

AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND PSYNERGY PROGRAMS, INC.

This Agreement is entered into this 25 day of June, 2024, by and between the County of San Mateo, a political subdivision of the state of California, hereinafter called "County," and Psynergy Programs, Inc., hereinafter called "Contractor."

* * *

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

Whereas, it is necessary and desirable that Contractor be retained for the purpose of providing mental health residential services.

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

1. Exhibits and Attachments

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

Exhibit A—Services

Exhibit B—Payments and Rates

Exhibit C—Mental Health Outpatient Fee-for-Service Rate Schedule

Attachment C— Election of Third Party Billing Process

Attachment D – Payor Financial Form

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 FIVE MILLION FIVE HUNDRED THIRTY THOUSAND ONE HUNDRED TWENTY-TWO DOLLARS (\$5,530,122). In the event that the County makes any advance payments, Contractor agrees to refund any

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

4. Term

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2024 through June 30, 2027.

5. Termination

This Agreement may be terminated by Contractor or by the Chief of the Health System 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.

9. Assignability and Subcontracting

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

10. Insurance

a. General Requirements

Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this Section has been obtained and such insurance has been approved by County's Risk Management, and Contractor shall use diligence to obtain such insurance and to obtain such approval. Contractor

shall furnish County with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending Contractor's coverage to include the contractual liability assumed by Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to County of any pending change in the limits of liability or of any cancellation or modification of the policy.

b. Workers' Compensation and Employer's Liability Insurance

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

c. Liability Insurance

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

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

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

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

11. Compliance With Laws

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County, and municipal laws, ordinances, regulations, and executive orders including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Federal Regulations promulgated thereunder, as amended (if applicable), the Business Associate requirements set forth in Attachment H (if attached), the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, which prohibits discrimination on the basis of disability in programs and activities receiving any Federal or County financial assistance. 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. Anti-Harassment Clause

Employees of Contractor and County shall not harass (sexually or otherwise) or bully or discriminate against each other's employee 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. Any misconduct by Contractor's employees towards County employees may be grounds for termination of the Contract. Contractor shall timely address any allegations of their employee's misconduct by a County employee including immediately removing that employee from work on the Contract.

14. 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.

15. 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.

16. 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.

17. 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.

18. 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: Talisha Racy, Clinical Services Manager
Address: 2000 Alameda de Las Pulgas, Suite 200
San Mateo, CA 94403
Telephone: 650-573-3615
Email: Tracy@smcgov.org

In the case of Contractor, to:

Name/Title: Psynergy Programs, Inc
Arturo Uribe, LCSW, President, CEO
Address: 2433 Mariner Square Loop, Suite 208, Alameda, CA 94501
Telephone: 408-497-9186
Facsimile: 408-465-8295
Email: auribe@psynergy.org


19. 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.

* * *

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. 080501


President, Board of Supervisors, San Mateo County

Date: June 25, 2024

ATTEST:

By: _____
Clerk of Said Board

PSYNERGY PROGRAMS, INC.

DocuSigned by:


65D68C1D2FC244F
Contractor's Signature

Date: 05/28/2024

EXHIBIT A - SERVICES
PSYNERGY PROGRAMS, INC.
FY 2024 – 2027

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

I REHABILITATIVE MENTAL HEALTH SERVICES

A. Introduction

For the term of this Agreement as herein specified, Contractor shall provide to the County Behavioral Health and Recovery Services Division (BHRS) up to eighteen (18) beds for San Mateo County clients who are seriously and persistently mentally ill and in need of mental health rehabilitation, treatment and long-term care.

Program staffing is multi-disciplinary and strives to reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community which the program serves. Families, caregivers, human service agency personnel and other significant support persons are encouraged to participate in the planning and implementation process to help the client meet his/her needs, choices, responsibilities and desires. Programs are designed to use both licensed and non-licensed personnel who are experienced in providing mental health services.

B. Services

Contractor shall provide outpatient Assessment, Individual Therapy, Group Therapy, Medication support, Vocational Services. Contractor will also provide Adult Residential Services in separate facilities under separate management. These services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules and regulations, including quality improvement requirements of the Short-Doyle/Medi-Cal Program. The BHRS Documentation Manual (“County Documentation Manual”) is included herein by reference. To the extent that there is inconsistency between a provision in the County Documentation Manual and this Agreement, the provisions of the County Documentation Manual shall prevail. All services are co-occurring capable, trauma-informed and recovery-oriented. All payments under this Agreement must directly support services specified in this Agreement.

