

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND TELECARE  
CORPORATION FOR THE TERM OF JUNE 1, 2025, THROUGH JUNE 30, 2027**

This Agreement is entered into this   6   day of   May  , 20  25  , by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called "County," and Telecare Corporation, 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 operating a behavioral health crisis residential facility.

**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

**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 exceed SIX MILLION TWO HUNDRED NINETY-NINE THOUSAND SIX HUNDRED FIFTY-TWO DOLLARS (\$6,299,652).

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 June 1, 2025 through June 30, 2027.

**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.

**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, and regulations, 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. 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 or regulation, the requirements of the applicable law or regulation 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 4.106 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.

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 Manager 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 Manager, 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 Manager.

To effectuate the provisions of this Section, the County Manager 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 if this Agreement's total value listed in the Section titled "Payments", is less than one-hundred thousand dollars (\$100,000), but Contractor acknowledges that Chapter 2.85's requirements will apply if this Agreement is amended such that its total value meets or 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: Alexandra Hagnere/Clinical Services Manager II  
Address: 2000 Alameda de las Pulgas, Suite 240.  
San Mateo, CA 94403  
Telephone: (650) 474-1971  
Email: [Ahagnere@smcgov.org](mailto:Ahagnere@smcgov.org)

In the case of Contractor, to:

Name/Title: Dawan Utecht  
Address: 1080 Marina Village Parkway, Suite 100  
Alameda, CA 94501  
Telephone: (510) 337-7950  
Email: [dutecht@telecarecorp.com](mailto:dutecht@telecarecorp.com)

## **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:

COUNTY OF SAN MATEO

By:  Resolution No. 081129  
\_\_\_\_\_  
President, Board of Supervisors, San Mateo County

Date: May 6, 2025

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

TELECARE CORPORATION

Signed by:  
  
F785665D7185422...  
\_\_\_\_\_  
Contractor's Signature

04/11/2025  
Date: \_\_\_\_\_

EXHIBIT A – SERVICES  
TELECARE CORPORATION  
FY 2025 – 2027

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. Introduction

Contractor operates more than 140 programs in California, Arizona, Nebraska, Oregon, and Washington through which serves approximately 31,700 individuals per year. Its programs and services include inpatient acute and sub-acute facilities; 23- hour crisis stabilization units; crisis and transitional residential programs; and community-based Assertive Community Treatment/Full Service Partnership case management, care coordination, and prevention and early intervention services.

Contractor operates 10 Crises Residential Treatment (CRT) programs in Alameda, Contra Costa, Orange, Riverside, San Bernardino, San Joaquin, Santa Barbara, and Santa Clara counties representing 135 beds, as well as a new partnership with Los Angeles County to open three additional CRT programs this year. Each CRT program is DHCS-certified as a Short-Term Crisis Residential Treatment Facility and Short-Doyle Medi-Cal-certified by their respective County Mental Health Plan. Contractor's CRTs have continuously maintained their DHCS and Medi-Cal certification as well as their Community Care Licensing (CCL) as Social Rehabilitation Facilities. All of Contractor's CRTs are accredited by CARF International.

B. Overview

The San Mateo County Behavioral Health and Recovery Services (BHRS) Serenity House Crisis Residential (SHCR) is an alternative to hospitalization and incarceration for adults experiencing an acute psychiatric episode. These services may also be used for clients who are deteriorating in their current environment, and who would benefit from a respite stay. The respite stay is short-term, designed to stabilize and return clients to their current living situation if appropriate, or an alternative stable environment. SHCR services may also be utilized for clients who are psychiatrically de-stabilized as a result of loss of housing, placement or support system. Contractor shall deliver short term SHCR services twenty-four (24) hours a day, seven (7) days a week for up to thirteen (13) adult clients with psychiatric disabilities eighteen (18) years and over, and who are voluntarily admitted to the program. The SHCR will be staffed twenty- four (24) hours a day, seven (7) days per week, with qualified staff as required by applicable standards and regulations and as agreed upon by the County. The SHCR shall provide a variety of support and stabilization services within a clean and sober environment.

C. Program Design-General

1. Property Acquisition

Contractor, in collaboration with BHRS, shall operate a Respite Center located at 3701 Hacienda Street, San Mateo California that will accommodate up to thirteen (13) clients at a time. Telecare will lease the building for ONE DOLLAR (\$1) per month, per year, and will pay utilities, janitorial service and be responsible for basic maintenance. Department of Public Works will invoice Contractor for PG and E and Water. Contractor agrees to the terms and conditions as specified in Exhibit C- License for Use of Real Property, attached hereto incorporated by reference. BHRS will be responsible for capital repairs and improvements. Contractor will be responsible for furnishings, purchase of linens, and administrative overhead. If start up monies are utilized to purchase furnishings, the furnishings will become County property. Upon contract termination, any County owned property will need to be turned over to the County. Please refer to Exhibit E for further details.

## 2. Licensing/Operations/Services

### a. Licensing and Certification

Contractor shall maintain all relevant licenses and certifications necessary to operate a crisis residential facility from the California Department of Social Services, Community Care Licensing Division.

Contractor is responsible to comply with all documentation standards and requirements as set forth by the California Department of Social Services, Community Care Licensing Division.

