
Lived Experience Scholarship Administration	1,335
Pathways Grant Flex Fund	16,551
Pathways Grant Flex Fund Administration	1,820
Total Flexible Funds	\$186,595
Shelter Plus Care Project Coordination	\$83,412
Continuum of Care Supported Housing Project (SHP)	\$23,752
Property Management	\$80,235
MHSA Supported Housing (TAY)	\$451,625
Salary	\$44,800
TOTAL FY 2023-24 OBLIGATION	\$2,661,922

2. FY 2024-2025

<u>Service Component</u>	<u>Maximum Amount</u>
Emergency Housing/Shelter (Spring St. Shelter)	\$552,340
Outpatient Services/Rehabilitative Services	
CHRIS Program	67,687
Services to clients in the community	416,444
Supported Housing Project (Belmont Apts.)	259,504
Supported Housing Project (Cedar Street Apts.)	148,972
Supported Housing Project (Waverly Place)	171,309
Supported Housing Project (Eden Housing – NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Transportation	1,197
Total Outpatient Services/Rehabilitative Services	\$1,138,698
Friendship Center/Community Friends	\$100,465
Flexible Funds	
Flexible Funds	37,514
Flexible Funds administration	7,535
Stipend Funds	9,820
Stipend Funds administration	1,214
Pathways Flexible Fund	29,459
Pathways Flexible Fund Administration	3,641
Service Connect Flexible Fund	29,459
Service Connect Flexible Fund Administration	3,641
NMT Flexible Fund	10,801
NMT Flexible Fund Administration	1,335
Veteran's Treatment Court Flexible Fund	15,600
Total Wellness Flexible Fund	5,401
Total Wellness Flexible Fund Administration	668
Lived Experience Scholarship Fund	10,801
Lived Experience Scholarship Administration	1,335
Pathways Grant Flex Fund	16,551
Pathways Grant Flex Fund Administration	1,820

Total Flexible Funds	\$186,595
Shelter Plus Care Project Coordination	\$83,412
Continuum of Care Supported Housing Project (SHP)	\$23,752
Property Management	\$80,235
MHSA Supported Housing (TAY)	\$451,625
Salary	\$46,200
TOTAL FY 2024-25 OBLIGATION	\$2,663,322

2. FY 2025-2026

Emergency Housing/Shelter (Spring St. Shelter)	\$552,340
Outpatient Services/Rehabilitative Services	
CHRIS Program	67,687
Services to clients in the community	416,444
Supported Housing Project (Belmont Apts.)	259,504
Supported Housing Project (Cedar Street Apts.)	148,972
Supported Housing Project (Waverly Place)	171,309
Supported Housing Project (Eden Housing – NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Transportation	<u>1,197</u>
Total Outpatient Services/Rehabilitative Services	\$1,138,698
Friendship Center/Community Friends	\$100,465
Flexible Funds	
Flexible Funds	37,514
Flexible Funds administration	7,535
Stipend Funds	9,820
Stipend Funds administration	1,214
Pathways Flexible Fund	29,459
Pathways Flexible Fund Administration	3,641
Service Connect Flexible Fund	29,459
Service Connect Flexible Fund Administration	3,641
NMT Flexible Fund	10,801
NMT Flexible Fund Administration	1,335
Veteran's Treatment Court Flexible Fund	15,600
Total Wellness Flexible Fund	5,401
Total Wellness Flexible Fund Administration	668
Lived Experience Scholarship Fund	10,801
Lived Experience Scholarship Administration	1,335
Pathways Grant Flex Fund	16,551
Pathways Grant Flex Fund Administration	<u>1,820</u>
Total Flexible Funds	\$186,595
Shelter Plus Care Project Coordination	\$83,412
Continuum of Care Supported Housing Project (SHP)	\$23,752
Property Management	\$80,235
MHSA Supported Housing (TAY)	\$451,625
Salary	\$47,500
TOTAL FY 2025-26 OBLIGATION	\$2,664,622

B. Rate of Payment

1. FY 2023-2024

The maximum amount County shall be obligated to pay Contractor for services listed below shall not exceed TWO MILLION FOUR

HUNDRED SEVENTY-FIVE THOUSAND THREE HUNDRED TWENTY-SEVEN DOLLARS (\$2,475,327). The rate of payment by County to Contractor shall be one-twelfth (1/12th) of the maximum amount, per year, per month, or TWO HUNDRED SIX THOUSAND TWO HUNDRED SEVENTY-SEVEN DOLLARS AND TWENTY-FIVE CENTS (\$206,277.25).