Psychiatric services, medication support and service, and medical oversight will be provided by Contractor's Chief Medical Director, Medication Services Director, and/or Director of Clinical Services.

Contractor will coordinate or participate in periodic case conference around clients whose care is shared with County treatment teams. Coordination will include treatment plans, client progress, and discharge planning.

1. Residential Services and Supports

Contractor shall provide residential treatment facilities for Serious Mental Illness (SMI) adults with mental health and co-occurring disorders. Treatment shall include a range of activities and services for clients who would be at risk of hospitalization or other institutional placement were they not at one of these residential programs. Contractor will support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support services, and will make available interventions that focus on symptom reduction and management.

As of the effective date of this Agreement, the Psynergy Residential Programs are:

FY 2024 – 2027

- Nueva Vista Adult Residential Facility (capacity-72 beds)
18225 Hale Avenue, Morgan Hill CA 95037
- Nueva Vista Sacramento (capacity-60 beds)
4604 Roosevelt Avenue, Sacramento CA 95820
- Cielo Vista Adult Residential Facility (capacity-40 beds)
806 Elm Avenue, Greenfield CA 93927
- Vista Esperanza RCFE (capacity-54 beds)
5240 Jackson Street, North Highlands CA 95660
- Vista de Robles, Adult Residential Facility (capacity-68 beds)
9847 Folsom Blvd., Sacramento CA 95827
- Vista de Robles Intensive Support Services Program (capacity-12 beds)
9847 Folsom Blvd., Sacramento CA 95827

- Tres Vista Apartments (capacity-6 beds)
18217 Hale Ave., Apts # (200, 210, 220 and 230)
Morgan Hill, CA 95037
 - Tres Vista Cottages I (capacity-5 female beds)
4612 Roosevelt Avenue
Sacramento, CA 95820
 - Tres Vista Cottages II (capacity-5 male beds)
4616 Roosevelt Avenue
Sacramento, CA 95820
- a. Eligibility for admission to Residential Treatment Facility and/or Transitional Residential Treatment Services

County BHRS Collaborative Care Team will authorize and, in the case of multiple applications, will prioritize persons for admission. Admission priority will generally be given to persons coming from more restricted settings such as hospitals and locked sub-acute facilities.

b. Rehabilitation Services

i. Supported Employment Services

Contractor may provide supported employment and job placement services to San Mateo County adults who have been diagnosed with psychiatric disabilities and co-occurring disorders. Employment specialists shall assist clients in the following: preparing for employment, developing job skills, locating positions for clients in the business community, and offering support once client has secure employment.

Medi-Cal Certified Sites:

- Psynergy Morgan Hill
18217 Hale Avenue
Morgan Hill, CA 95037
- Psynergy Greenfield
215 Huerta Avenue
Greenfield, CA 93927

- Psynergy Roosevelt – Portable/Trailer
4604 Roosevelt Avenue
Sacramento, CA 95820
- Psynergy Folsom Sacramento
9343 Tech Center Drive, Suite 110
Sacramento, CA 95827

2. Specialty Mental Health Services

- a. Mental Health Services The monthly invoice for Mental Health Services must be supported by clinical documentation to be considered for payment. Mental Health Services are reimbursed by units of service and rates located on Exhibit C.

Contractor shall provide Medication Support Services by a licensed psychiatrist for each client pre-authorized for Medication Support Services by the Deputy Director or designee and to the extent medically necessary.

Mental Health Services include:

- Assessment: Assessment consists solely of the annual assessment required by County to reassess a client for eligibility for mental health treatment.
- Individual Therapy: Individual Therapy are those therapeutic interventions consistent with the client's goals that focus primarily on symptom reduction as a means to improve functional impairments. Individual Therapy is usually delivered to an individual but may include family or significant support persons when the individual is present, but the focus of work is on the client and not on the family system.
- Group Therapy: Group Therapy are those therapeutic interventions for more than one client that focuses primarily on symptom reduction as a means to improve functional impairments. It may include group family

therapy when families of two or more clients are present, and the client is not present.

- iv. Family Therapy: Family Therapy consists of contact with the client and one or more family members and/or significant support persons. Services shall focus on the care and management of the client's mental health conditions within the family system.
- v. Collateral Services: Collateral Services consists of contact with one or more family members and/or significant support persons (when the client is not present) which may include consultation and training to assist in better utilization of services and understanding mental illness. Collateral services include, but are not limited to, helping significant support persons to understand and accept the client's condition and involving them in service planning and implementation of service plan(s).
- vi. Rehabilitation Services: Rehabilitative Services may include any or all of the following: Assistance in improving, restoring or maintaining a client's functional skills, daily living skills, social skills, leisure skills, grooming and personal hygiene skills, medication compliance, and access to support resources.

b. Medication Support

The monthly invoice for Medication Support Services must be supported by clinical documentation to be considered for payment. Mental Health Services are reimbursed by minutes of service.

