

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

THIS AMENDMENT TO THE AGREEMENT, entered into this _____ day of _____, 2022, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Psynergy Programs, Inc., hereinafter called "Contractor."

W I T N E S S E T H:

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

WHEREAS, the parties entered into an Agreement on June 23, 2020 to provide residential mental health services for the term July 1, 2020 through June 30, 2021, in the amount of \$1,692,694; and

WHEREAS, on June 29, 2021, this Board approved a first amendment to the agreement with Psynergy Programs, Inc. to adding a new facility, decreasing the usage of beds from 20 to 18 beds, increasing the maximum amount of the agreement by \$3,158,649 to an amount not to exceed \$4,851,343, and extending the term of the agreement through June 30, 2023; and

WHEREAS, the parties wish to amend the Agreement to add Enhanced Support Services, and COVID Isolation Support Services, consequently increasing the rates, and increasing the maximum amount by \$124,981 to an amount not to exceed \$4,976,324.

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

1. Exhibit A1 is hereby deleted and replaced with Exhibit A2 attached hereto.
2. Exhibit B1 is hereby deleted and replaced with Exhibit B2 attached hereto.
3. All other terms and conditions of the agreement dated June 23, 2020, between the County and Contractor shall remain in full force and effect.

*** SIGNATURE PAGE TO FOLLOW ***

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: _____
President, Board of Supervisors, San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

PSYNERGY PROGRAMS, INC.



Contractor's Signature

Date: 10/11/2022

EXHIBIT A2 - SERVICES
PSYNERGY PROGRAMS, INC.
FY 2020 - 2023

In consideration of the payments set forth in Exhibit B2, 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 San Mateo County Behavioral Health and Recovery Services (BHRS) Documentation Manual ("County Documentation Manual") is included herein by reference. To the extent that there is inconsistency between a provision in the County Documentation Manual and this Agreement, the provisions of the County Documentation Manual shall prevail. 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 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 2020 – 2021

- Morgan Hill: Nueva Vista and Tres Vista
- Sacramento: Nueva Vista Sacramento and Psynergy Sacramento
- Greenfield: Cielo Vista
- North Highlands: Vista Esperanza RCFE
- Vista de Robles

FY 2021 – 2023

- 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-80 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

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 Sacramento – Clinic A
4612 Roosevelt Avenue
Sacramento, CA 95820
- Psynergy Sacramento – Clinic B
4616 Roosevelt Avenue
Sacramento, CA 95820
- Psynergy Folsom Sacramento

9951 Horn Rd., Suite B
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 minutes of service.

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:

- i. Assessment: Assessment consists solely of the annual assessment required by County to reassess a client for eligibility for mental health treatment.
- ii. 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.
- iii. 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

C. Health Order Compliance

1. Health Order Compliance Requirements

Contractor shall comply with all current health orders issued by the State Department of Health and the County Health Officer until such orders are lifted or deemed no longer necessary for health reasons by the State Department of Health and/or the San Mateo County Health Officer. Current health orders can be found at: <https://covid19.ca.gov/> and at <https://covid19.ca.gov/safer-economy/> for statewide information and at: <https://www.smchealth.org/health-officer-updates/orders-health-officer-quarantine-isolation> for County information.

At a minimum, Contractor will ensure the following:

- a. All clients, staff and volunteers are required to wear face coverings, exceptions can be made for the children served as allowed under state and County health guidelines.
- b. Contractor will create and implement protocols for personal protective equipment (PPE) use, handwashing, isolation for clients who test positive for COVID-19, and visitor protocols (if allowed under the current health order and in compliance with health order requirements (mass testing, which can be met by participating in the BHRS Surveillance Program)).

- c. The requirements and protocols mentioned in items a and b above, as well as all the identified strategies related to the pandemic, should be organized into a basic COVID-19 Plan. The plan should identify what impacts and hazards the pandemic poses for your organization, your response to mitigate these impacts and hazards, thresholds that balance workforce location between telework to in office to face to face services for clients, for example. This simple, living document, should reflect what is important to your organization and how you will manage during the pandemic,

2. Service Delivery During Health Order Restrictions

Contractor will create and implement alternate options for service delivery; such as using the telephone and/or online sessions via a virtual platform (such as Zoom, Teams, etc.), in the event that services cannot be performed face-to-face. The virtual platform selected by the Contractor must have security protocols that ensure health information and the identity of clients is protected.

