

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND
CAMINAR**

THIS AGREEMENT, entered into this _____ day of _____ ,
20____, by and between the COUNTY OF SAN MATEO, hereinafter called
"County," and CAMINAR, 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, it is necessary and desirable that Contractor be retained for the purpose of providing the professional services hereinafter described for the San Mateo County Health System, Behavioral Health and Recovery Services Division.

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

1. Exhibits and Attachments

The following exhibits and attachments are included hereto and incorporated by reference herein:

Exhibit A—Services

Exhibit B—Payments and rates

Exhibit C—Contractor's FY 2013-14 Budget

Attachment C—Election of Third Party Billing Process

Attachment D—Payor Financial Form

Attachment I—§504 Compliance

Attachment 2—SAMSHA Certification Regarding Lobbying and Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions

Attachment 3—SAMSHA Certification Regarding Environmental Tobacco Smoke

2. Services to be performed by Contractor

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

3. Payments

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed SEVEN MILLION TWO HUNDRED-TEN THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$7,210,136).

4. Term and Termination

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2013 through June 30, 2014.

This Agreement may be terminated by Contractor, the Chief of the Health System or designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. 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 portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

5. Availability of Funds

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

6. 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 the County and that Contractor acquires none of the rights, privileges, powers, or advantages of County employees.

7. Hold Harmless

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind, and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (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 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, its officers, agents, employees, or servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this 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 herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

8. Assignability and Subcontracting

Contractor shall not assign this Agreement or any portion thereof 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 the County's prior written consent shall give County the right to automatically and immediately terminate this Agreement.

9. Insurance

The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by Risk Management, and Contractor shall use diligence to obtain such insurance and to obtain such approval. The Contractor shall furnish the County with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the 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 the County of any pending change in the limits of liability or of any cancellation or modification of the policy.

- (1) **Worker's Compensation and Employer's Liability Insurance** The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor certifies, as required by Section 1861 of the California Labor Code, that it is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.

- (2) **Liability Insurance** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her 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 contractors operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

- | | |
|---|-------------|
| (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 the insurance afforded thereby to the County, its officers, agents, employees and servants shall be primary insurance to the full limits of liability of the policy, and that if the County or its officers and employees 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, the County of San Mateo 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 pursuant to this Agreement.

10. Compliance with laws; payment of Permits/Licenses

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, including, but not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment "I," which prohibits discrimination on the basis of handicap 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. Further, Contractor certifies that the Contractor 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.

In the event of a conflict between the terms of this agreement and State, Federal, County, or municipal law or regulations, the requirements of the applicable law will take precedence over the requirements set forth in this Agreement.

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

11. Non-Discrimination and Other Requirements

- A. *Section 504 applies only to Contractor who are providing services to members of the public.* Contractor shall comply with § 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified handicapped individual 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 this Agreement.
- B. *General non-discrimination.* No person shall, on the grounds of race, color, religion, ancestry, gender, age (over 40), national origin, medical condition (cancer), physical or mental disability, sexual orientation, pregnancy, childbirth or related medical condition, marital status, or political affiliation be denied any benefits or subject to discrimination under this Agreement.
- C. *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 of San Mateo upon request.
- D. *Violation of Non-discrimination provisions.* 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
 - i) termination of this Agreement;
 - ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
 - iii) liquidated damages of \$2,500 per violation;
 - 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 examine Contractor's employment records with respect to compliance with this paragraph and/or to set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contract between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations 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 the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

- E. *Compliance with Equal Benefits Ordinance.* With respect to the provision of employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.
- F. The Contractor shall comply fully with the non-discrimination requirements required by 41 CFR 60-741.5(a), which is incorporated herein as if fully set forth.

12. Compliance with Contractor Employee Jury Service Ordinance

Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the Contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the Contractor or that the Contractor deduct from the employees' regular pay the fees received for jury service.

13. Retention of Records, Right to Monitor and Audit

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

(b) Reporting and Record Keeping: Contractor shall comply with all program and fiscal reporting requirements set forth by appropriate Federal, State and local agencies, and as required by the County.

(c) Contractor agrees to provide to County, to any Federal or State department having monitoring or review authority, to County's authorized representatives, and/or their appropriate audit agencies upon reasonable notice, 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, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

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14. Merger Clause

This Agreement, including the Exhibits attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto 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 this body of the 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 this 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 shall be in writing and signed by the parties.

15. Controlling Law and Venue

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation, and performance of this Agreement shall be governed by the laws of the State of California. Any dispute arising out of this Agreement shall be venued either in the San Mateo County Superior Court or the United States District Court for the Northern District of California.