Contractor will meet and maintain all requirements for Medi-Cal certification and comply with all pertinent documentation required for Medi-Cal, Medicare, and any other federal or state regulation applicable to reimbursement.

### b. Hours of Operation

SHCR will be staffed twenty-four (24) hours a day, seven (7) days per week, with qualified staff as required by applicable standards and regulations and as agreed upon by the County. Additionally, there will be overnight clinical coverage. The overnight therapist's clinical duties include: conduct intake mental health assessments; determine appropriateness of clients coming to Serenity House, complete phone referral forms, schedule intake, complete intake paperwork, support clients and para-professional staff through the night, conduct therapy as needed with clients, address any clinical crisis during their shift, support clients in going to higher level of care if needed, transport client when safe, otherwise write a 5150 and seek transportation from first responders.

c. Staffing

The staff shall have demonstrated knowledge about the ethnic and cultural diversity of the clients served. Additionally, staff will include a mix of consumers, family members of consumers, licensed clinical staff, non-licensed staff, nurses, psychiatric coverage students, and interns of various types. Contractor shall provide a staffing pattern that includes appropriate clinical and administrative staff as described in contractors' proposal.

d. Admission/Discharge

1. Referrals will come from a variety of sources including: Self-referral, or by family members, the Family Assertive Support Team, Psychiatric Emergency Services, Law enforcement, BHRS, and contract providers.
2. Discharge will be based on specific behavioral/psychiatric criteria in collaboration with the referral source, and/or affiliated program/services.

D. Program Services

Contractor will incorporate a full array of evidence-based and promising practices for adults experiencing mental health crisis.

**Brief Solution-Focused Therapy** builds on the individual's own strengths, resources, and supports to solve the crisis and prevent it from recurring. Using this framework, staff will work with the individual to fully understand the circumstances of the crisis, support the individual in arriving at their own solutions to the current crisis and related problems, and affirm the strengths, relationships and coping mechanisms that individuals may already have in place. Consistent with the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Practice Guidelines: Core Elements for Responding to Mental Health Crises.

**Peer Professional Support**

Robust peer support will be offered seven days a week and will connect clients "with a supportive circle of people who have shared experiences—an option that may have particular relevance given feelings of isolation and fear that may accompany a mental health crisis."

**Wellness Recovery Action Planning (WRAP)**



Peer professional staff will work with clients on crisis planning and prevention using elements of Wellness Recovery Action Planning (WRAP). Recognized by SAMHSA as an evidence-based practice, WRAP offers self-help techniques for monitoring and responding to symptoms so that they can achieve the highest possible levels of wellness, stability, and quality of life. In peer staff-facilitated WRAP groups, clients will develop a self-designed plan for staying well, including a personalized crisis plan.

### **Trauma Informed Care**

Staff will be sensitive and responsive to the vulnerabilities of trauma survivors and deliver trauma-informed care to avoid inadvertent re-traumatization while empowering clients to collaborate on these services. Consistent with our trauma-informed approach, we will incorporate Seeking Safety groups geared to the needs of individuals with histories of PTSD and substance use disorders. These groups focus on psychoeducation (understanding the connection between substance use and trauma) and skills. Describe the services here:

**Motivational Interviewing**, which is a SAMHSA-recognized evidence-based practice will be utilized to promote positive behavioral change. Motivational Interviewing uses an open and neutral style of inquiry and active/reflective listening to explore the discrepancy between current behaviors and desired outcomes.

**Cognitive Behavioral Therapy (CBT)** will also be employed to address observed mistakes in thinking (thought disturbance, delusions, and hallucinations). The client will be coached in how to become aware of one's thoughts or beliefs (catching the thought), test the accuracy of a thought or belief (checking the thought), and think about something in a more helpful manner (changing the thought).

### **Dialectical Behavioral Therapy (DBT)**

Techniques from Dialectical Behavioral Therapy (DBT) will also be employed to address observed emotional dysregulation and pervasive patterns of destructive interpersonal interaction. Clinical staff will help clients use thoughts and feelings in combination to apply a "wise-minded" approach to deciding how to behave in different scenarios. DBT will be provided in group settings to support with building coping skills for individuals during their short stays.

### **Recovery-Centered Clinical System**

Telecare's signature Recovery-Centered Clinical System (RCCS), which is based on the premise that every person can recover from mental illness, is woven into every aspect of our programs. In contrast to more traditional CRT providers that focus primarily on symptom control and behavior management, we integrate our recovery philosophy into every aspect of our

CRT services—from assessments and interventions, to the physical environment, the selection of staff, and the program culture. This approach has proven highly effective in engaging clients who may enter the program with a diminished sense of hope—motivating them to participate in program services, follow through with their ongoing care once they are discharged, and ultimately move toward greater self-determination.

### **Serving Individuals with Alcohol and Drug Problems**

Clients will be admitted with substance use issues that factored into their mental health crisis. Program staff will have substance use training and expertise to provide specialized services and interventions related to co-occurring substance use issues. This includes Telecare's Motivational Interviewing (MI) and Screening, Brief Intervention, Referral to Treatment (SBIRT) protocol and Co-Occurring Education Group (COEG). MI-SBIRT includes scripted tools staff can use with clients to better understand the type and severity of substance use issues present, provide education, and enhance motivation to change substance use patterns. As a complement to MI-SBIRT, we will also offer COEG, a manualized, psychoeducational approach developed by Telecare that incorporates materials from our RCCS framework and SAMHSA. COEG fits well within the CRT setting by targeting individuals in the Pre-Contemplative to Contemplative Stages of Change.