Contractor shall provide Medication Support Services by a licensed, qualified psychiatrist for each client pre-authorized for Medication Support Services by the Deputy Director or designee and to the extent medically necessary.

Medication Support Services include:

- i. Prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals, necessary to alleviate the symptoms of mental illness;
- ii. Evaluation of the need for medication, prescribing and/or dispensing;
- iii. Evaluation of clinical effectiveness and side effects of medication;
- iv. Medication regimen adjustment;
- v. Obtaining informed consent for medication(s) prescribed; and
- vi. Medication education (including discussing risks, benefits and alternatives with the consumer or significant support persons);
- vii. Medication plan development;
- viii. Medication administration or dispensing;
- ix. Medication related consultation with providers;
- x. Phone calls to client and significant support person(s) about medication; and
- xi. Phone calls to pharmacies and transmitting medication orders.

Medication support services may be provided anywhere in the community by the following staff within their scope of practice:

- Licensed Physician
- Certified Nurse Specialist
- Licensed Pharmacist
- Certified Nurse Practitioner
- Licensed Vocational Nurse

- Physician Assistant
- Registered Nurse
- Licensed Psychiatric Technician

c. Crisis Intervention

- i. Crisis Intervention is a service, lasting less than twenty-four (24) hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit.
- ii. Contractor shall provide Crisis Intervention if medically necessary.
- iii. Crisis Intervention is reimbursed by minutes of service.
- iv. All clinical documentation must accompany the monthly invoice.

3. Discharge Coordination Services

- a. Contractor will coordinate with County representative and conservator to secure for the individual upon discharge.
- b. This will involve assistance in but not limited to:
 - i. Assessment/determination of need;
 - ii. Recommendations for placements;
 - iii. Pre-placement visit(s);
 - iv. Accessing services necessary to secure placement;
 - v. Participation in treatment review and discharge planning meetings

4. Intensive Support Services (ISS)

The Intensive Support Service (ISS) offered by Psynergy is intended as a short-term intervention to support individuals with complex care needs in an outpatient setting. This is accomplished through higher levels of observation and an IOP-level of clinical and

residential support with clinically led groups focused on medication management, stabilizing symptoms and reducing maladaptive behaviors that jeopardize housing in the larger milieu.

a. Location and Physical Environment

The ISS program is a 12-bed alarmed residential program within the larger Vista de Robles Adult Residential Facility (ARF). Although operating under the same ARF license, the ISS Program is separately staffed to provide a much higher staff-to-client ratio of 1:6 that helps provide not only more constant supervision and support but also increased therapeutic contact and treatment to help clients integrate or re-integrate back into the larger ARF setting. The alarmed doors allow staff to provide expedient interventions that help prevent elopement and reduce the likelihood of drug use or engaging in other maladaptive behaviors. Access to the community is supervised while at the ISS Program.

b. Eligibility

Clients at the ISS Program may be referred as “New” clients to Psynergy requiring more support as they transition to an open community campus or as “Existing” clients and as an intervention to help prevent hospitalization and/or eviction of current clients. Case Managers and /or the client’s Conservator may recommend their clients for this service prior to admission and/or discharge. Facility Administrators may also offer this as an option if they believe the client’s behavioral and/or other support needs are short-term and that the client would benefit from this higher level of service.

c. Authorization of Services

Facility Administrator will get prior approval from county contract monitor and/or their designee prior to accepting or moving any existing client to the ISS Program.

d. Length of Stay

Clients in the ISS Program will be assessed on a weekly basis to determine readiness to transfer to the larger campus. Recommendations to continue ISS level of service will be authorized by the County Contract Manager and/or their designee.

C. 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/.

II. ADMINISTRATIVE REQUIREMENTS

A. Quality Management and Compliance

1. Quality Management Program and Quality Improvement Plan

Contractor must have a Quality Management Program and submit a Quality Improvement Plan to Behavioral Health and Recovery

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

2. Referring Individuals to Psychiatrist

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

3. Medication Support Services

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

In particular:

- a. Medications are logged in, verified, counted and added to inventory sheets.
- b. All medications obtained by prescription are labeled in compliance with federal and state laws. Prescription labels are altered only by persons legally authorized to do so.
- c. Medications intended for external use only are stored separately from medications intended for internal use; food and blood samples are stored in separate refrigerators.
- d. All medications are stored at proper temperatures: room temperature drugs at 59-86 degrees Fahrenheit and refrigerated drugs at 36-46 degrees Fahrenheit.

