

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

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2026, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Mental Health Association of Alameda County, hereinafter called "Contractor";

W I T N E S S E T H:

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

WHEREAS, the parties entered into an Agreement for patients' rights services for the term of Jul 1, 2025 through June 30, 2026, for a maximum obligation not to exceed \$200,000; and

WHEREAS, the parties wish to amend the Agreement to increase the maximum amount by \$499,000 to a new maximum obligation of \$699,000, and extend the term through June 30, 2028.

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

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

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 A1, 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 SIX HUNDRED NINETY-NINE THOUSAND DOLLARS (\$699,000). 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.

2. Section 4. Term of the agreement is amended to read as follows:

4. Term

- Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2025, through June 30, 2028.

3. Original Exhibits A and B are replaced with Revised Exhibits A1 and B1 attached, (rev. 12/1/2025)].
4. **All other terms and conditions of the agreement dated June 30, 2025, between the County and Contractor shall remain in full force and effect.**

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

For Contractor: Mental Health Association of Alameda County

DocuSigned by:  3FD8F84CBDE44C6...	05/06/2026	Kathryn Davies Huber
Contractor Signature	Date	Contractor Name (please print)

For County:

COUNTY OF SAN MATEO

By:
President, Board of Supervisors, San Mateo County

Date:

ATTEST:

By:
Clerk of Said Board

EXHIBIT A1 – SERVICES
MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY
FY 2025 – 2028

In consideration of the payments set forth in Exhibit “B1”, Contractor shall provide the following services:

I. DESCRIPTION OF SERVICES TO BE PERFORMED BY CONTRACTOR

A. Advocacy Services

Contractor will act as the State mandated patients' rights advocacy service for San Mateo County's Behavioral Health and Recovery Services Division (BHRS) - Mental Health Services pursuant to State laws and regulation. Contractor shall provide patients' rights advocacy services for mental health clients of all ages served by any mental health facility, service or program (as defined by Section 5500(c) of the W & I Code) within San Mateo County. This includes current, former and/or those prospective clients attempting to access mental health services. Contractor will provide direct services for patients' rights advocacy, including the full spectrum from self-advocacy to referral to legal services. As stated in Welfare and Institution Code 5521, county patients' rights advocates shall not duplicate, replace or conflict with existing or mandated local legal representations.

Contractor will provide individual and system advocacy. Contractor advocates will represent the clients' expressed interests as defined by the client, as long as those interests are consistent with statutory requirements and are achievable within the advocate's resources as stated from the September 1998 State Office of Patients' Rights Advocacy Manual. The advocate's duties include, but are not limited to, the following:

1. Complaint Resolution

- a. Receive and investigate complaints from or concerning recipients of mental health services residing in licensed health or community care facilities regarding abuse, unreasonable denial or punitive withholding of rights guaranteed under the provisions of Division 5 (commencing with Section 5000). Contractor shall respond to all complaints within two (2) working days.
- b. Respond to complaints from family members or friends of client, if client expresses his/her wish that the complaint be investigated.

- c. Complaints shall be resolved at the lowest level possible.
 - d. Coordinate with BHRS staff to determine whether the client has attempted to utilize the Mental Health Services processes for responding to complaints and grievances. If the client has not utilized any existing Mental Health Services process, the contractor will inform the client of those options and assist the client in pursuing them, if he/she so desires.
 - e. Contractor shall give priority to those persons who are in acute psychiatric distress.
 - f. Contractor will maintain confidential, organized, and accurate records of all calls received, all investigations conducted, and all investigation reports. Detailed client records will be kept in locked file cabinets and/or in computer files that are password-protected.
2. Monitor mental health facilities for compliance with patients' rights laws, regulations and policies (Cal. Welf. & Inst. Code §5520(b), Cal. Code Regs. tit. 9 §863.2). Areas of compliance that may be monitored include: relevant policy and procedures; provision of prompt medical care; use of seclusion and restraint; informed consents for medications; and procedures for use of Electro Convulsive Treatment (ECT). There shall be two levels monitoring, informal and formal. Informal monitoring will be done by scanning charts for potential/actual violations of patients' rights. Each of the facilities below will receive informal monitoring a minimum of once per quarter:

Cordilleras Mental Health Center
Mills-Peninsula Hospital
San Mateo Medical Center
Seton's Geriatric Behavioral Program
Maguire Correctional Facility

Formal monitoring will be done to examine specific areas, such as good cause for denial of rights, informed consent requirements, and use of seclusion and restraints. Finding from formal monitoring shall be reported to the San Mateo County BHRS Director, Office of Consumer and Family Affairs.