<u>Service Component</u>	<u>Maximum Amount</u>
Emergency Housing/Shelter (Spring Street Shelter)	\$ 552,340
Outpatient Services/Rehabilitative Services	1,065,113
Friendship Center/Community Friends	100,465
Shelter Plus Care Project Coordination	83,412
Supportive Housing Project (SHP)	23,752
Property Management	80,235
MHSA Supported Housing (TAY)	451,625
Supported Housing Project (Eden Housing - NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Salary	44,800
Total	\$ 2,475,327
1/12th payment per month	\$206,277.25

2. FY 2024-2025

The maximum amount County shall be obligated to pay Contractor for services listed below shall not exceed TWO MILLION FOUR HUNDRED SEVENTY-SIX THOUSAND SEVEN HUNDRED TWENTY-SEVEN DOLLARS (\$2,476,727). The rate of payment by County to Contractor shall be one-twelfth (1/12th) of the maximum amount, per year, per month, or TWO HUNDRED SIX THOUSAND THREE HUNDRED NINETY-THREE DOLLARS AND NINETY-ONE CENTS (\$206,393.91).

<u>Service Component</u>	<u>Maximum Amount</u>
Emergency Housing/Shelter (Spring Street Shelter)	\$ 552,340
Outpatient Services/Rehabilitative Services	1,065,113
Friendship Center/Community Friends	100,465
Shelter Plus Care Project Coordination	83,412
Supportive Housing Project (SHP)	23,752
Property Management	80,235
MHSA Supported Housing (TAY)	451,625
Supported Housing Project (Eden Housing - NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Salary	46,200
Total	\$ 2,476,727
1/12th payment per month	\$206,393.91

3. FY 2025-2026

The maximum amount County shall be obligated to pay Contractor for services listed below shall not exceed TWO MILLION FOUR HUNDRED SEVENTY-EIGHT THOUSAND TWENTY-SEVEN DOLLARS (\$2,478,027). The rate of payment by County to Contractor shall be one-twelfth (1/12th) of the maximum amount, per year, per month, or TWO HUNDRED SIX THOUSAND FIVE HUNDRED TWO DOLLARS AND TWENTY-FIVE CENTS (\$206,502.25).

<u>Service Component</u>	<u>Maximum Amount</u>
Emergency Housing/Shelter (Spring Street Shelter)	\$ 552,340
Outpatient Services/Rehabilitative Services	1,065,113
Friendship Center/Community Friends	100,465
Shelter Plus Care Project Coordination	83,412
Supportive Housing Project (SHP)	23,752
Property Management	80,235
MHSA Supported Housing (TAY)	451,625
Supported Housing Project (Eden Housing - NPLH Units)	36,145
Housing Support Services (Caminar YAIL)	37,440
Salary	47,500
Total	\$ 2,478,027
1/12th payment per month	\$206,502.25

C. Flexible Funds, Stipend Funds, Pathways Flexible Fund, Total Wellness Flexible Fund, Service Connect Flexible Fund, NMT Flexible Fund, Lived Experience Scholarship Fund, Pathways Grant Flex Funds, and Veterans Treatment Court Flexible Fund

1. FY 2023-2024

a. Adult Flexible Funds

The maximum amount shall not exceed FORTY-FIVE THOUSAND FORTY-NINE DOLLARS (\$45,049) for the Adult Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

i. The maximum Adult Flexible Fund expenditures amount is THIRTY-SEVEN THOUSAND FIVE HUNDRED FOURTEEN DOLLARS (\$37,514). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or TEN THOUSAND

EIGHT HUNDRED TWENTY-ONE DOLLARS (\$11,254).

- ii. Contractor is entitled to SEVEN THOUSAND FIVE HUNDRED THIRTY-FIVE DOLLARS (\$7,535) for administrative costs for managing the Adult Flexible Fund.

b. Stipend Funds

Subject to the availability of State funding, Contractor shall receive a maximum of ELEVEN THOUSAND THIRTY-FOUR DOLLARS (\$11,034) for the Stipend Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Stipend Fund expenditures amount is NINE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$9,820).
- ii. Contractor is entitled to ONE THOUSAND ONE HUNDRED SIXTY-SEVEN DOLLARS (\$1,214) for administrative costs for managing the Stipend Fund.

c. Pathways Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Pathways Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Pathways Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).
- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for administrative costs for managing the Pathways Flexible Fund.

d. Total Wellness Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of FIVE THOUSAND EIGHT HUNDRED THIRTY-FIVE DOLLARS (\$6,069) for the Total Wellness Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Total Wellness Flexible Fund expenditures amount is FIVE THOUSAND FOUR HUNDRED ONE DOLLARS (\$5,401).
- ii. Contractor is entitled to SIX HUNDRED SIXTY-EIGHT DOLLARS (\$668) for administrative costs for managing the Total Wellness Flexible Fund.

e. Lived Experience Scholarship Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the Lived Experience Scholarship Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Lived Experience Scholarship Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the Lived Experience Scholarship Fund.

f. Service Connect Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Service Connect Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Service Connect Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459).