### **Serving Individuals with Co-Occurring Physical Health Disorders**

Telecare has extensive experience working with clients who have critical health conditions such as diabetes, asthma, COPD, high blood pressure, etc. All Contractors direct service staff and program clinical leadership will receive Whole Person Care training to ensure that all direct care staff are prepared to promote conversations about overall health and wellness.

The Brief Negotiated Interview (BNI) intervention will be used to help clients address chronic health conditions and improve their overall health and wellness. Originally developed for medical settings, BNI uses MI techniques to enhance motivation for a variety of positive behavior changes in a brief period of time, making it especially relevant for our short stay CRT setting. Using scripted tools, our staff will use BNI to explore behavior change with clients in a respectful, non-judgmental way, eliciting reasons for change and action steps from the client. Telecare's Clinical Training Department has developed a number of BNI trainings addressing such physical health issues as diabetes, high cholesterol, and weight management which we can leverage at our CRT.

### **Working with Families of those Served**

With the client's consent and agreement, Serenity House staff will engage family, family of choice, other supports, and external providers to gain insight into issues important to the client and to collaborate on how service

delivery can best integrate the needs and interests of the family. As part of intake and unless clinically contraindicated, staff will ask the client to sign a release that will allow staff to include family members in the service planning process. This will ensure that planning for the client's discharge and ongoing recovery takes into account the full resources and strengths of the family, helps family members to identify early warning signs of illness, and includes family members in proactively planning for potential crises. It can also help the client build social and communication skills that improve family relationships and develop family members as critical natural supports. Family members will be provided assistance with coping skills, education around mental illness and the system of care, and connections to grassroots family support and advocacy groups such as NAMI and local community-based providers. Connections to such resources at the time of admission will enable family members to learn how to work in partnership with the client's recovery process during their time at the CRT and after discharge.

### **Meals and Nutrition**

On-site program staff will order the food (for example from Costco) and oversee the provision of meals and snacks, typically led by the Residential Counselor. Breakfast and lunch will consist of items appropriate for assembly/preparation by clients (e.g. cereal, oatmeal, sandwiches), and dinner preparation will be a group activity coordinated by staff with the full involvement and participation of clients. This not only provides sustenance and gives the opportunity to build skills related to food preparation, but it serves to foster a sense of community within the program. Meal times, in particular dinner, will be used to support socialization skills and build rapport between the clients. Both the opportunity to participate in meal preparation and the high quality of the food are frequently cited in positive feedback that clients provide about their experience at our crisis residential programs.

Information about clients' dietary restrictions and preferences will be taken upon intake to SCHR. Staff will ensure that the available food meets any special dietary needs including ensuring that vegetarian and vegan options are available. Food that reflects cultural preferences will be made available. The intake of fruits and vegetables will be encouraged and fruit readily available as a healthy snack option throughout the day. Supplies of non-perishable foods will be maintained on site. In-service trainings will be conducted for staff regarding nutrition and healthy eating in order to further enhance the health benefits of the food service provided.

### **Transportation Post-Discharge**

The program will ensure that each client completing treatment is discharged safely with a warm handoff to their next destination. We anticipate that this will often include providing transport or escort to step-down resources like substance use disorder treatment, ongoing mental health services, and other community services.

## **Staffing, and Use of Peer Professionals**

Staff will have experience working with persons that have a mental illness, substance use issues, and trauma histories. In addition, staff will reflect the diverse cultural, ethnic and linguistic needs of this population.

### **Collaborating with San Mateo County Psychiatric Emergency Services**

To ensure smooth delivery of services Serenity House program staff will work closely with San Mateo Psychiatric Emergency Services (PES). PES will serve as a resource to divert clients who might otherwise be headed to an acute stay in the hospital. The program location on the hospital campus provides a unique opportunity for a very close working relationship. In addition, Serenity House program staff will develop collaborative relationships with other departments within the health system (i.e. Aging and Adult Services, Bridges to Wellness, Psychiatric Emergency Response Team), and community (i.e. FAST, mobile support, NAMI).

Key components of the Serenity House crisis residential program will include the following:

1. Quick response to the challenges posed by a client's crisis state.
2. Emphasis on building rapport and trust with the individual in crisis.
3. Ability to quickly assess or screen individuals using a mental status exam format to assess an individual's mental health status and his/her lethality and medical condition.
4. Process to arrange transportation to an appropriate medical facility (e.g. psychiatric hospital) for client when condition is determined to be too severe to be safely treated at respite center.
5. Contractor shall provide the following program services to include, but not be limited to the following:
  - a. Screening of appropriate referral before entering the program.