In the event that the Contractor cannot transition from face-to-face services to a virtual format, or other contracted work cannot be performed, Contractor will notify the BHRM Program Manager to develop alternatives to providing deliverables and/or cancelation of services if a solution cannot be reached. In the event that services are canceled or cannot be performed, funding shall be reduced commiserate with the reduction of services.

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 (BHRM) 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. BHRM 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 (via fax # 650-525-1762) when there are unusual events, accidents, errors, violence or significant injuries requiring medical treatment for clients, staff or members of the community. (Policy #93-11 and 45 C.F.R. § 164, subpart C, in compliance with 45 C.F.R. § 164.316.)

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

13. Ineligible Employees

Behavioral Health and Recovery Services (BHRS) requires that contractors comply with Federal requirements as outlined in 42 CFR (438.608) Managed Care Regulations. Contractors must identify the

eligibility of employees, interns, or volunteers prior to hiring and on a monthly basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to clients of BHRS are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below. The Contractor must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting Form, Policy#93-11) should a current employee, intern, or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns, and volunteers by following procedures included in BHRS Policy # 19-08, which can be found online at: <https://www.smchealth.org/bhrs-policies/credentialing-and-re-credentialing-providers-19-08>. BHRS Quality Management must be notified within twenty-four (24) hours of any violations. Contractor must notify BHRS Quality Management if an employee's license is not current or is not in good standing and must submit a plan to correct to address the matter.

a. Credentialing Check – Initial
During the initial contract process, BHRS will send a packet of contract documents that are to be completed by the Contractor and returned to BHRS. Attachment F – Agency/Group Credentialing Information will be included in the contract packet. Contractor must complete Attachment F and return it along with all other contract forms.

b. Credentialing Check – Monthly
Contractor will complete Attachment F – Agency/Group Credentialing Information each month and submit the completed form to BHRS Quality Management via email at: HS_BHRS_QM@smcgov.org 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 eleven percent (11%) of all admissions will be discharged to an acute psychiatric level of care.

Objective 2: At least ninety percent (90%) of clients shall rate services as satisfactory.

End of Exhibit A2

EXHIBIT B2 - PAYMENTS AND RATES
 PSYNERGY PROGRAMS, INC.
 FY 2020 – 2023

In consideration of the services provided by Contractor in Exhibit A2, 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 FOUR MILLION NINE HUNDRED SEVENTY-SIX THOUSAND THREE HUNDRED TWENTY-FOUR DOLLARS (\$4,976,324).

B. FY 2020-2021

County shall pay Contractor for up to a maximum of twenty (20) beds; four (4) beds will be used for stepping down from State Hospitals placement, to be approved by the BHRS director; and one (1) will be a dedicated bed, per month for FY 2020-2021, according to the following rates of payment:

Maximum Amount By Service Component

Patch for clients with benefits rate varies as follows:

\$137.65/day	Dedicated Bed
\$137.65/day	Day Rate for Complexity Level I
\$115.00/day	Day Rate for Complexity Level II
\$200/day	Day Rate for Residential Care Facility for the Elderly
\$40/day	Day Rate for Supported Accommodations Independent Living.

Patch for clients without benefits rate varies as follows:

\$177.81/day	Day Rate for Complexity Level I
\$155.16/day	Day Rate for Complexity Level II

\$240.16/day	Day Rate for Residential Care Facility for the Elderly
\$71/day	Date Rete for Supported Accommodations Independent living

The maximum amount County shall pay Contractor under this Agreement for service component shall not exceed ONE MILLION SIX THOUSAND NINE HUNDRED EIGHTY DOLLARS (\$1,006,980).