At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).

- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for administrative costs for managing the Service Connect Flexible Fund.

g. NMT Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the NMT Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum NMT Flexible Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the NMT Flexible Fund.

h. Pathways Grant Flex Fund

Subject to the availability of State funding, Contractor shall receive a maximum of EIGHTEEN THOUSAND THREE HUNDRED SEVENTY-ONE DOLLARS (\$18,371) for the Pathways Grant Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services providing supporting documentation (Attachment FF - Flex Fund Authorization Form – example attached) and summary totals of such forms that agree to the amount invoiced.

- i. The maximum Pathways Grant Flexible Fund expenditures amount is SIXTEEN THOUSAND FIVE

HUNDRED FIFTY-ONE DOLLARS (\$16,551). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or FOUR THOUSAND NINE HUNDRED SIXTY-FIVE DOLLARS (\$4,965).

ii. Contractor is entitled to ONE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$1,820) for administrative costs for managing the Pathways Grant Flexible Fund.

i. Veteran's Treatment Court Flexible Fund

Subject to the availability of federal grant funding, Contractor shall receive a maximum of FIFTEEN THOUSAND DOLLARS (\$15,600) for the Veteran's Treatment Court Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

2. FY 2024-2025

a. Adult Flexible Funds

The maximum amount shall not exceed FORTY-FIVE THOUSAND FORTY-NINE DOLLARS (\$45,049) for the Adult Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

i. The maximum Adult Flexible Fund expenditures amount is THIRTY-SEVEN THOUSAND FIVE HUNDRED FOURTEEN DOLLARS (\$37,514). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or TEN THOUSAND EIGHT HUNDRED TWENTY-ONE DOLLARS (\$11,254).

ii. Contractor is entitled to SEVEN THOUSAND FIVE HUNDRED THIRTY-FIVE DOLLARS (\$7,535) for administrative costs for managing the Adult Flexible Fund.

b. Stipend Funds

Subject to the availability of State funding, Contractor shall receive a maximum of ELEVEN THOUSAND THIRTY-FOUR DOLLARS (\$11,034) for the Stipend Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Stipend Fund expenditures amount is NINE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$9,820).
- ii. Contractor is entitled to ONE THOUSAND ONE HUNDRED SIXTY-SEVEN DOLLARS (\$1,214) for administrative costs for managing the Stipend Fund.

c. Pathways Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Pathways Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Pathways Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).
- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for administrative costs for managing the Pathways Flexible Fund.

d. Total Wellness Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of FIVE THOUSAND EIGHT HUNDRED THIRTY-FIVE DOLLARS (\$6,069) for the Total Wellness Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the

fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Total Wellness Flexible Fund expenditures amount is FIVE THOUSAND FOUR HUNDRED ONE DOLLARS (\$5,401).
- ii. Contractor is entitled to SIX HUNDRED SIXTY-EIGHT DOLLARS (\$668) for administrative costs for managing the Total Wellness Flexible Fund.

e. Lived Experience Scholarship Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the Lived Experience Scholarship Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Lived Experience Scholarship Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the Lived Experience Scholarship Fund.

f. Service Connect Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Service Connect Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Service Connect Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).
- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for

administrative costs for managing the Service Connect Flexible Fund.

g. NMT Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the NMT Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum NMT Flexible Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the NMT Flexible Fund.

h. Pathways Grant Flex Fund

Subject to the availability of State funding, Contractor shall receive a maximum of EIGHTEEN THOUSAND THREE HUNDRED SEVENTY-ONE DOLLARS (\$18,371) for the Pathways Grant Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services providing supporting documentation (Attachment FF - Flex Fund Authorization Form – example attached) and summary totals of such forms that agree to the amount invoiced.

- i. The maximum Pathways Grant Flexible Fund expenditures amount is SIXTEEN THOUSAND FIVE HUNDRED FIFTY-ONE DOLLARS (\$16,551). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or FOUR THOUSAND NINE HUNDRED SIXTY-FIVE DOLLARS (\$4,965).
- ii. Contractor is entitled to ONE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$1,820) for

administrative costs for managing the Pathways Grant Flexible Fund.

i. Veteran's Treatment Court Flexible Fund

Subject to the availability of federal grant funding, Contractor shall receive a maximum of FIFTEEN THOUSAND DOLLARS (\$15,600) for the Veteran's Treatment Court Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