- b. Crisis intervention and assessment shall be conducted on Day 1 upon admission and include the following:
  - i. Intake and assessment;
  - ii. Documentation of symptoms and behaviors;
  - iii. Mental status exam;
  - iv. Review clinical history;
  - v. Appropriate clearances;
  - vi. Documentation and releases;
  - vii. Identify family and social support system and as applicable participation release;
  - viii. Develop service plan with client; and
  - ix. Identify appropriate interventions.
- c. Services designed to stabilize clients/reduce symptoms on a daily basis as needed by each client, including the following:
  - i. Individual/group counseling;
  - ii. Discharge planning;
  - iii. Medication Adherence Therapy;
  - iv. Behavioral Analysis;
  - v. Coping with stress and triggers;
  - vi. Cognitive behavioral therapy;
  - vii. Dialectical behavior therapy;
  - viii. Seeking Safety;
  - ix. Motivational Interviewing; and
  - x. Strength-based case management.
- d. Medication services shall be provided daily and include the following:
  - i. Psychiatric MD/psychiatric Nurse Practitioner consultation/management services;
  - ii. Monitor and assist with client self-medication;
  - iii. Coordinate changes in medication orders; and
  - iv. Train staff in medication management, administration, and adherence therapy; and
  - v. Medication review.
- e. Independent living skills shall be provided daily and include:
  - i. Case management linkage as needed; and
  - ii. Financial counseling for benefits.
- f. Housing and linkage referral support shall be provided daily and include:
  - i. Case management; and  
Assist in acquiring or maintaining stable community living and housing referrals; transportation to support linkage to community resources/supports.

- g. Consumer and family participation shall include but not be limited to the following:
  - i. Hire peer professional staff with “lived experience” to help engage clients and foster a welcoming environment.
  - ii. Peer professional staff will serve as champions of recovery and role models.
  - iii. Peer professional staff will provide support, and psychoeducation for family/significant others to support client’s stability.
  - iv. Peer professional staff will co facilitate support groups for clients and/or family members and connect clients to community resources.
- h. Length of Stay

The length of stay may vary but will range from one (1) day to a ten (10) day maximum. Longer stays must be approved by the BHRS Facilities Utilization Management Team (FUM). Stays over 14 days will require approval from the BHRS FUM Manager.

#### E. Admission/Assessment

##### Admission

For clients that meet the criteria for crisis residential stabilization services, Contractor will begin the full admission and assessment process. Contractor will coordinate with BHRS and other providers from the time of admission to ensure an effective service delivery is provided at the respite center.

##### Assessment Process

Clients will receive the level of care that is determined through an assessment of resource intensity necessary for meeting the client’s needs. The assessment will include a review of the following:

- a. capacity of the facility,
- b. clinical services,
- c. support services, and
- d. crisis stabilization services.

##### Interview Phase

During the assessment process, the client will be interviewed, collateral information collected, and previous mental health and substance use history and treatment reviewed. If a family or significant support persons are available, collateral information will be obtained with the client's consent. If client's information is in Avatar, Contractor will review clinical and diagnostic information, including diagnosis, risks, treatment history, medication history and adherence, psychiatric evaluation. If the client is conserved the contractor will make every effort to get consent from the conservator prior to client's admission.

All admissions to SHCR will require a residential authorization by BHRS Facilities Utilization Management Team (FUM). Contractor agrees to send all authorizations to FUM within 24 hours for approval. If the contractor denies any medical beneficiary services, they will provide a written explanation to FUM, and send a NOA to the client.

#### Biopsychosocial Phase

A licensed or license eligible clinician will conduct a thorough biopsychosocial assessment, which will include, the following:

- a. client's environmental supports and stressors,
- b. medical needs and medications,
- c. current use of drugs and alcohol and
- d. internal and external coping methods and resources

#### Motivational Interviewing Phase

A clinician skilled in Motivational interviewing will work with the client to conduct a behavior analysis that unfolds the client's story with a focus on the present issue(s). A core strategy Dialectical Behavior Therapy will identify the exact chain of internal or external events that led to the crisis. Events can include actions, body sensations, cognitions (thoughts, assumptions, beliefs) environmental events (external to the client or other people) and feelings. The clinician will work with the staff to identify problem behavior, precipitating event (s), vulnerability factors, what led to the behavior, consequences, solutions, prevention strategy, and repair strategy. The goal is to help the client identify coping skills that can help minimize similar behavior or crisis in the future. The behavior analysis will lay the foundation for the client's overall treatment plan.

#### Psychiatric Evaluation

The psychiatric evaluation will be conducted within 24 hours after the conclusion of the assessment process. The psychiatric evaluation will be

performed by a licensed psychiatrist will be conducted face to face with the client.

When the client has an established relationship with a system of care psychiatrist, the program will coordinate medication issues. If a client is in need of an urgent psychiatric appointment or has no established psychiatric services, the client will be evaluated by the program's psychiatrist. The program psychiatrist will conduct medication follow up activities as needed during the clients' residential stay and refer for ongoing services as needed.

#### Exit/Discharge Planning

Clinicians will work with the client to identify his/her resources including family/significant others and systems of care that the client can draw on following discharge. Clinicians will continuously reassess the client and document his/her mental health status in progress notes. Psychiatrists will provide additional evaluations as needed. Clinicians will work closely with each client's existing treatment team and psychiatrist to ensure clients receive assistance with keeping regular appointments.