- e. Medications are stored in a locked area with access limited to those medical personnel authorized to prescribe, dispense or administer medication.
- f. Medications are disposed of after the expiration date and recorded.
- g. Injectable multi-dose vials are dated and initialed when opened.
- h. A medications log is maintained to ensure that expired, contaminated, deteriorated and abandoned medications are disposed in a manner consistent with state and federal laws.
- i. "Stock" medications that are not prescribed by the client's physician may not be used (for example, Tylenol).

4. Record Retention

Paragraph 14 of the Agreement notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of ten (10) years, except the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until ten (10) years beyond the person's eighteenth (18th) birthday or b) for a period of ten (10) years beyond the date of discharge, whichever is later. This rule does not supersede professional standards. Contractor may maintain records for a longer period of time if required by other regulations or licenses.

5. Documentation of Services

Contractor shall provide all pertinent documentation required for state and federal reimbursement including but not limited to Consent Forms, assessments, treatment plans, and progress notes. Contractor agencies must submit, via fax to Quality Management at 650-525-1762, their version of these forms for Quality Management approval before the forms are to be used. Special attention must be paid to documentation requirements for residential treatment facilities. Documentation shall be completed in compliance with the BHRS Policies & Documentation Manuals (as defined in 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 Mental Health & AOD Documentation Manual located online at: <https://www.smchealth.org/sites/main/files/file-attachments/bhrsdocmanual.pdf>

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

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

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, Medi-Cal, 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. 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 A – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment A and return it along with all other contract forms.

b. Credentialing Check – Monthly

Contractor will complete Attachment A – Agency/Group Credentialing Information each month and submit the completed form to BHRS Quality Management via email at: HS_BHRS_QM@smcgov.org or via a secure electronic format.

14. Compliance Plan and Code of Conduct

Contractor will annually read and be knowledgeable of the compliance principles contained in the BHRS Compliance Plan and Code of Conduct located at <http://smchealth.org/bhrs-documents>. In addition, Contractor will assure that Contractor's workforce is aware of compliance mandates and informed of the existence and use of the BHRS Compliance Improvement Hotline (650) 573-2695.

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

15. Fingerprint Compliance

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

- a. Adhere to CCR Title 9 Section 13060 (Code of Conduct) when providing services to individuals with whom they have contact as a part of their employment with the contractor; OR
- b. Obtain 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. Credentialing

Contractor is responsible for implementing a process to verify, at time of employment, and ongoing, (at the clinician's license or registration

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

17. 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.

18. Minimum Staffing

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

19. Medical Enrollment

Contractor shall be enrolled in the MediCal program or in the process of becoming enrolled. Contractor will keep BHRS informed on their enrollment status and submit proof of MediCal enrollment.

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 Health Equity Initiatives Manager (HEIM) at 650-573-2714 or ode@smcgov.org

Out of county contractors must attest to compliance with all of the pertinent cultural competence requirements in their host County contract. Out of county contractors shall submit to HEIM (ode@smcgov.org) by March 31st, documentation of their compliance.

Contractors who are not able to comply with the cultural competence requirements will be asked to meet with the Program Manager and HEIM (ode@smcgov.org) to plan for appropriate technical assistance.

C. Surety Bond

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

D. 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.

III. GOALS AND OBJECTIVES

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

GOAL 1: To minimize inappropriate or unnecessary state and psychiatric acute hospitalization to the extent clinically appropriate.

Objective 1: No more than fifteen percent (15%) of all admissions will be discharged to an acute psychiatric level of care.

GOAL 2: Safe and supportive living environments inclusive of clients' cultural needs (race, gender, religion, language, etc.).

Objective 2: At least ninety percent (90%) of clients shall satisfactorily rate staff as being sensitive to their cultural needs (race, gender, religion, language, etc.).

End of Exhibit A

EXHIBIT B - PAYMENTS AND RATES
PSYNERGY PROGRAMS, INC.
FY 2024 – 2027

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

I. PAYMENTS

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 Agreement shall not exceed FIVE MILLION FIVE HUNDRED THIRTY THOUSAND ONE HUNDRED TWENTY-TWO DOLLARS (\$5,530,122).