3. FY 2025 – 2026

Subject to the availability of State funding, Contractor shall receive the following:

a. Adult Flexible Funds

The maximum amount shall not exceed FORTY-FIVE THOUSAND FORTY-NINE DOLLARS (\$45,049) for the Adult Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

i. The maximum Adult Flexible Fund expenditures amount is THIRTY-SEVEN THOUSAND FIVE HUNDRED FOURTEEN DOLLARS (\$37,514). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or TEN THOUSAND EIGHT HUNDRED TWENTY-ONE DOLLARS (\$11,254).

ii. Contractor is entitled to SEVEN THOUSAND FIVE HUNDRED THIRTY-FIVE DOLLARS (\$7,535) for administrative costs for managing the Adult Flexible Fund.

b. Stipend Funds

Subject to the availability of State funding, Contractor shall receive a maximum of ELEVEN THOUSAND THIRTY-FOUR DOLLARS (\$11,034) for the Stipend Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to

County. Contractor shall invoice the County monthly for such services.

- i. The maximum Stipend Fund expenditures amount is NINE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$9,820).
- ii. Contractor is entitled to ONE THOUSAND ONE HUNDRED SIXTY-SEVEN DOLLARS (\$1,214) for administrative costs for managing the Stipend Fund.

c. Pathways Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Pathways Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Pathways Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).
- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for administrative costs for managing the Pathways Flexible Fund.

d. Total Wellness Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of FIVE THOUSAND EIGHT HUNDRED THIRTY-FIVE DOLLARS (\$6,069) for the Total Wellness Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Total Wellness Flexible Fund expenditures amount is FIVE THOUSAND FOUR HUNDRED ONE DOLLARS (\$5,401).
- ii. Contractor is entitled to SIX HUNDRED SIXTY-EIGHT DOLLARS (\$668) for administrative costs for managing the Total Wellness Flexible Fund.

e. Lived Experience Scholarship Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the Lived Experience Scholarship Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the fiscal year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Lived Experience Scholarship Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the Lived Experience Scholarship Fund.

f. Service Connect Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of THIRTY-THREE THOUSAND ONE HUNDRED DOLLARS (\$33,100) for the Service Connect Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum Service Connect Flexible Fund expenditures amount is TWENTY-NINE THOUSAND FOUR HUNDRED FIFTY-NINE DOLLARS (\$29,459). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or EIGHT THOUSAND EIGHT HUNDRED THIRTY-EIGHT DOLLARS (\$8,838).
- ii. Contractor is entitled to THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641) for administrative costs for managing the Service Connect Flexible Fund.

g. NMT Flexible Fund

Subject to the availability of State funding, Contractor shall receive a maximum of TWELVE THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$12,136) for the NMT

Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- i. The maximum NMT Flexible Fund expenditures amount is TEN THOUSAND EIGHT HUNDRED ONE DOLLARS (\$10,801). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or THREE THOUSAND SIX HUNDRED FORTY-ONE DOLLARS (\$3,641).
- ii. Contractor is entitled to ONE THOUSAND THREE HUNDRED THIRTY-FIVE DOLLARS (\$1,335) for administrative costs for managing the NMT Flexible Fund.

h. Pathways Grant Flex Fund

Subject to the availability of State funding, Contractor shall receive a maximum of EIGHTEEN THOUSAND THREE HUNDRED SEVENTY-ONE DOLLARS (\$18,371) for the Pathways Grant Flexible Fund expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services providing supporting documentation (Attachment FF - Flex Fund Authorization Form – example attached) and summary totals of such forms that agree to the amount invoiced.

- i. The maximum Pathways Grant Flexible Fund expenditures amount is SIXTEEN THOUSAND FIVE HUNDRED FIFTY-ONE DOLLARS (\$16,551). At the beginning of the contract year, Contractor may request an advance of up to thirty percent (30%) of the maximum expenditure amount or FOUR THOUSAND NINE HUNDRED SIXTY-FIVE DOLLARS (\$4,965).
- ii. Contractor is entitled to ONE THOUSAND EIGHT HUNDRED TWENTY DOLLARS (\$1,820) for administrative costs for managing the Pathways Grant Flexible Fund.

i. Veteran's Treatment Court Flexible Fund

Subject to the availability of federal grant funding, Contractor shall receive a maximum of FIFTEEN THOUSAND DOLLARS (\$15,600) for the Veteran's Treatment Court Flexible Fund

expenditures and administrative costs. Any unexpended funds remaining with Contractor at the end of the contract year shall be returned to County. Contractor shall invoice the County monthly for such services.