Discharge planning will begin promptly, and include identifying and reconnecting the client to needed services such as housing, food, primary care, recovery resources, psychiatric services, etc. Discharge planning will be provided daily and include the following:

- a. Creation of an aftercare plan,
- b. Linkage to follow-up services,
- c. Facilitate communication and engagement with community agencies,
- d. Make arrangements for next phase of treatment, referrals and appointments for ongoing care and
- e. Follow-up with client following discharge from SHCR

## **F. Description of Services:**

### **1. Case Management**

Contractor will provide strength-based case management services. Contractor will provide each client with an assigned Clinician or Case Manager. The Clinician or Case Manager will involve the client in developing a treatment plan with an emphasis on the crisis intervention services necessary to stabilize and restore the client to a level of functioning that requires a less restrictive level of care. The treatment



plan will be based on individual needs and goals. Goals for each identified issue will be tailored to the client's readiness to address that issue. The client will be involved in their plan of care from identifying goals and objectives to selecting from available respite center services. The clinical assessment will help identify each client's motivation and assess any skills that need further development.

## 2. Treatment Environment

The treatment environment will offer an individual with co-occurring disorders a place where they can be physically safe and removed from the environments that have contributed to the crisis. The client can detoxify from alcohol and drugs and gain insight and skills to change addictive patterns of thinking and behavior. After receiving assurance that survival needs will be met, they will be invited to become an active participant of a healing community. The level of activity will vary initially for newly admitted clients. Daily living tasks will include, but are not limited to making the bed, helping with chores and meal preparation and have therapeutic value in providing structure to the day and skills for future self-management. There will be daily opportunities for "teachable moments" where they will get the chance to practice new skills, develop supportive relationships, resolve conflicts with others in pro-social ways, and reduce the sense of alienation often felt from others.

## 3. Crisis Intervention and Stabilization Services

The Serenity House crisis residential program will employ a flexible social rehabilitation model that shall provide an array of intervention services to meet the needs of each client, in a time of crisis. The respite center will "emphasize the mastery of daily living skills and social development using a strength-based approach that supports recovery and wellness in a homelike environment. It will provide a continuum of care with links to community resource centers and supports that ease the transition into independent living. Treatment plans and available interventions will be tailored to meet clients' therapeutic and immediate needs. The level of programming will be tailored to the client's level of functioning.

A clinician will work with each client to develop an individualized Coping With Stress and Triggers plan that will help the client understand key concepts of recovery (hope, personal responsibility, education, self-advocacy, and support) that are responsive to the needs of his/her daily life. Each client's plan will include a list of wellness tools that he/she can employ to cope with stress or other mental health difficulties. Once a client stabilizes at the crisis residential, Contractor shall encourage him/her to also develop a crisis plan with directives for family/significant

others when he/she can no longer take appropriate actions on his/her own behalf. The plan will also help with post residential transition and maintenance of recovery and wellness. Participation in groups will be part of most clients' treatment plan. Groups will be co-facilitated by trained clinicians and peer counselors. The curriculum will be adapted to meet each client's short-term respite stay and his/her most pressing needs.

### Medication Adherence Therapy

Clients in need of acute psychiatric crisis residential care will be individuals who have discontinued their psychotropic medication regiment, at which time Contractor will employ Adherence Therapy, an evidence-based approach to medication adherence. Key elements of adherence therapy include:

- a. A structured assessment
- b. Dealing with resistance
- c. Exchanging information
- d. The five key skills of: problem solving, looking back, exploring ambivalence, talking about beliefs about medication, and looking forward.

Adherence therapy is a collaborative, structured, and practical approach and is based on motivational interviewing, cognitive behavioral therapy, and compliance therapy. Contractor will work closely with each client's existing health care practitioners and psychiatrists to document the client's resistance, including side effects, and provide psychiatric evaluations that review the current medication regimen and mental health diagnosis. As necessary, Contractor's psychiatrist will provide prescriptions for psychotropic medication or consult with other providers who may already be prescribing medications for the client. These services will work to achieve continuity of care with clients' existing medical providers. The clinician will closely monitor client behavior and document in progress notes observed changes potentially linked to medication.

Contractor will offer psychoeducation groups on medication adherence. Topics will include, but not be limited to:

- a. how to raise questions and concerns with a physician; and
- b. how to manage a medication regiment.

Contractor will also facilitate psychoeducation groups for family members/significant others about how to support their loved one's medication adherence.

Contractor will establish medication procedures that will include medication storage, administration, disbursement, and destruction in accordance with County policy and Community Care Licensing regulations. A licensed psychiatrist or nurse practitioner will administer injectables to clients who need them. The psychiatrist or nurse practitioner will train and consult with all clinical staff on medication policies and procedures.

#### 5. Group Therapy

All clients in the program have the opportunity for at least one (1) group therapy session per day. Sessions will cover skills, such as: mindfulness, distress tolerance, emotional regulation, coping with triggers and interpersonal effectiveness. Contractor will also deliver evidence-based models such as *Seeking Safety*, helping people attain safety from traumatic experiences and understand and cope with triggers. Other groups will include substance abuse psychoeducation and treatment (e.g., relapse prevention), symptoms management, expressive arts therapy, and pro-social activities (e.g., yoga, walks, etc.).