B. Maximum Amount per Fiscal Year

1. FY 2024-2025

For the term July 1, 2024 through June 30, 2025, the maximum amount County shall pay shall not exceed ONE MILLION EIGHT HUNDRED FORTY-THREE THOUSAND THREE HUNDRED SEVENTY-FOUR DOLLARS (\$1,843,374).

2. FY 2025-2026

For the term July 1, 2025 through June 30, 2027, the maximum amount County shall pay shall not exceed ONE MILLION EIGHT HUNDRED FORTY-THREE THOUSAND THREE HUNDRED SEVENTY-FOUR DOLLARS (\$1,843,374).

3. FY 2026-2027

For the term July 1, 2026 through June 30, 2027, the maximum amount County shall pay shall not exceed ONE MILLION EIGHT HUNDRED

FORTY-THREE THOUSAND THREE HUNDRED SEVENTY-FOUR DOLLARS (\$1,843,374).

1. Residential Services

County shall pay Contractor for up to a maximum of eighteen (18) beds per month for FY 2024-2027, according to the following rates of payment:

Patch for clients with benefits rate varies as follows:

- \$177.61/day Complexity Level I
- \$148.21/day Complexity Level II
- \$249.74/day Residential Care Facility for the Elderly
- \$56.35/day Supported Accommodations / Independent Living
- \$293.98/day Day Rate for Intensive Support Services (ISS)

Patch for clients without benefits rate varies as follows:

\$1,398.07/month, plus \$3.00/day Complexity Level I

County will advise contractor if there is a change in payee or representative payee.

Maximum Amount for Residential Services

The maximum amount County shall pay Contractor under this Agreement for the Residential Services shall not exceed ONE MILLION EIGHTY-NINE THOUSAND FOUR HUNDRED FORTY-SIX DOLLARS (\$1,089,494) per fiscal year.

2. Rates for Specialty Mental Health Services

For Medication Support Services, Mental Health Services, Case Management, and Crisis Intervention described in Paragraph I.B.2. of Exhibit A, County shall pay contractor at the rate attached and incorporated into this Agreement as Exhibit C. The rates in Exhibit C are listed by practitioner type. County shall pay such rate less any third-party payments as set forth in Paragraph I.M. of this Exhibit B.

- I. Payment shall be made on a monthly basis upon County's receipt of the following:

- a. All required documentation adhering to Medi-Cal guidelines,
- b. Documentation for each minute of service, and
- c. Documentation relating to each appropriate authorization.

Maximum amount for Specialty Mental Health Services

The maximum amount County shall pay Contractor under this Agreement for Mental Health Services shall not exceed SIX HUNDRED SIXTY-NINE THOUSAND SIX HUNDRED DOLLARS (\$669,600) per fiscal year.

3. Rates for Support Services

I. Transportation

Admission, Conservatorship Hearings, Discharge to Lower Level of Care Transportation

- a. Contractor will pick-up new admissions from placements upon request from County. From the residence, to the destination, and return in a Psynergy Program insured car and driver rate is FIFTY-FIVE DOLLARS (\$55.00) per hour in 15-minute increments.
- b. The standard mileage rates for the use of a car, van, pick up or panel truck will be SIXTY-FIVE AND A HALF cents (\$0.65) per mile for business miles driven and need to be pre-approved by BHRS.
- c. Driver will ensure the safety and supervision of individuals, ensure admission paperwork and medications are in order, meal provided, hydration, cigarette breaks if so required.

II. Enhanced Support and Supervision

Contractor will provide individual support and supervision with prior authorization from County. The rate for Enhanced Support and Supervision is FORTY-FIVE DOLLARS

(\$45.00) per hour in 15-minute increments. Examples of individual support and supervision are:

- a. Stand by assistance for dialysis treatment, including bedside support during treatment and transport to and from treatment.
- b. Stand by assistance for chemotherapy treatment, including bedside support during treatment, and transport to and from treatment.
- c. Stand by assistance for physical therapy treatment, including support during therapy session, and transport to and from treatment.
- d. Individual support for clients diagnosed with Severe Persistent Mental Illness (SPMI) and Intellectual Disabilities that without this individual support are placing their housing at risk with the escalation of symptoms and behaviors
- e. Bereavement support for individuals attending funeral or memorial of a loved one, including the transportation.
- f. Extra support for hygiene and ADL's if required.
- g. For the safety of residents and staff, standby support on an individual basis for a client that is to be moved to a higher level of support but is awaiting the transfer or bed opening.