- D. Contractor's annual FY 2023-2026 budget is attached and incorporated into this Agreement as Exhibit C.
- E. Contractor will be responsible for all expenses incurred during the performance of services rendered under this Agreement.
- F. Modifications to the allocations in Paragraph A of this Exhibit B may be approved by the Chief of San Mateo County Health or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
- G. The Chief of San Mateo County Health or designee is authorized to execute contract amendments which modify the County's maximum fiscal obligation by no more than \$25,000 (in aggregate), and/or modify the contract term and/or services so long as the modified term or services is/are within the current or revised fiscal provisions.
- H. 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.
- I. In the event this Agreement is terminated prior to June 30, 2026, 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 Chief of San Mateo County Health or designee.
- J. Disallowances that are attributable to an error or omission on the part of County shall be the responsibility of County. This shall include but not be limited to quality assurance (QA) audit disallowances as a result of QA Plan error or format problems with County-designed service documents.
- K. The contracting parties shall be subject to the examination and audit of the Department of Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).
- L. At any point during the Agreement term, Contractor shall comply with all reasonable requests by County to provide a report accounting for the Grant Funds distributed by the County to the Contractor to-date.

M. Monthly Invoice and Payment

1. Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. The invoice shall clearly summarize direct and indirect services (if applicable) for which claim is made.

- a. Direct Services/Claims

Completed Service Reporting Forms or an electronic services file will accompany the invoice and provide back-up detail for the invoiced services. The Service Reporting Forms will be provided by County, or be in a County approved format, and will be completed by Contractor according to the instructions accompanying the Service Reporting Forms. County reserves the right to change the Service Report Forms, instructions, and/or require the Contractor to modify their description of services as the County deems necessary. The electronic services file shall be in the County approved Avatar record format.

- b. Indirect Services/Claims

Indirect services (services that are not claimable on the Service Reporting Form or electronically) shall be claimed on the invoice and shall be billed according to the guidelines specified in the contract.

2. Payment by County to Contractor shall be monthly. Claims that are received after the tenth (10th) working day of the month are considered to be late submissions and may be subject to a delay in payment. Claims that are received 180 days or more after the date of service are considered to be late claims. County reserves the right to deny invoices with late claims or claims for which completed service reporting forms or electronic service files are not received. Claims may be sent to:

County of San Mateo
Behavioral Health and Recovery Services
Attn: Contracts Unit
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403

- N. 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 San Mateo County Health or designee.

- 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. County May Withhold Payment

Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement including 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 BHRS Quality Improvement Manager. Contractor shall meet quarterly with County contract monitor, as designated by the BHRS Deputy Director, Adult and Older Adults, to review documentation and billing reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies.

Q. Inadequate Performance

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, to review documentation, billing and/or other reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies. This Agreement may 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.

R. Cost Report

- 1. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the end of the fiscal year. 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 along with the Cost Report.

2. If the annual Cost Report provided to County shows that total payment to Contractor exceed the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the BHRS Director or designee. By mutual agreement of County and Contractor, contract savings or “rollover” may be retained by Contractor and expended the following year, provided that these funds are expended for mental health services approved by County and are retained in accordance with Paragraph S of this Exhibit B.

S. 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 S of this Exhibit B. 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 other third-parties before billing Medi-Cal for services provided by Contractor through this Agreement. 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 S of this Exhibit B. 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 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.

T. 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.

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 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 this 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 of this Agreement 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 specialty mental health services included in the claim, all requirements for Contractor payment authorization for 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.
 - 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 Paragraph III.A.4. of Exhibit A 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.

V. Unspent Funds

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. With the projected calculation Contractor shall return the amount of the savings.
- 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.
5. 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.

*** END OF EXHIBIT B ***

Attachment C
Election of Third Party Billing Process

Effective July 1, 2005, San Mateo County Behavioral Health and Recovery Services (SMCBHRS) will be required to bill all other insurance (including Medicare) before billing Medi-Cal for beneficiaries who have other coverage in addition to Medi-Cal. This is called "serial billing." All claims sent to Medi-Cal without evidence of other insurance having been billed first will be denied.

In order to comply with the serial billing requirement, you must elect which of the two following options to use in our contract with you. In either case, you will need to establish the eligibility of your clients through the completion of the standard form (Payor Financial Form) used to collect this information. Please select and complete one of the two options below:

Option One

Our agency will bill other insurance and provide SMCBHRS with a copy of the Explanation of Benefits provided by that insurance plan before billing SMCBHRS for the remainder.

We _____ (provider name) elect option one.

Signature of authorized agent

Name of authorized agent

Telephone number

Option Two

Our agency will provide information to San Mateo County Behavioral Health and Recovery Services (SMCBHRS) so that SMCBHRS may bill other insurance before billing Medi-Cal on our agency's behalf. This will include completing the attached client Payor Financial Form and providing it to the SMCBHRS Billing Office with the completed "assignment" that indicates the client's permission for SMCBHRS to bill their insurance.