3. Outreach

- a. Ensure that recipients of mental health services in all licensed health and community care facilities are notified of their rights.

Provide written information to administrators of all licensed residential care facilities to ensure that their residents are informed of patients'/residents' rights. Respond to questions and/or requests for additional information from administrators, residents, and mental health clients and provide them with written information as needed.

- b. Contractor will provide a toll-free 800 phone number, which will be listed on all Patients' Rights Handbooks, posters and other materials produced for these services. Contractor will utilize a secure voice mail service to provide 24 hour/7day a week message capacity.
 - c. Contractor will provide Patients' Rights Handbooks and posters, as needed to the five (5) inpatient mental health facilities in San Mateo County, identified in section I.A.2. of this Exhibit A. Contractor will work in consultation Director, Office of Consumer and Family Affairs in developing new patients' rights materials for distribution in San Mateo County.
 - d. Deliver outreach services to the community-at-large and vulnerable populations as resources allow.
- 4. Once per year, and in response to requests, provide training to staff of inpatient mental health facilities regarding patients' rights laws, regulations, and policies (Cal. Welf. & Inst. Code §5520(c), Cal. Code Regs. tit. 9 §863.2).
 - 5. Four (4) times annually provide training for interested mental health clients in advance directives and how they may be used in mental health treatment. Training subject matter shall include the content of, and be subject to, BHRS Mental Health Services policy 04-07 ("Advance Health Care Directives").
 - 6. Represent patients at Certification Review Hearings (conducted pursuant to section 5250 of the Welfare and Institutions Code), Capacity (Riese and Meredith) Hearings, and/or independent reviews. Hearings are held four times each week and conducted twice weekly at each of the five designated facilities; Mills Peninsula Hospital, Seton Geriatric Behavioral Program, San Mateo Medical Center, Cordilleras Mental Health Center and Maguire Correctional Facility. Contractor will have access to, and obtain, legal consultation for all hearing related situations, as necessary.
 - a. Certification Review Hearing Representation services shall include the following:

- 1) Interview all patients who have been certified and will receive a Certification Review Hearing. Facilities are responsible for notifying Contractor of patients who are scheduled for hearings. The purpose of the interview is to accomplish the following:
 - a) Help the patient understand the purpose of the certification review process and the reasons he/she has been certified;
 - b) Assist the patient in obtaining the presence of any other person(s) he/she may wish present at the hearing;
 - c) Explore alternatives to continued involuntary hospitalization;
 - d) Ascertain if patient wishes representative or an attorney to assist or provide representation at the Hearing; and
 - e) Explain the right to appeal the decision if certification is upheld.
- 2) Attendance at all Certification Review Hearings at Mills-Peninsula Hospital, Seton Geriatric Behavioral Program and the San Mateo Medical Center, Cordilleras Mental Health Center and Maguire Correctional Facility giving the maximum assistance that is practical given the capacity of the patient, the program staff time available, and time constraints of the legal hearing process.
- 3) Maintain records of all patients reported as having been certified. For all facilities a telephone log of certified patients shall be maintained that includes the following:
 - a) Patient name
 - b) Date of report
 - c) Date of certification
 - d) Certification code
 - e) Name of facility
 - f) Name of person who made the report

Additional records are kept for patients who are interviewed by Contractor staff.

- b. Representation at Capacity Hearings and Meredith Hearings shall include the following:
 - 1) Meet with all patients receiving Petitions for Capacity and/or Meredith to assist understanding of the informed consent process and the Hearing process
 - 2) Provide hearing representation;
 - 3) Explain the right to a de novo review of the Capacity Hearing decision.
 - 4) Related services and assistance for Capacity and/or Meredith Hearings, other than actual representation at Hearings, shall be provided to all patients as needed. This shall include providing information to patients who may be subjects of a Petition for a Capacity Hearing or a Petition for Meredith Hearing regarding their rights to informed consent about antipsychotic medications, and the Hearing process.
 - 5) Maintain records of all patients reported as subjects of Petitions for Capacity and/or Meredith Hearings. Additional records shall be kept for patients whose cases require representation at the proceedings prior to and during the Capacity Hearing.
- 7. Exchange information and cooperate with the State Patients' Rights Office.
- 8. Staffing:

Contractor shall provide culturally competent services to diverse cultural and linguistic populations of San Mateo County. Advocates shall be culturally competent and able to reach culturally and linguistically diverse populations. Contractor will work with BHRS to ensure translations of all materials in threshold languages/threshold interpreter availability. Contractor staff shall attend the yearly statewide Office of Patients' Rights training, attend regular patients' rights regional meetings, maintain advocacy expertise, and provide updates in writing of these activities to the Director of BHRS or designee.