16. Notices

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

In the case of County, to:
San Mateo County
Behavioral Health and Recovery Services
225 37th Avenue
San Mateo, CA 94403

In the case of Contractor, to:
Caminar
2600 S. El CaminoReal, Suite 200
San Mateo, CA 94403

In the event that the facsimile transmission is not possible, notice shall be given both by United States mail and an overnight courier as outlined above.

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

By: _____
President, Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

CAMINAR



Contractor's Signature

Date: 7/8/2013

Long Form Agreement/Non Business Associate v 8/19/08

EXHIBIT A – SERVICES
CAMINAR
FY 2013-14

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

I. REHABILITATIVE MENTAL HEALTH SERVICES

A. Introduction

1. Rehabilitative Mental Health Services focus on client needs, strengths, and choices; the client is always involved in service planning and implementation. The goal of rehabilitation is to help clients take charge of their own lives through informed decision making. Integrated services are based on the client's desired results from mental health services (long term goals) concerning his/her own life, and considering his/her diagnosis, functional impairments, symptoms, disabilities, life conditions, recovery, and rehabilitation readiness. Services are focused on achieving specific shorter term personal milestones (measurable objectives) to support the client in accomplishing his/her desired results.
2. 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.
3. Services are optimal when delivered to clients who live in housing of their own choice which matches their choices regarding substance use to safely maintain housing and supports. Single room occupancy is a highly valued housing choice by clients and is emphasized in resource development and integrated service planning.
4. Psychiatric services, medication support and service, and medical oversight will be provided by Contractor's Medication Clinic Director for Full Service Partnership (FSP), REACH and designated New Ventures clients.

5. Contractor will coordinate or participate in periodic case conference around clients whose care is shared with County treatment teams. This includes, but is not limited to, clients residing in Redwood House, Hawthorne House, Eucalyptus House, and those receiving case management from New Ventures. Coordination will include treatment plans, client progress, and discharge planning.

B. Services

Contractor shall provide Crisis Residential Treatment Services; Transitional Residential Treatment Services, two adult Case Management Services programs (1) Intensive Case Management (REACH) and 2) New Ventures Case Management (New Ventures/Tehanan) which includes the Wellness and Recovery Action Partnership Program (WRAPP); Rehabilitation Services (including Supported Education Services and Supported Employment Services); Young Adult Independent Living Program (YAIL) case management services; Supportive Housing Services; and Transportation. 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. Contractor shall provide the following services:

1. Crisis Residential Treatment Services

Contractor shall provide a sixteen (16) bed, twenty-four (24) hour crisis residential treatment facility for clients with serious mental illness (SMI) with mental health and co-occurring disorders ("Crisis Residential Treatment Facility"). As of the effective date of this Agreement the Crisis Residential Treatment Facility is known and referred to herein as Redwood House ("Redwood House"). Contractor shall provide therapeutic and/or rehabilitation services in a structured program as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis, and who do not present medical complications requiring nursing care ("Crisis Residential Treatment Services"). Contractor shall support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills,

and to access community support systems, and will make available interventions which focus on symptom reduction and management and recovery.

- a. Contractor will provide clients admitted to the Crisis Residential Treatment Facility with a mental health assessment, and screen for substance use and trauma.
- b. Ongoing Crisis Residential Treatment Services shall include assessment/evaluation, integrated, client-centered plan development, therapy/counseling, rehabilitative mental health services, dual diagnosis assessment and treatment for substance use, collateral services, and crisis intervention.
- c. Contractor shall provide five thousand one hundred thirty-nine (5,139) client days (88% occupancy at Redwood House) of Crisis Residential Treatment Services to one hundred thirty-five (135) unduplicated clients during the term of this Agreement. A "client day" shall mean any and all services rendered by Contractor on behalf of one (1) client during any single day during which the client was present in the Crisis Residential Treatment Facility.
- d. Contractor shall welcome to the Crisis Residential Treatment Facility only those persons who are identified according to the following criteria:
 - i. Persons in acute psychiatric distress and co-occurring disorders who require immediate supervised crisis residential treatment and who, in the absence of such community-based treatment, would require admission to full-time inpatient psychiatric services.
 - ii. Minimally functioning clients who require supervised housing on an emergency basis while awaiting specific placement within community facilities.
- e. BHRS Division Adult Resource Management, working closely with acute inpatient psychiatric emergency services and Contractor shall authorize persons for admission to the Crisis Residential Treatment Facility, and, in the case of multiple applications for admission, shall prioritize eligible persons for admission.
- f. BHRS Division Adult Resource Management will work closely with the Crisis Residential Treatment Facility staff and will meet weekly for utilization review and management of clients.