We _____ (provider name) elect option two.

Mental Health Association of San Mateo County
Signed by: _____

Melissa Platte, Executive Director

Signature of authorized agent

Melissa Platte

Name of authorized agent

6502578814

Telephone number

Please note if your agency already bills private insurance including Medicare for services you provide, then you must elect Option One. This is to prevent double billing. Please return this completed form to:

Doreen Avery, Revenue and Reimbursement Manager
Behavioral Health and Recovery Services
2000 Alameda de las Pulgas, Suite 280
San Mateo, CA 94403
(650) 573-2284

Attachment D – Agency Payor Financial

Client ID <i>(Do name search)</i> :	Client Date of Birth (Required):	SSN (Required):
Last Name:	First Name:	M.I.
Alias or other names used:	Undocumented? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does Client have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Share of Cost Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Client's Medi-Cal Number (CIN Number)? _____ Please attach copy of MEDS screen. If client has Full Scope Medi-Cal and no other insurance coverage, skip the remaining sections of this form and fax to MIS/Billing Unit (650) 573-2110. Is client potentially eligible for Medi-Cal benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Client referred to Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Referral: _____ Is this a Court-ordered Placement? <input type="checkbox"/> Yes <input type="checkbox"/> No Does Client have Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check all that apply ___ Part A ___ Part B ___ Part D What is the Client's Medicare Number (HIC Number)? _____ Signed Assignment of Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach copy of Medicare card		
Responsible Party's Information (Guarantor): Name: _____ Phone: _____ Relationship to Client: _____ <input type="checkbox"/> Self Address: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Refused to provide Financial Information and will be charged full cost of service.		
3rd Party Health Insurance Information Health Plan or Insurance Company (Not employer) Company Name: _____ Policy Number: _____ Street Address: _____ Group Number: _____ City: _____ Name of Insured Person: _____ State: _____ Zip: _____ Relationship to Client: _____ Insurance Co. phone number: _____ SSN of Insured Person (if other than client): _____ Please attach copy of insurance card (front & back) Signed Assignment of Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does the client have Healthy Kids Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach copy of insurance card (front & back)		
Does the client has HealthWorx Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach copy of insurance card (front & back)		
<p align="center">Client Authorization</p> I affirm that the statements made herein are true and correct. I understand that I am responsible for paying the UMDAP liability amount or cost of treatment received by myself or by members of my household during each 1-year period. If the cost of service is more than the UMDAP liability amount, I will pay the lesser amount. It is my responsibility and I agree to provide verification of income, assets and expenses. If I do not authorize, I will be billed in full for services received. I authorize San Mateo County Mental Health to bill all applicable mental health services to Medi-Care and/or my insurance plan, including any services provided un 26.5. I authorize payment of healthcare benefits to San Mateo County Mental Health. _____ _____ Signature of Client or Authorized Person Date		
Client refused to sign Authorization: <input type="checkbox"/> Please check, if applicable Date: _____ Reason _____ Name of Interviewer: _____ Phone Number: _____ Best time to contact _____ Fax completed copy to: MIS/Billing Unit (650) 573-2110		

ATTACHMENT E

FINGERPRINTING CERTIFICATION

Contractor hereby certifies that its employees, trainees, and/or its subcontractors, assignees, volunteers, and any other persons who provide services under this agreement, who have direct contact with any client will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of individuals with whom the Contractor's employees, trainees and/or its subcontractors, assignees, or volunteers have contact. Additionally, Contractor's employees, volunteers, consultants, agents, and any other persons who provide services under this Agreement and who has/will have supervisory or disciplinary power over a child (Penal Code Section 11105.3) (the "Applicant") shall be fingerprinted in order to determine whether each such Applicant has a criminal history which would compromise the safety of children with whom each such Applicant has/will have contact.

Contractor's employees, volunteers, consultants, agents, and any other persons who provide services under this Agreement will be fingerprinted and: (check a or b)

a. do NOT exercise supervisory or disciplinary power over children (Penal 11105.3).

b. do exercise supervisory or disciplinary power over children (Penal 11105.3).

Mental Health Association of San Mateo County

Name of Contractor

DocuSigned by:

Melissa Platte, Executive Director

Signature of Authorized Official

Melissa Platte

Name (please print)

Executive Director

Title (please print)

06/26/2023

Date

Attachment H

Health Insurance Portability and Accountability Act (HIPAA) Business Associate Requirements

DEFINITIONS

Terms used, but not otherwise defined, in this Schedule shall have the same meaning as those terms are defined in 45 Code of Federal Regulations (CFR) sections 160.103, 164.304, and 164.501. All regulatory references in this Schedule are to Title 45 of the Code of Federal Regulations unless otherwise specified.