#### 6. Individual Therapy

At minimum, a client will receive one-on-one therapy from an assigned clinician. Therapy goals will focus on symptom management, managing urges to use alcohol and drugs, increase coping skills, utilizing social support, and achieve medication adherence. Motivational Interviewing as a clinical approach, to match counseling strategies to an individual's stage of change, will be critical to achieving goals in a brief treatment episode.

#### 7. Transportation

Contractor will make available one (1) van to transport clients to appointments and link them to community services that will support their stabilization following discharge from the SHCR.

### F. County Owned Property

Prior to the opening of the Behavioral Health Crisis Residential, County and Contractor conducted a facility walk-through. At that time an itemized list of County's personal property was identified and included by reference in Schedule E. Contractor may use County's personal property itemized in Schedule E to the Agreement in connection with providing services under the Agreement. Contractor shall be responsible for the maintenance, repair, and replacement of said personal property. Upon termination or expiration

of this License, Contractor shall return to County said personal property in good condition, reasonable wear and tear excepted.

G. Health Order Compliance

1. Health Order Compliance Requirements

Comply with employer requirements established by Cal-OSHA through the COVID -19 Prevention Non-Emergency Regulations which are chaptered in the California Code of Regulations, Title 8-Cal/OSHA, Chapter 4 Division of Industrial Safety, Subchapter 7 General Industry Safety Orders, Section 3205 COVID-19 Prevention.

This section applies to all employees and places of employment with the exception of locations with one employee that does not have contact with other persons, employees working from home, or employees teleworking from a location of the employee's choice, which is not under the control of the employer.

Employers can comply with this section by either maintaining a COVID-19 Plan that was required by previous contract conditions or as part of the required Injury and Illness Prevention Program required by Section 3203.

Employers are required to comply with COVID-19 Prevention requirements of Cal/OSHA.

More information, including access to the text of the regulations, COVID-19 Prevention Plan Templates, Frequently Asked Questions, and Fact Sheets can be found at [https://www.dir.ca.gov/dosh/coronavirus/Non\\_Emergency\\_Regulations/](https://www.dir.ca.gov/dosh/coronavirus/Non_Emergency_Regulations/).

II. ADMINISTRATIVE REQUIREMENTS

A. Disaster and Emergency Response Plans

CONTRACTOR will develop and maintain a Disaster and Emergency Response Plan ("Emergency Plan") that includes all of the elements set forth in this Section, as well as any additional elements reasonably requested by the County. The Emergency Plan will also include site-Specific emergency response plan(s) for each of the sites at which CONTRACTOR provides services pursuant to this Agreement ("Site Plans"). The Emergency Plan and associated Site Plans will address CONTRACTOR preparations to effectively respond in the immediate aftermath of a national, state or local disaster or emergency ("Emergency

Response”) and plans for the ongoing continuation of Services under the Agreement during and after a disaster or emergency (“Continuity of Operations”).

CONTRACTOR shall submit the Emergency Plan to the County within ninety (90) days after the beginning of the Term of the Agreement and no later than September 30<sup>th</sup>. The Emergency Plan will follow the template provided in Attachment T: Sample Template for Disaster and Emergency Response Plan as a guide when developing the plan, adding any categories or items as needed for the Contractor’s unique situation. The submitted Emergency Plan will be subject to the reasonable approval of the County. CONTRACTOR shall respond reasonably promptly to any comments or requests for revisions that the County provides to CONTRACTOR regarding the Emergency Plan. CONTRACTOR will update the Emergency Plan and associated Site Plans as circumstances warrant and shall provide County with copies of such updated plans. CONTRACTOR shall train employees on the Emergency Plan and the Emergency Plan will include a description of how employees will be trained.

The Emergency Plan will indicate, in as much detail as reasonably possible, the categories of additional staff, supplies, and services that CONTRACTOR projects would be necessary for effective Emergency Response and Continuity of Operations and the costs that the

CONTRACTOR projects it would incur for such additional staff, supplies and services. CONTRACTOR shall recognize and adhere to the disaster medical health emergency operations structure, including cooperating with, and following direction provided by, the County's Medical Health Operational Area Coordinator (MHOAC). In the event that the CONTRACTOR is required to implement the Emergency Plan during the term of the Agreement, the parties will confer in good faith regarding the additional staff, supplies and services needed to ensure Emergency Response and/or Continuity of Operations owing to the particular nature of the emergency, as well as whether the circumstances warrant additional compensation by the County for additional staff, supplies and services needed for such Emergency Response and/or Continuity of Operations.

CONTRACTOR shall reasonably cooperate with the County in complying with processes and requirements that may be imposed by State and Federal agencies (including, but not limited to the California Governor's Office of Emergency Services and the Federal Emergency Management Agency) in connection with reimbursement for emergency/disaster related expenditures.

In a declared national, state or local disaster or emergency, CONTRACTOR and its employees will be expected to perform services as set forth in the Agreement, including in the area of Emergency Response and Continuity of Operations, as set forth in the Emergency Plan and each Site Plan. CONTRACTOR shall ensure that all of its employees are notified, in writing, that they will be expected to perform services consistent with the Emergency Plan and each Site Plan.