III. Conservatorship LPS Declarations and Evaluations

County shall pay Contractor for Conservatorship LPS Declarations and Evaluations using any of the options outlined below:

- a. Flat Rate 1st doctor assessment (90 minutes) \$1,275.00 and 2nd opinion assessment (45 minutes) \$637.50 for a total of \$1,912.50. This amount is an estimate and the final amount may be less.

- b. County will provide CPT code to bill County Behavioral Health Department.
- c. County will have LPS declarations and assessment completed by an in-county psychiatrist. Contractor will support the appointments through telehealth.

IV. COVID Isolation Support Services

With prior authorization from the County, Contractor will provide room support, bed side support, medication delivery, and 1:1 support as needed for individual ordered to isolate due to COVID or other transmissible disease or diagnosis, precautions, or exposure. The rate for Isolation Support Services is ONE HUNDRED DOLLARS (\$100.00) per diem.

Maximum amount for Support Services

The maximum amount County shall pay Contractor under this Agreement for Support Services shall not exceed EIGHTY-FOUR THOUSAND TWO HUNDRED EIGHTY DOLLARS (\$84,280) per fiscal year.

- C. Payment for temporary absences shall be made according to the following state policies as outlined in Department of Mental Health Letter 86 01:
 - 1. Payment for temporary absence in the supplemental services program and for life support services in residential care facilities can be limited to seven (7) days per month. Such payment is allowable only under all of the following conditions:
 - a. the absence is consistent with the client's service and treatment plans;
 - b. the absence is necessary for the client's progress or maintenance at this level of care;
 - c. the absence is planned, or anticipated; and
 - d. the absence, as well as the purpose(s) of the absence, are documented.
 - 2. Payment for temporary absence for purposes of acute hospital or acute non-hospital (psychiatric health facility) treatment, or for

treatment in other facilities which meet Title 9 staffing standards (Section 663), except as provided in section II, paragraph 2(a) above, can be limited to ten (10) days per month. Payment is allowable if such treatment is necessary for the client to return to this level of care, i.e., in a residential care facility, and if the purpose(s) is documented.

- D. Modifications to the allocations in Paragraph A of this Exhibit B may be approved by the Chief of the Health System or designee, subject to the maximum amount set forth in Paragraph 3 of this Agreement.
- E. The Chief of the Health System 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.
- F. 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.
- G. 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 the Health System or designee.
- H. Monthly Invoices and Payment
 - 1. Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. The invoice shall clearly summarize direct and indirect services (if applicable) for which claim is made.
 - a. Direct Services/Claims

Completed Service Reporting Forms or an electronic services file will accompany the invoice and provide back-up detail for the invoiced services. The Service Reporting Forms will be provided by County, or be in a County approved format, and will be completed by Contractor according to the instructions

accompanying the Service Reporting Forms. County reserves the right to change the Service Report Forms, instructions, and/or require the Contractor to modify their description of services as the County deems necessary. The electronic services file shall be in the County approved Avatar record format.

b. Indirect Services/Claims

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

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

Claims may be sent to BHRS-Contracts-Unit@mcgov.org or:

County of San Mateo
Behavioral Health and Recovery Services
2000 Alameda de Las Pulgas, Suite 280
San Mateo, CA 94403

I. Revenue and Performance

County anticipates revenues from various sources to be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for any period of this Agreement, the maximum payment obligation and/or payment obligations for specific services may be reduced at the discretion of the Chief of the Health System or designee.

J. Disallowances

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.

K. 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 4 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.

L. 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, 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.

M. Election of Third Party Billing Process

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

1. Option One

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

2. Option Two

- a. Contractor shall provide information to County so that County may bill applicable other third-parties before billing Medi-Cal for services provided by Contractor through this Agreement. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in

Paragraph M 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.

N. 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.

O. Claims Certification and Program Integrity

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

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

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

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

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

Executed at _____ California, on ____20____

Signed _____ Title _____

Agency _____”

3. The certification shall attest to the following for each beneficiary with services included in the claim:
 - a. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.
 - b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
 - c. The services included in the claim were actually provided to the beneficiary.
 - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.

- e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
 - f. For each beneficiary with specialty mental health services included in the claim, all requirements for Contractor payment authorization for specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this agreement.
 - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
4. Except as provided in Paragraph II.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.