Contractor shall provide patient advocate staff who possess the following qualifications:

- a. Skill in interviewing techniques and able to negotiate challenging interactions with individuals who may be experiencing distress.
- b. Trained in applicable law and issues related to patients' rights and confidentiality. Able to pass an LPS test and/or other competency exams as negotiated through the contract.
- c. Sensitive to consumers and consumer culture and able to respond to consumer interests in the advocacy process.
- d. Culturally competent and linguistically proficient.
- e. Knowledgeable about San Mateo County mental health services.
- f. Able to maintain clear, current and complete written casework in a confidential manner, close cases in a timely manner, and comply with deadlines.
- g. Provide a timely response to client complaints and phone calls.

Contractor shall maintain a staff of 2.41 FTE for the San Mateo County functions, as delineated in Exhibit C (Program Budget), incorporated by reference herein.

B. Reporting

The Director of BHRS or designee will retain the right and authority to review and approve all written materials, plans and proposed training programs prior to implementation or release to interested parties. The Director of BHRS or designee shall review, and comment on as necessary, the contractor's monitoring protocols, data collection and report formats, patients' rights compliance review protocol and reports, and other materials as deemed necessary for performance under this contract. Written monitoring reports from Contractor shall be submitted to BHRS in the form and manner requested by the Director of BHRS or designee.

Contractor will provide the following reports:

1. As requested by the BHRS Director of OCFA, Contractor shall provide verbal or written updates and reports during the course of a prolonged monitoring and shall report verbally or in writing any situation that the contractor believes is of serious concern and adversely affecting patients' rights. This reporting will usually be for complaints that are not resolved at the facility director level.
2. Contractor shall file quarterly reports with the State Department of Mental Health within thirty (30) days of the end of the quarter, in compliance with reporting requirements outlined in Title 9, Article 6, Section 866. Copies of these reports shall be sent to the BHRS program manager.
3. The contractor shall maintain a log of complaints that includes the date the complaint was received, the date of response, any investigative process or contacts related to the complaint, whether cultural/linguistic resources were required or utilized, and resolution and disposition of the complaint. A summary of this log shall be submitted to BHRS-Mental Health Quality Improvement Manager and Director of OCFA on a quarterly basis.
4. Monitoring reports, which delineate findings and recommendations, will be forwarded to the Director of BHRS or designee for review and provide response, as necessary, prior to the distribution to the administrator of the monitored program/facility. It shall be the responsibility of BHRS to obtain program/facility recommendations, action plans and plans of correction directly from programs/facilities.
5. Contractor must report to adult and child protective services as mandated. Contractor shall also report to Health Care Licensing as mandated.
6. At the discretion of the Director of BHRS, serious incidents including deaths may be reported to the Contractor to allow for thorough patients' rights review. Contractor shall not unnecessarily duplicate any procedures of investigation /monitoring that are in progress as part of peer review, BHRS-Mental Health Quality Improvement oversight and/or licensing review processes.
7. Contractor shall make monthly Certification Review Hearings reports to include:
 - a. the number of patients reported as certified;
 - b. the number of certified patients interviewed by Contractor;
 - c. the number of certified patients who received review hearings;and

- d. a summary disposition of the cases of all certified patients, including a summary of the outcome of review hearings.
- 8. Contractor shall make monthly Capacity Hearing Representation reports to include:
 - a. the number of patients reported to be subject to petitions for Capacity and Meredith Hearings;
 - b. the number of cases in which preparation was done in order to determine if representation was required;
 - c. the number of patients represented at Capacity and Meredith Hearings; and
 - d. a summary of the disposition of hearings, including the outcome of the hearing decisions.

C. Coordination

Contractor shall conduct the following activities in order to smoothly facilitate any and all staff transitions in the provision of patients' rights advocacy services for San Mateo County:

- 1. Meet with the BHRS OCFA Director and/or BHRS-Mental Health Quality Improvement Manager as needed.
- 2. Work with BHRS OCFA Director to orient and become familiar with San Mateo County BHRS - Mental Health Services.
- 3. Meet with staff involved in the BHRS - Mental Health Services complaint and grievance process.
- 4. Meet with facility and program administrators to become familiar with their needs and concerns regarding patients' rights.
- 5. Work with the supervisor of the Certification Review and Capacity Hearing officers to assure coordination of hearing schedules.
- 6. Recruit, hire and train patients' rights advocacy staff to work in San Mateo County.
- 7. Secure necessary furniture and equipment to maintain office space.
- 8. Prepare mailing to all BHRS - Mental Health Services program sites and residential care facilities to announce new Patients' Rights Advocacy Program staff members.