1. Rates for Mental Health Services

Medication Support Services, Mental Health Services, Case Management, and Crisis Intervention.

- a. Medication Support Services described in Paragraph I.B.2.b of Exhibit A2, County shall pay Contractor at the rate of FIVE DOLLARS AND TWENTY-FIVE CENTS (\$5.25) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- b. Mental Health Services described in Paragraph I.B.2.a of Exhibit A2, County shall pay Contractor at the rate of TWO DOLLARS AND EIGHTY-FIVE CENTS (\$2.85) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- c. Crisis Intervention Service described in Paragraph I.B.2.c of Exhibit A2, County shall pay Contractor at the rate of FOUR DOLLARS AND TWENTY-THREE CENTS (\$4.23) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- d. Case Management described in Paragraph I.B.2.d of Exhibit A2, County shall pay Contractor at the rate of TWO DOLLARS AND TWENTY CENTS (\$2.20) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.

2. 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.

3. Maximum amount for Mental Health Services

The maximum amount County shall pay Contractor under this Agreement for Mental Health Services shall not exceed SIX HUNDRED EIGHTY-FIVE THOUSAND SEVEN HUNDRED FOURTEEN DOLLARS (\$685,714).

C. FY 2021-2022

County shall pay Contractor for up to a maximum of eighteen (18) beds; four (4) beds will be used for stepping down from State Hospitals placement, to be approved by the BHRS director; per month for FY 2021-2022, according to the following rates of payment:

Maximum Amount By Service Component

Patch for clients with benefits rate varies as follows:

\$145/day	Day Rate for Complexity Level I
\$121/day	Day Rate for Complexity Level II
\$220/day	Day Rate for Residential Care Facility for the Elderly
\$42/day	Day Rate for Supported Accommodations Independent Living.

Patch for clients without benefits rate varies as follows:

\$183.48/day	Day Rate for Complexity Level I
\$159.48/day	Day Rate for Complexity Level II
\$260.00/day	Day Rate for Residential Care Facility for the Elderly
\$73/day	Day Rate for Supported Accommodations Independent living.

The maximum amount County shall pay Contractor under this Agreement for service component shall not exceed NINE HUNDRED THIRTY-SEVEN THOUSAND FOUR HUNDRED NINETY-FIVE DOLLARS (\$937,495).

1. Rates for Mental Health Services

Medication Support Services, Mental Health Services, Case Management, and Crisis Intervention.

- a. Medication Support Services described in Paragraph I.B.2.b of Exhibit A2, County shall pay Contractor at the rate of FIVE DOLLARS AND FIFTY-ONE CENTS (\$5.51) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
 - b. Mental Health Services described in Paragraph I.B.2.a of Exhibit A2, County shall pay Contractor at the rate of TWO DOLLARS AND NINETY-NINE CENTS (\$2.99) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
 - c. Crisis Intervention Service described in Paragraph I.B.2.c of Exhibit A2, County shall pay Contractor at the rate of FIVE DOLLARS AND SIXTY CENTS (\$5.60) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
 - d. Case Management described in Paragraph I.B.2.d of Exhibit A2, County shall pay Contractor at the rate of TWO DOLLARS AND SIXTY-FIVE CENTS (\$2.65) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
2. 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.
 3. Maximum amount for Mental Health Services

The maximum amount County shall pay Contractor under this Agreement for Mental Health Services shall not exceed SIX HUNDRED FORTY-ONE THOUSAND EIGHT HUNDRED TWENTY-NINE DOLLARS (\$641,829).

D. FY 2022-2023

For the term July 1, 2022 through June 30, 2023, the maximum amount County shall pay shall not exceed ONE MILLION SEVEN HUNDRED FOUR THOUSAND THREE HUNDRED SIX DOLLARS (\$1,704,306).

County shall pay Contractor for up to a maximum of eighteen (18) beds per month for FY 2022-2023, according to the following rates of payment:

Maximum Amount By Service Component

Patch for clients with benefits rate varies as follows:

\$159.50/day	Complexity Level I
\$133.10/day	Complexity Level II
\$242.00/day	Residential Care Facility for the Elderly
\$54.60/day	Supported Accommodations Independent Living.