**B. 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 five percent (5%), and 3) first appointment will be within fourteen (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](http://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. Timely Access to Services

The Contractor shall ensure compliance with the timely access requirements as referenced in 42 C.F.R. § 438.206(c)(1)(iv).

- a. Contractor shall return phone calls to an authorized client within **one (1) business day**. Contractor shall offer an available initial visit with an authorized client within **five (5) business days of the client's request for an appointment**. The client must be seen within **ten (10) business days** of the request for an appointment.
- b. The County shall monitor Contractor regularly to determine compliance with timely access requirements. (42 C.F.R. § 438.206(c)(1)(v).
- c. The County shall work with the Contractor to improve timely access and/or take corrective action if there is a failure to comply with timely access requirements. (42 C.F.R. § 438.206(c)(1)(vi).

5. 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.

Substance Use provider services shall be in compliance with the Alcohol and Other Drug Services Policy and Procedure Manual which is located online at <http://smchealth.org/bhrs/aod/policy>.

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. Contractor shall maintain all applicable certifications through San Mateo County to provide any of the following reimbursable services: Short-Doyle Medi-Cal, MediCal, Medicare, or Drug MediCal.
- 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. Other Required Training

Contractor will complete and maintain a record of annual required trainings. The following trainings must be completed on an initial and then annual basis:

- a. Confidentiality & HIPAA for BHRS Mental Health and AOD: All New Staff HIPAA
- b. Compliance Training for BHRS New Staff
- c. Fraud, Waste, & Abuse Training for BHRS: All New Staff
- d. Critical Incident Management for BHRS
- e. Cultural Humility
- f. Interpreter training (if using interpreter services)

Trainings may be offered through the County's Learning Management System (LMS) located at: [https://sanmateocounty.csod.com/LMS/catalog/Welcome.aspx?tab\\_page\\_id=-67](https://sanmateocounty.csod.com/LMS/catalog/Welcome.aspx?tab_page_id=-67).

Contractor must register on the LMS site to access the training modules. The link to register for a LMS new account is:

<https://sanmateocounty.csod.com/selfreg/register.aspx?c=bhrscp01>

. Proof of training, such as certificate of completion, may be requested at any time during the term of this Agreement.

## 13. Site Certification

- a. Contractor will comply with all site certification requirements. Contractor shall maintain all applicable certifications through San Mateo County to provide any of the following reimbursable services: Short-Doyle Medi-Cal, MediCal, Medicare, or Drug MediCal.
- 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.

14. 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 hours 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

Behavioral Health and Recovery Services (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 # 19-08, which can be found online at: <https://www.smchealth.org/bhrs-policies/credentialing-and-re-credentialing-providers-19-08>. 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](mailto: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 an exemption 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, in a timely fashion, when staff have been terminated. BHRS Quality Management requires prompt notification to be able to terminate computer access and to safeguard access to electronic medical records by completing the BHRS Credentialing form.

17. Minimum Staffing Requirements

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

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](mailto: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 30<sup>th</sup> 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 Access Call Center or 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](mailto:ode@smcgov.org)) to plan for appropriate technical assistance.

C. 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.

D. 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.

III. GOALS AND OBJECTIVES

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

Goal 1: Provide a safe and supportive living environment for clients with severe mental illness and co-occurring substance use issues, and ensure programming is reflective of the clients' cultural needs (i.e. linguistic, racial, ethnic, religious, and sexual orientation).

Objective 1: 100% of Assessments, treatment plans will be individualized to address client's specific cultural needs.

Goal 2: Successfully initiate and engage clients in community services upon discharge from behavioral health crisis residential services.

Objective 1: At least ninety percent (90%) of clients will be referred/linked/re-established to services in the community following discharge.

Goal 3: Engage clients who are in crisis and demonstrate behavioral changes for which there may be an underlying behavioral health issue.

Objective 1: At least ninety percent (90%) of clients admitted to Serenity House will not require an acute psychiatric admission during their stay at Serenity House, as measured by weekly census reporting data.

Objective 2: At least eighty percent (80%) of clients will develop a wellness tool kit as part of their recovery stay at SHCR.

Goal 4: Contractor will promote the SHCR program

Objective 1: Contractor will provide presentations about SHCR services within the health system and the community and provide at least 3 presentations per fiscal year.

Goal 5: Build and maintain collaborative relationships within San Mateo health system and community.

Objective 1: Meet with the designated BHRS contract monitor at least monthly and meet weekly to bi-weekly with Facilities Utilization Management team.

Objective 2: Contractor will attend the San Mateo Medical Center PES discharge huddle to discuss prospective referrals, and other meetings as identified by the BHRS contract monitor for the purpose of improving the delivery of services.

Objective 3: Participate in discharge planning meetings and case conferences to support clients stabilization and connection to community resources.

Goal 6: Serenity House will provide crisis residential services to clients experiencing significant distress which has caused a mental health crisis referred from community partners including Shelters (Navigation center, Safe Harbor, Spring St, etc), Canyon Vista, Hopkins Manor, Millbrae Assisted Living, and Licensed B&Cs to support clients with maintaining their housing placement within the community.

Objective 1: Serenity House will coordinate with community partners yearly to ensure awareness of the services offered by Serenity House and provide education around the Serenity House screening and referral process.