End of Exhibit B

Exhibit C - San Mateo County Behavioral Health & Recovery Services FY 2024-25 Mental Health Outpatient Fee-for-Service Rate Schedule (updated 5/2/2024)

Service Description	CPT / HCPCS Code	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/Contracted Psychiatrist	Physicians Assistant	Nurse Practitioner	RN	Certified Nurse Specialist	LVN	Pharmacist	Licensed Psychiatric Technician	Psychologist / Pre-licensed Psychologist	LCSW / LPCC / MFT	Occupational Therapist	Peer Support Specialist
	PROVIDER TYPE	HOURLY RATE												
CONTRACTOR THERAPY	90853	15	\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29	\$ 309.08	\$ 693.35	\$ 264.97	\$ 582.53	\$ 376.97	\$ 501.80	\$
ASSESSMENT	90792	15	\$ 80.47	\$ 36.09	\$ 40.02		\$ 40.02				\$ 32.36	\$ 20.94		
CON GROUP	H0034	15	\$ 362.12	\$ 162.41	\$ 180.07		\$ 180.07							
CON INJECTION	96372	15	\$ 80.47	\$ 36.09	\$ 40.02	\$ 32.69	\$ 40.02	\$ 17.17	\$ 38.52	\$ 14.72				
CON SUPPORT	H0034	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07							
CON INTERVENTION	H2011	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON THERAPY	90847	50	\$ 1,207.07	\$ 541.36	\$ 600.24		\$ 600.24				\$ 485.44	\$ 314.14		
CON MANAGEMENT	T1017	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON NON MD	H2019	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON NON MD	H0031	15		\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON DEVELOPMENT NON MD	H0032	15		\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON TATION GROUP	H2017	15	\$ 80.47	\$ 36.09	\$ 40.02	\$ 32.69	\$ 40.02	\$ 17.17	\$ 38.52	\$ 14.72	\$ 32.36	\$ 20.94	\$ 27.88	
CON TATION	H2017	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
CON AL THERAPY 16-37	90832	30	\$ 724.24	\$ 324.82	\$ 360.15		\$ 360.15				\$ 291.27	\$ 188.49		
CON AL THERAPY 38-52	90834	45	\$ 1,086.36	\$ 487.22	\$ 540.22		\$ 540.22				\$ 436.90	\$ 282.73		
CON AL THERAPY 53-67	90837	60	\$ 1,448.48	\$ 649.63	\$ 720.29		\$ 720.29				\$ 582.53	\$ 376.97		
CON TMENT (ONLY CHART	90885	15	\$ 362.12	\$ 162.41	\$ 180.07		\$ 180.07				\$ 145.63	\$ 94.24		
CON ON VISIT 10-19	99212	15	\$ 362.12	\$ 162.41	\$ 180.07		\$ 180.07							
CON ON VISIT 20-29	99213	25	\$ 603.53	\$ 270.68	\$ 300.12		\$ 300.12							
CON ON VISIT 30-39	99214	35	\$ 844.95	\$ 378.95	\$ 420.17		\$ 420.17							

CalAIM - Contractor Outpatient Rates

Service Description	CPT / HCPCS Code	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/Contracted Psychiatrist	Physicians Assistant	Nurse Practitioner	RN	Certified Nurse Specialist	LVN	Pharmacist	Licensed Psychiatric Technician	Psychologist / Pre-licensed Psychologist	LCSW / LPCC / MFT	Occupational Therapist	Peer Support Specialist
	PROVIDER TYPE	HOURLY RATE												
CONTRACTOR			\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29	\$ 309.08	\$ 693.35	\$ 264.97	\$ 582.53	\$ 376.97	\$ 501.80	\$
ON VISIT 40-54	99215	47	\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29	\$ 309.08	\$ 693.35	\$ 264.97	\$ 582.53	\$ 376.97	\$ 501.80	\$
TEAM CONF. PT/FAM	99366	60	\$ 1,134.64	\$ 508.88	\$ 564.23		\$ 564.23							
CONF. PT/FAM NOT	99367	60	\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29		\$ 693.35		\$ 582.53	\$ 376.97		
TEAM CONF PT NOT	99368	60		\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29		\$ 693.35		\$ 582.53	\$ 376.97		
ed BH care	99484	60	\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29	\$ 309.08	\$ 693.35	\$ 264.97	\$ 582.53	\$ 376.97		
AND FAMILY TEAM	T1017	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	
PROLONGED SERVICE	G2212	15	\$ 362.12	\$ 162.41	\$ 180.07		\$ 180.07				\$ 145.63	\$ 94.24		
PROLONGED SERVICE	G2212	15	\$ 80.47	\$ 36.09	\$ 40.02		\$ 40.02				\$ 32.36	\$ 20.94		
PROLONGED SERVICE	G2212	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07							\$
PORT PREVENTION	H0025	15												\$
PORT SELF HELP	H0038	15												\$
HERAPY	H2019	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	\$
TEAM (for Fred Finch)	T1017	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	\$
E CARE COORDINATION	T1013	15	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$
GROUP ORAL	T1013	15	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$
SIGN LANG OR ORAL	T1013	15	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$
TIVE (14CA, 16CA, 99215CA, 99347CA-			\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$
GROUP ORAL	T1013	15	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$
TIVE (6CA, 7CA, 51CA, ICC_CA, ICC_CA)			\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$ 20.10	\$