- a. **Business Associate.** "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR 160.103, and in reference to the parties to this agreement shall mean Contractor.
- b. **Covered Entity.** "Covered entity" shall generally have the same meaning as the term "covered entity" at 45 CFR 160.103, and in reference to the party to this agreement shall mean County.
- c. **HIPAA Rules.** "HIPAA rules" shall mean the Privacy, Security, Breach Notification and Enforcement Rules at 45 CFR part 160 and part 164, as amended and supplemented by Subtitle D of the Health Information Technology for Economic and Clinical Health Act provisions of the American Recovery and Reinvestment Act of 2009.
- d. **Designated Record Set.** "Designated Record Set" shall have the same meaning as the term "designated record set" in Section 164.501.
- e. **Electronic Protected Health Information.** "Electronic Protected Health Information" (EPHI) means individually identifiable health information that is transmitted or maintained in electronic media; it is limited to the information created, received, maintained or transmitted by Business Associate from or on behalf of Covered Entity.
- f. **Individual.** "Individual" shall have the same meaning as the term "individual" in Section 164.501 and shall include a person who qualifies as a personal representative in accordance with Section 164.502(g).
- g. **Privacy Rule.** "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.
- h. **Protected Health Information.** "Protected Health Information" (PHI) shall have the same meaning as the term "protected health information" in Section 160.103 and is limited to the information created or received by Business Associate from or on behalf of County.
- i. **Required By Law.** "Required by law" shall have the same meaning as the term "required by law" in Section 164.103.
- j. **Secretary.** "Secretary" shall mean the Secretary of the United States Department of Health and Human Services or his or her designee.
- k. **Breach.** The acquisition, access, use, or disclosure of PHI in violation of the Privacy Rule that compromises the security or privacy of the PHI and subject to the exclusions set forth in Section 164.402. Unless an exception applies, an impermissible use or disclosure of PHI *is presumed* to be a breach, unless it can be demonstrated there is a low

probability that the PHI has been compromised based upon, at minimum, a four-part risk assessment:

1. Nature and extent of PHI included, identifiers and likelihood of re-identification;
 2. Identity of the unauthorized person or to whom impermissible disclosure was made;
 3. Whether PHI was actually viewed or only the opportunity to do so existed;
 4. The extent to which the risk has been mitigated.
- l. **Security Rule.** "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR Part 160 and Part 164, Subparts A and C.
- m. **Unsecured PHI.** "Unsecured PHI" is protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in relevant HHS guidance.
- n. **Security Incident.** "Security Incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system. "Security Incident" includes all incidents that constitute breaches of unsecured protected health information.

OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE

- a. Business Associate agrees to not use or further disclose Protected Health Information other than as permitted or required by the Agreement or as required by law.
- b. Business Associate agrees to use appropriate safeguards to comply with Subpart C of 45 CFR part 164 with respect to EPHI and PHI, and to prevent the use or disclosure of the Protected Health Information other than as provided for by this Agreement.
- c. Business Associate agrees to make uses and disclosures requests for Protected Health Information consistent with minimum necessary policy and procedures.
- d. Business Associate may not use or disclose protected health information in a manner that would violate subpart E of 45 CFR part 164.504 if used or disclosed by Covered Entity.
- e. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.
- f. Business Associate agrees to report to County any use or disclosure of Protected Health Information not authorized by this Agreement.
- g. Business Associate agrees to ensure that any agent, including a subcontractor, to whom it provides Protected Health Information received from, or created or received by Business Associate on behalf of County, agrees to adhere to the same restrictions and conditions that apply through this Agreement to Business Associate with respect to such information.
- h. If Business Associate has Protected Health Information in a Designated Record Set, Business Associate agrees to provide access, at the request of County, and in the time and manner designated by County, to Protected Health Information in a Designated Record Set, to County or, as directed by County, to an Individual in order to meet the requirements under Section 164.524.