Goal 7: Serenity House will maintain and average occupancy rate of at least 80%.

Objective 1: Serenity House will track their occupancy rate daily to ensure they are meeting an average occupancy rate of 80%. Serenity House will report their monthly average occupancy rate in the monthly meeting with the BHRS contract monitor.

EXHIBIT B – PAYMENTS AND RATES  
TELECARE CORPORATION  
FY 2025 – 2027

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 SIX MILLION TWO HUNDRED NINETY-NINE THOUSAND SIX HUNDRED FIFTY-TWO DOLLARS (\$6,299,652).

The county will review cumulative fee for service payments for the period of July – March each fiscal year and amend the contract obligations if necessary to reflect actual services paid for on a fee for services basis.

Payment for Services Provided in FY 2024-2025

The County shall pay a maximum amount of TWO HUNDRED TWENTY-NINE THOUSAND THREE HUNDRED DOLLARS (\$229,300) for services provided during FY 2024-25.

1. Payment for June FY 2024-25 shall not exceed TWO HUNDRED TWENTY-NINE THOUSAND THREE HUNDRED DOLLARS (\$229,300).
2. Invoices for this payment amount must be submitted to BHRS Fiscal Unit no later than May 15, 2025.

Reconciliations to actual claimed services for FY 2024-25 and related 1/12<sup>th</sup> payments will be conducted quarterly.

### One Time 3-Month Advance Payment Option

- i. Not later than April 22, 2025, Contractor may request in writing a one-time advance payment of up to three (3) months of the maximum obligation of this contract. These advance payments will be reconciled on or before November 2025 against the actual services provided for all services currently paid using fee for service methodology. This advance payment will be made in June 2025. All payments other than this advance payment will be made in arrears.
- ii. In the event that the County makes any advance payment, Contractor agrees to refund any amounts in excess of the amount owed by the County or credit a portion of such advance payments to the County. Contractor is only entitled to payment for work pursuant to this Agreement.
- iii. Within 30 days of November 30, 2025 Contractor must submit an invoice for amounts owed by the County or a refund to the County for any advance funds in excess of actual costs. In no event, however, shall County's annual fiscal obligation under this Agreement exceed the amounts noted in Exhibit B Section C. Fiscal Year and Amount.
- iv. Advance payments will only be made in FY 2025-26. There will be no advance payments in future years.

### B. Serenity House Respite Center FY 2025-2027

The maximum amount County shall be obligated to pay for Serenity House Respite Center Services shall not exceed SIX MILLION SEVENTY THOUSAND THREE HUNDRED FIFTY-TWO DOLLARS (\$6,070,352).

#### Rates and Method of Payment FY 2025-2027

- 1.. County shall pay Contractor for thirteen (13) beds per month.
2. County shall pay Contractor for thirteen (13) beds at the rated of EIGHT HUNDRED SEVEN DOLLARS (\$807) per day, per client.

- C. 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.
- D. 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.
- E. 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.
- F. In the event this Agreement is terminated prior to June 30, 2027, 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.
- G. 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.
- H. 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).
- I. Contractor shall submit to County a year-end financial statement for Medi-Cal funded services no later than ninety (90) days after the end of each applicable fiscal year (June 30). This report shall be in accordance with the principles and format outlined in the Financial Statement 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 Financial Statement.
- J. Monthly Invoice and Payment
  - a. 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.

- i. 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.

ii. 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.

- b. 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  
Contract Unit  
2000 Alameda de las Pulgas, Suite 280  
San Mateo, CA 94403

- K. 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.
- L. 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.

M. 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 Quality Improvement Manager of San Mateo County BHRS.

N. 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.

O. 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.

P. 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.

- Q. Financial statement/Unspent Funds – for contracts that include Third party billing and for those contracts where a financial statement is required
- a. Contractor shall submit to County a year-end financial statement no later than ninety (90) days after the end of the fiscal year. Financial statements shall include accounting for all services provided through the Agreement for each applicable period, and separate accountings for 1) FSP services, 2) one-time expenditures, and 3) flexible funds, as applicable. Financial statements shall be in accordance with the principles and format outlined in the Financial statementg/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 Financial statement. As applicable, Contractor shall also submit to County a year- end Single Audit report with the Financial statement.
  - b. If the annual Financial statement provided to County shows that total payment to Contractor exceeds 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 “unspent funds” may be retained by Contractor and expended the following year, provided that these funds are expended for services approved by County and are retained in accordance with the following procedures.
    - i. Contractor shall submit a summary calculation of any savings ninety (90) days after end of the fiscal year. The summary calculation will be a separate report from the year-end financial statement. With the summary calculation Contractor shall return the amount of the savings.
    - ii. At the time of the submission of the summary 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.

- iii. 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.
- iv. 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.
- v. 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.

R. Claims Certification and Program Integrity

- a. 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.
- b. 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\_\_\_\_\_”

- i. The certification shall attest to the following for each beneficiary with services included in the claim:
  - ii. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.
  - iii. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
  - iv. The services included in the claim were actually provided to the beneficiary.
  - v. 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.
  - vi. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
  - vii. 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.
  - viii. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
- c. Except as provided in Paragraph V.A. 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.

d.

\*\*\* END OF EXHIBIT B \*\*\*