Personal Codes

CalAIM - Contractor Outpatient Rates

Service Description	CPT / HCPCS Code	Time Associated with Code (Mins) for Purposes of Rate	Psychiatrist/Contracted Psychiatrist	Physicians Assistant	Nurse Practitioner	RN	Certified Nurse Specialist	LVN	Pharmacist	Licensed Psychiatric Technician	Psychologist / Pre-licensed Psychologist	LCSW / LPCC / MFT	Occupational Therapist	Peer Support Specialist
	PROVIDER TYPE	HOURLY RATE												
CONTRACTOR			\$ 1,448.48	\$ 649.63	\$ 720.29	\$ 588.35	\$ 720.29	\$ 309.08	\$ 693.35	\$ 264.97	\$ 582.53	\$ 376.97	\$ 501.80	\$
PSYCHIC DIAGNOSTIC EVALUATION	90791	15	\$ 362.12	\$ 162.41	\$ 180.07		\$ 180.07				\$ 145.63	\$ 94.24		
30 MINS WITH MED	90833	30	\$ 724.24	\$ 324.82	\$ 360.15		\$ 360.15							
45 MINS WITH MED	90836	45	\$ 1,086.36	\$ 487.22	\$ 540.22		\$ 540.22							
60 MINS WITH MED	90838	60	\$ 1,448.48	\$ 649.63	\$ 720.29		\$ 720.29							
INTERVENTION 30-74	90839	52	\$ 1,255.35	\$ 563.01	\$ 624.25		\$ 624.25				\$ 504.86	\$ 326.71		
INTERVENTION 75-149	90840	30	\$ 724.24	\$ 324.82	\$ 360.15		\$ 360.15				\$ 291.27	\$ 188.49		
FAMILY GROUP THERAPY 15 MINUTES	90849	15	\$ 80.47	\$ 36.09	\$ 40.02		\$ 40.02				\$ 32.36	\$ 20.94		
INTERVENTION PROCEDURE 15 MINS	90887	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07		\$ 173.34		\$ 145.63	\$ 94.24	\$ 125.45	
INITIAL VISIT NEW CLIENT	99202	22	\$ 531.11	\$ 238.20	\$ 264.11		\$ 264.11							
RECURRENT VISIT NEW CLIENT	99203	37	\$ 893.23	\$ 400.61	\$ 444.18		\$ 444.18							
INITIAL VISIT NEW CLIENT	99204	52	\$ 1,255.35	\$ 563.01	\$ 624.25		\$ 624.25							
RECURRENT VISIT NEW CLIENT	99205	67	\$ 1,617.47	\$ 725.42	\$ 804.32		\$ 804.32							
PSYCHOSOCIAL MANAGEMENT 5-14 MINUTES	99441	8	\$ 193.13	\$ 86.62	\$ 96.04		\$ 96.04							
PSYCHOSOCIAL MANAGEMENT 15-29 MINUTES	99442	16	\$ 386.26	\$ 173.23	\$ 192.08		\$ 192.08							
PSYCHOSOCIAL MANAGEMENT 30-44 MINUTES	99443	26	\$ 627.67	\$ 281.51	\$ 312.13		\$ 312.13							
PSYCHOSOCIAL ASSESS CONSULT 5-14 MINUTES	99451	17	\$ 410.40											
PSYCHOSOCIAL ADMINISTRATION	H0033	15	\$ 362.12	\$ 162.41	\$ 180.07	\$ 147.09	\$ 180.07	\$ 77.27	\$ 173.34	\$ 66.24	\$ 145.63	\$ 94.24	\$ 125.45	

**Attachment C
Election of Third Party Billing Process**

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

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

Option One

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

We Psynergy Programs Inc (provider name) elect option one.

DocuSigned by:
Arturo Uribe
030000C1102E024E1

Signature of authorized agent

Arturo Uribe

Name of authorized agent

4084979186

Telephone number

Option Two

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

We _____ (provider name) elect option two.

Signature of authorized agent

Name of authorized agent

Telephone number

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

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

Attachment D – Agency Payor Financial

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