Patch for clients without benefits rate varies as follows:

\$1,211.77/month, plus \$3.00/day Complexity Level I

The maximum amount County shall pay Contractor under this Agreement for service component shall not exceed NINE HUNDRED SEVENTY-NINE THOUSAND THREE HUNDRED FORTY-SIX DOLLARS (\$979,346).

1. Rates for Mental Health Services

Medication Support Services, Mental Health Services, Case Management, and Crisis Intervention.

- a. Medication Support Services described in Paragraph I.B.2.b of Exhibit A2, County shall pay Contractor at the rate of SIX DOLLARS AND SIXTEEN CENTS (\$6.16) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- b. Mental Health Services described in Paragraph I.B.2.a of Exhibit A2, County shall pay Contractor at the rate of THREE DOLLARS AND TWENTY-NINE CENTS (\$3.29) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- c. Crisis Intervention Service described in Paragraph I.B.2.c of Exhibit A2, County shall pay Contractor at the rate of SIX DOLLARS AND SIX CENTS (\$6.06) per minute. County shall pay such rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.
- d. Case Management described in Paragraph I.B.2.d of Exhibit A2, County shall pay Contractor at the rate of TWO DOLLARS AND NINETY-TWO CENTS (\$2.92) per minute. County shall pay such

rate less any third-party payments as set forth in Paragraph I.P. of this Exhibit B2.

2. 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.

3. Maximum amount for Mental Health Services

The maximum amount County shall pay Contractor under this Agreement for Mental Health Services shall not exceed SIX HUNDRED FORTY-EIGHT THOUSAND DOLLARS (\$648,000).

4. 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 DOLLARS (\$50.00) 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 FIFTY-NINE cents (\$0.59) 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.

5. 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 DOLLARS (\$40.00) 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.
6. 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.

- E. 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.
- F. Modifications to the allocations in Paragraph A of this Exhibit B2 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.
- G. 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.
- H. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County
- I. In the event this Agreement is terminated prior to June 30, 2023, 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.
- J. 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:

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

K. 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.

L. 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.

M. 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.

N. County May Withhold Payment

Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement including, assessment, service plans, and progress notes. The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the BHRS Quality Improvement Manager. Contractor shall meet quarterly with County contract monitor, as designated by the BHRS Deputy Director, Adult and Older Adults, to review documentation and billing reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies.

O. 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 B2. 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 B2. 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.

P. Beneficiary Billing

Contractor shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract except to collect other health insurance coverage, share of cost and co-payments.

The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services for which the State does not pay the County, for costs of covered services for which the State or the County does not pay the Contractor, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

Q. Cost Report/Unspent Funds

1. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the end of the fiscal year. Cost reports shall include accounting for all services provided through the Agreement for each applicable period, and separate accountings for 1) FSP services, 2) one-time expenditures, and 3) flexible funds, as applicable. Cost reports shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted along with the Cost Report.

As applicable, Contractor shall also submit to County a year-end Single Audit report with the Cost Report.

2. If the annual Cost Report provided to County shows that total payment to Contractor exceeds the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the BHRS Director or designee. By mutual agreement of County and Contractor, contract savings or “unspent funds” may be retained by Contractor and expended the following year, provided that these funds are expended for SUD services approved by County and are retained in accordance with the following procedures.
 - a. Contractor shall submit a summary calculation of any savings ninety (90) days after end of the fiscal year. The summary calculation will be a separate report from the year-end cost report. With the summary calculation Contractor shall return the amount of the savings.
 - b. At the time of the submission of the summary calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the BHRS Director or designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.
 - c. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
 - d. If the specific purpose is not yet complete as of the end of the succeeding fiscal year, contractor may request to rollover the unspent funds to the succeeding second fiscal year by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the request is approved by the BHRS Director or designee.
 - e. A final accounting of the rollover funds shall be submitted ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the second fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

R. Claims Certification and Program Integrity

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 A2 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 A2 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 A2 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 B2