II. SAN MATEO COUNTY BHRS - SERVICES RESPONSIBILITIES

- A. BHRS will continue to operate a complaint and grievance process for resolving non-patients' rights complaints and grievances that arise for Mental Health Services clients of the Division.
- B. BHRS will make reasonable efforts to maintain office space for use by Contractor at a mutually agreed upon location. The office space shall be sufficient to accommodate the staffing levels required by this Agreement. The current office location is 262 Harbor Blvd, Belmont, CA 94002
- C. Should BHRS be unable to provide mutually agreed upon office space, Contractor may be compensated for actual costs for renting office space up to an amount approved by the Director of BHRS.

III. HEALTH ORDER COMPLIANCE

A. 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/.

IV. 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 30th. 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. Record Retention

Paragraph 13 of the Agreement and Paragraph I.P.4. of Exhibit B notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18th) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later. This rule does not supersede professional standards (Contractor is allowed to maintain records for a longer period of time if required by other regulations or licenses).

C. Administering Satisfaction Surveys

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

D. Cultural Competency

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

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

- a. implementation of policies and practices that are related to promoting diversity and cultural competence.
 - b. contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee).
 - c. Collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation.
 - 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. Staff training plan related to cultural competency. 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.
2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council for the term of the Agreement. Contractor shall submit to BHRS ODE by March 31st, a list of staff who have participated in these efforts. For more information about the Cultural Competence Council (CCC), and other cultural competence efforts within BHRS, contact HEIM.

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, the contractor is expected to contact Access Call Center or their BHRS Program Manager for consultation. If additional language resources are needed, please contact HEIM.
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 HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.
5. Technical Assistance

If unable to comply with the cultural competence requirements, Contractor will meet with the Program Manager and HEIM ode@smcgov.org to plan for appropriate technical assistance.

E. Licensing Reports

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

F. Documentation Services

Contractor shall provide all pertinent documentation required for state and federal reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes). Documentation shall be completed in compliance with the BHRS Policies & Documentation Manual (as defined in Paragraph II. of this Exhibit A) which is located online at: <http://smchealth.org/SOCMHContractors>, and is incorporated by reference herein. Documentation for AOD services shall be in compliance with the Alcohol and Other Drug Services Provider Handbook which is located online at <http://www.aodsystems.com/SMC/Index.htm>, and is incorporated by reference herein.

Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes).

G. Certification

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.

H. Ineligible Employees

BHRS requires that contractors identify the eligibility status of employees, interns or volunteers prior to hiring and on an annual 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 using the following websites:

1. Office of Inspector General

Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: www.Exclusions.OIG.HHS.Gov.

2. California Department of Healthcare Services

Contractors providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Healthcare Services (DHCS) in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: <http://files.medi-cal.ca.gov>, once there, type in "medi-cal suspended and ineligible provider list" in the search box.

I. Advance Directives

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

J. 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 Section 10. Compliance with laws; payment of Permits/Licenses.

K. Physician Incentive Plans

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

L. 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.

M. Compliance Plan and Code of Conduct

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

N. Beneficiary Brochure and Provider Lists

Contractor agrees to provide Medi-Cal clients who are new to the Mental Health System with a brochure (an original of which shall be provided by County) when a client first receives a specialty mental health service from the Contractor. Such brochure shall contain a description of County services available; a description of the process for obtaining County services, including the County's state-wide toll-free telephone number; a list of the County's providers; a description of the County's beneficiary problem resolution process, including the complaint resolution and grievance processes; and a description of the beneficiary's right to request a fair hearing at any time before, during or within ninety (90) days after the completion of the beneficiary problem resolution process.

O. Contractor shall participate in all activities assigned by BHRS Quality Improvement.

P. Fingerprint Certification

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

Q. Credentialing

Contractor is responsible for implementing a process to verify, at time of employment, the credentials of its clinical staff (or obtain a waiver). All

clinical personnel must comply with HIPAA regulations to obtain a National Provider Identifier (NPI) number. The license and NPI information shall be reported to the County through the completion of a County provided credentialing form and submitted to the BHRS Quality Management team. Thereafter, on a yearly basis, Contractor is responsible to conduct a re-credentialing check verifying the NPI number, and ensure that qualification standards have been met and all applicable licenses are current.

R. Staff Termination

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

S. 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.

V. GOALS AND OBJECTIVES

Program Goal 1: Patients will receive representation at Certification and Capacity (Reise and Meredith) Hearings.