- i. If Business Associate has Protected Health Information in a Designated Record Set, Business Associate agrees to make any amendment(s) to Protected Health Information in a Designated Record Set that the County directs or agrees to make pursuant to Section 164.526 at the request of County or an Individual, and in the time and manner designed by County.
- j. Business Associate agrees to make internal practices, books, and records relating to the use and disclosure of Protected Health Information received from, or created or received by Business Associate on behalf of County, available to the County at the request of County or the Secretary, in a time and manner designated by the County or the Secretary, for purposes of the Secretary determining County's compliance with the Privacy Rule.
- k. Business Associate agrees to document such disclosures of Protected Health Information and information related to such disclosures as would be required for County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.
- l. Business Associate agrees to provide to County or an Individual in the time and manner designated by County, information collected in accordance with Section (k) of this Schedule, in order to permit County to respond to a request by an Individual for an accounting of disclosures of Protected Health Information in accordance with Section 164.528.
- m. Business Associate shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of EPHI that Business Associate creates, receives, maintains, or transmits on behalf of County.
- n. Business Associate shall conform to generally accepted system security principles and the requirements of the final HIPAA rule pertaining to the security of health information.
- o. Business Associate shall ensure that any agent to whom it provides EPHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such EPHI.
- p. Business Associate shall report to County any Security Incident within three (3) business days of becoming aware of such incident. Business Associate shall also facilitate breach notification(s) to the appropriate governing body (i.e. HHS, OCR, etc.) as required by law. As appropriate and after consulting with County, Business Associate shall also notify affected individuals and the media of a qualifying breach.
- q. Business Associate understands that it is directly liable under the HIPAA rules and subject to civil and, in some cases, criminal penalties for making uses and disclosures of Protected Health Information that are not authorized by this Attachment, the underlying contract as or required by law.

PERMITTED USES AND DISCLOSURES BY CONTRACTOR AS BUSINESS ASSOCIATE

Except as otherwise limited in this Schedule, Business Associate may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, County as specified in the Agreement; provided that such use or disclosure would not violate the Privacy Rule if done by County.

OBLIGATIONS OF COUNTY

- a. County shall provide Business Associate with the notice of privacy practices that County produces in accordance with Section 164.520, as well as any changes to such notice.
- b. County shall provide Business Associate with any changes in, or revocation of, permission by Individual to use or disclose Protected Health Information, if such changes affect Business Associate's permitted or required uses and disclosures.
- c. County shall notify Business Associate of any restriction to the use or disclosure of Protected Health Information that County has agreed to in accordance with Section 164.522.

PERMISSIBLE REQUESTS BY COUNTY

County shall not request Business Associate to use or disclose Protected Health Information in any manner that would not be permissible under the Privacy Rule if so requested by County, unless the Business Associate will use or disclose Protected Health Information for, and if the Agreement provides for, data aggregation or management and administrative activities of Business Associate.

DUTIES UPON TERMINATION OF AGREEMENT

- a. Upon termination of the Agreement, for any reason, Business Associate shall return or destroy all Protected Health Information received from County, or created, maintained, or received by Business Associate on behalf of County, that Business Associate still maintains in any form. This provision shall apply to Protected Health Information that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the Protected Health Information.
- b. In the event that Business Associate determines that returning or destroying Protected Health Information is infeasible, Business Associate shall provide to County notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the Parties that return or destruction of Protected Health Information is infeasible, Business Associate shall extend the protections of the Agreement to such Protected Health Information and limit further uses and disclosures of such Protected Health Information to those purposes that make the return or destruction infeasible, for so long as Business Associate maintains such Protection Health Information.

MISCELLANEOUS

- a. **Regulatory References.** A reference in this Schedule to a section in the HIPAA Privacy Rule means the section as in effect or as amended, and for which compliance is required.
- b. **Amendment.** The Parties agree to take such action as is necessary to amend this Schedule from time to time as is necessary for County to comply with the requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act, Public Law 104-191.

- c. **Survival.** The respective rights and obligations of Business Associate under this Schedule shall survive the termination of the Agreement.
- d. **Interpretation.** Any ambiguity in this Schedule shall be resolved in favor of a meaning that permits County to comply with the Privacy Rule.
- e. **Reservation of Right to Monitor Activities.** County reserves the right to monitor the security policies and procedures of Business Associate.

ATTACHMENT I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a, b, or c)

- a. Has no employees
- b. Employs fewer than 15 persons
- c. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person:

Shane Young

Name of Contractor(s):

Mental Health Association of San Mateo County

Street Address or P.O. Box:

2686 Spring Street

City, State, Zip Code:

Redwood City, CA 94063

I certify that the above information is complete and correct to the best of my knowledge

Signature:

DocuSigned by:

Melissa Platte, Executive Director

17161BA37D8841D...

Title of Authorized Official:

Executive Director

Date:

06/26/2023

*Exception: DHHS regulations state that: "If a recipient with fewer than 15 employees finds that, after consultation with a disabled person seeking its services, there is no method of complying with (the facility accessibility regulations) other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>		<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>		<p>Requester's name and address (optional)</p> <hr/> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
				-			-			
or										
Employer identification number										
				-						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or “doing business as” (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2, “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5 ²
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/Businesses and clicking on Employer Identification Number (EIN) under Starting a Business. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.

You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Visit www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.