- g. Psychiatrist services will be provided. Duties include psychiatric assessment, medication services, client groups, staff consultation, liaison with other psychiatrists and educate clients with substance use issues how to take psychiatric medications safely.
- h. The Crisis Residential Treatment Facility will provide the following:
 - i. The ability to admit more than one person per day to the Crisis Residential Treatment Facility.
 - ii. Admission capability on weekends and after hours.
 - iii. The ability to admit some individuals from psychiatric emergency services:
 - 1) County will work together with Contractor to define which clients are appropriate admissions from psychiatric emergency services.
 - 2) County Resource Management team will work with psychiatric emergency services to complete licensing requirements prior to or within seventy-two (72) hours following a client's admission to the Crisis Residential Treatment Facility.
 - iv. A program structure that promotes life skills training, addresses co-occurring disorder issues via stage-matched substance abuse groups and mandatory group participation in at least 3 to 5 groups a day, 7 days a week.
 - v. Contractor shall provide 10 hours/week on site Psychiatric services. Psychiatrist shall consult with staff on medication and treatment issues and act as liaison between Primary Psychiatrists and Redwood House.

2. Transitional Residential Treatment Services

Contractor shall provide two (2) twelve (12) bed twenty-four (24) hour transitional residential treatment facilities for a total of twenty-four (24) beds for clients with serious mental illness (SMI) with mental health and co-occurring disorders (each a "Transitional Residential Treatment Facility" or collectively "Transitional Residential Treatment Facilities"). As of the effective date of this Agreement, the Transitional Residential Treatment Facility beds are distributed between the facilities known and referred to herein as Hawthorne House ("Hawthorne House") with twelve (12) beds, and Eucalyptus House ("Eucalyptus House") with twelve (12) beds. Treatment and/or rehabilitation services shall be provided in a structured therapeutic community at each Transitional Residential Treatment Facility and shall include a range of activities

and services for clients who would be at risk of hospitalization, or other institutional placement, were they not in this residential program ("Transitional Residential Treatment Services"). Contractor shall support clients in their efforts to restore, maintain and apply interpersonal and independent living skills, and to access and link to community support systems. Contractor shall also make available interventions which focus on symptom reduction.

- a. Transitional Residential Treatment Services shall include co-occurring capable assessment/evaluation, integrated, client-centered plan development, therapy/counseling, rehabilitative mental health services, collateral services and crisis intervention.
- b. Contractor shall provide seven thousand four hundred fifty-six (7,456) client days which is the sum of three thousand seven hundred twenty-eight (3,728) client days at Hawthorne House at 85% capacity and three thousand seven hundred twenty-eight (3,728) client days at Eucalyptus House at 85% capacity of care. A "client day" shall be deemed to mean any and all Transitional Residential Treatment Services rendered by Contractor on behalf of one (1) client during any single day during which the client was present overnight at one of the Transitional Residential Treatment Facilities.
- c. The expected length of stay at a Transitional Residential Treatment Facility is six (6) months. Lengths of stay exceeding six (6) months will require a treatment extension authorization from County.
- d. Eligibility for admission to a Transitional Residential Treatment Facility shall be confined to persons with a serious mental illness and functional impairments that require and shall benefit from a rehabilitation program. BHRS Division Adult Resource Management shall authorize and, in the case of multiple applications, shall prioritize persons for admission. Admission priority shall generally be given to persons coming from more restricted settings such as hospital and locked sub-acute facilities.
- e. Caminar will work jointly with BHRS to design a Transitional Age Youth (TAY)-focused transitional housing program. Eucalyptus house will continue to service clients of all ages as needed, but the programming will be designed primarily to meet the needs of a young adult population.

3. Case Management Services

- a. Contractor shall provide strength-based case management services ("Case Management Services"). Such Case Management Services shall focus on client needs, strengths and choices, and shall involve the client in service planning and implementation. The goal of Case Management Services is to help clients take charge of their own lives through informed decision making. Case Management Services shall assist the client in acquiring skills and support systems needed to function successfully in environments where they choose to live, learn, work and socialize.
- b. Contractor shall staff two Case Management Services programs, 1) Intensive Case Management (REACH) and 2) New Ventures Case Management (New Ventures/Tehanan) which includes the Wellness and Recovery Action Partnership Program (WRAPP) (as each is defined below). Staffing for the two Case Management Services programs operated by Contractor shall be multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation, and other social characteristics of the community served. Staff for both Case Management Services shall include both licensed and non-licensed individuals who are trained to provide mental health services and welcome and address co-occurring disorders.
- c. Intensive Case Management (REACH)
 - i. Contractor shall provide Intensive Case Management Services for 55 adults/older adults who are residents of San Mateo County and are seriously mentally ill (SMI) including those with co-occurring substance use issues. Integrated community-based services will be provided to 22 persons with SMI and substance use issues who are BHRS regional clients. Services shall be strengths-based fostering hope, wellness and recovery and highest possible quality of life.
 - ii. Contractor shall provide intensive case management services that enable adult/older adult clients to live and maintain in the least restrictive community setting of their choice and reduce the need for clients to utilize acute hospitals and other high level services. Service delivery shall be based on the Assertive Community Treatment (ACT) Model with an emphasis on recovery-oriented, field and team-based services that are consumer directed,