Objective 1: Contractor shall provide representation for one hundred percent (100%) of patients who are scheduled for Certifications and Capacity Hearings at Mills-Peninsula Hospital, Seton Geriatric Behavioral Program and the San Mateo Medical Center, Cordilleras Mental Health Center and Maguire Correctional Facility and who elect to have representation by Contractor.

Program Goal 2: Quarterly monitoring of facilities.

Objective 1: Contractor shall provide quarterly informal monitoring at Cordilleras Mental Health Center, Mills-Peninsula Hospitals, Seton Geriatric Behavioral Program, San Mateo Medical Center and Maguire Correctional Facility.

Program Goal 3: Staff of inpatient facilities shall receive training in patients' rights laws, regulations and policies.

Objective 1: Contractor shall provide trainings once during the contract term, and as requested, at Cordilleras Mental Health Center, Mills-Peninsula Hospitals, Seton Geriatric Behavioral Program, San Mateo Medical Center and Maguire Correctional Facility.

*** END OF EXHIBIT A1 ***

EXHIBIT B1 – PAYMENTS AND RATES
MENTAL HEALTH ASSOCIATION OF ALAMEDA COUNTY
FY 2025– 2028

In consideration of the services provided by Contractor in Exhibit A1, 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 pay or be obligated to pay Contractor for services rendered under this contract shall not exceed. SIX HUNDRED NINETY-NINE THOUSAND DOLLARS (\$699,000) for the term of the agreement.

- B. 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.
- C. 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.
- D. 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.
- E. In the event this Agreement is terminated prior to June 30, 2028, the Contractor shall be paid for services already provided pursuant to this Agreement.

- F. 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.
- G. 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).
- H. At any point during the Agreement term, Contractor shall comply with all reasonable requests by County to provide a report accounting for the Grant Funds distributed by the County to the Contractor to-date.
- I. Monthly Invoice and Payment
 - 1. Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. The invoice shall clearly summarize the actual monthly service expenses chargeable to Behavioral Health and Recovery Services of San Mateo County, for which claim is made. No more than two (2) invoices shall be submitted per program during the monthly billing cycle. The two invoices shall be the initial invoice and one supplemental invoice. Additional invoices received shall be paid at the end of the fiscal year during the reconciliation process.
 - a. Patients' Rights Advocacy Report

Accompanying the claim will be the Patient's Rights Advocacy Report detailing the following:

 - i. Calls Received
 - ii. Investigations Conducted
 - iii. Facility Monitoring Visits
 - iv. Training /Educational Consultation Sessions
 - v. Voluntary Minor Admissions
 - vi. Nature of Potential Third-Party Insurance
 - vii. Requests for Independent Clinical Review
 - viii. Conducted

b. Patient Representation Certification Review and Capacity Hearings Report

Accompanying the claim will be the Patient Representation Certification Review and Capacity Hearings Report detailing the following:

- i. Certification Review Hearings
- ii. Capacity Hearings
- iii. Meredith Hearings

2. Payment by County to Contractor shall be monthly on actual expenses incurred/claimed. 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.

Contractor shall send invoices to BHRS-Contracts-Unit@smcgov.org

OR:

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

- J. 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.
- K. 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.

- L. 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.
- M. 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 4 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.
- N. Election of Third Party Billing Process

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

1. Option 1

- a. Contractor shall bill all eligible third-party payors financially responsible for a beneficiary's health care services that Contractor provides through this Agreement. Within ten (10) days of the end of each month, Contractor shall provide to County copies of the Explanation of Benefits or other remittance advice for every third-party payment and/or denial of such third-party payments for services provided by Contractor during such month. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph N of this Exhibit B. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third-party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement, through the Cost Report reconciliation.

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

2. Option 2

- a. Contractor shall provide information to County so that County may bill applicable other third-parties before billing Medi-Cal for services provided by Contractor through this Agreement. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph R of this Exhibit B. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement through the Cost Report reconciliation.
- b. Contractor shall provide a copy of the completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

O. 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.

P. Claims Certification and Program Integrity

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604,

438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.

2. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

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

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

Executed at _____ California, on _____, 20__

Signed _____ Title _____

Agency _____”

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

- a. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.
 - b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
 - c. The services included in the claim were actually provided to the beneficiary.
 - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.
 - e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
 - f. For each beneficiary with Mental Health Services included in the claim, all requirements for Mental Health Services Contractor payment authorization for were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this agreement.
 - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
4. Except as provided in Paragraph IV.B. of Exhibit A1 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 Care 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.

- Q. Payments made to Contractor under the terms of this Agreement may be used for Program staff salaries, Program operations, and other direct expenses essential to the Program. No funds paid by County through this Agreement shall be spent for fundraising.

*** END OF EXHIBIT B1 ***