involve family and other natural supports (with client consent), and are culturally and linguistically competent and co-occurring capable. Referrals for Intensive Case Management (REACH) are to be coordinated with the Adult Resource Management Unit of BHRS.

iii. Contractor shall provide the following Intensive Case Management (REACH) services:

- 1) Maintain an approximate ratio of one (1) staff member to ten (10) clients with at least one contact each week between staff and each enrollee including the capacity of daily contact or more, if needed.
- 2) Culturally and linguistically competent and co-occurring capable assessment of each enrolled client's service needs and objectives.
- 3) Psychiatric medication services including a medication management clinic staffed by psychiatrists and nurses and community-based medication support services provided in the field.
- 4) Develop a care plan together with the client that identifies the client's needs and wants, the specific steps necessary to accomplish the client's goals, and who is responsible for each part of the plan.
- 5) Flexible, field-based services with a "whatever it takes" philosophy and hands-on assistance as needed.
- 6) Twenty-four hours/seven days a week services including crisis response capability and an afterhours "warm line".
- 7) Continuity of care including 24/7 medication access and staff involvement with all stages of hospitalization.
- 8) Integration of evidence-based and promising practices including Motivational Interviewing, Harm Reduction and Seeking Safety.
- 9) Designated "personal services coordinator" assigned to each enrollee who is part of the multidisciplinary treatment team.
- 10) Self-help and peer support services including the use of Wellness and Recovery Action Plans (WRAP).
- 11) Close coordination with substance-abuse programs as needed to ensure integrated mental health and AOD services.
- 12) Support and service linkage for family members and other natural support systems as identified by the client.
- 13) Linkage to and coordination with primary care.

- 14) REACH clients will have access to Caminar's supportive housing program. Caminar will provide housing subsidies for 25 REACH(FSP) clients who do not have Shelter Plus Care, Housing Choice vouchers or reside in project based or sponsored based units.
 - 15) REACH clients will have access to supported employment services through Caminar's Job Plus Program.
 - 16) Financial case management with representative payee services; income maintenance services and assisting clients with budgeting.
 - 17) Entitlement benefits linkage and assistance.
 - 18) Linkage to supported education programs.
 - 19) Assist enrollees to develop social and recreational and relationship skills.
 - 20) Provide transportation as needed to implement client's plan of care..
 - 21) Establish and implement guidelines to program graduation or step down to a lower level of care.
 - 22) Coordinate case review with BHRS staff at twice monthly meetings.
- iv. REACH at Central and North County.
Contractor will provide Supplemental Case Management Services to 15 North County and 7 Central County clients as described below:
- 1) Referrals will be accepted from Central and North County to provide intensive case management services to clients who are open to the North County Regional Clinics.
 - 2) Regional case managers will develop the integrated plan of care to be implemented by the Contractor's case managers. Typical Case Management activities will be strength-based and recovery-oriented and will include community based supportive visits, crisis response, assistance with activities of daily living, transportation assistance, and assistance with maintaining housing. Medication monitoring is included activity.
 - 3) Contractor will open the case and document and bill for Case Management services as appropriate.
 - 4) Contractor will participate in meetings to develop procedures as necessary and will assist in evaluation of the Case Management services.
- v. Contractor shall provide five hundred thousand (500,000) minutes of case management.

- d. New Ventures Case Management (New Ventures/Tehanan) and Wellness and Recovery Action Partnership Program (WRAPP)
 - i. Contractor shall provide community-based case management services to an active caseload of two hundred thirty-four (234) seriously and persistently mentally ill (SMI) clients with mental health and co-occurring disorders who are in the community (apartment, board and care home, hotel, etc.) ("New Ventures Case Management" or "New Ventures Case Management (New Ventures/Tehanan)"). For New Ventures Case Management, Contractor shall maintain an approximate ratio of one (1) staff member to twenty-six (26) clients. New Ventures Case Management shall include supportive counseling and coordination of resources (medical, psychiatric, social, vocational, educational and housing) necessary to enhance client's potential successful community living.
 - ii. As part of New Ventures Case Management, Contractor shall provide housing and support services at Tehanan, an apartment complex which provides supportive housing, for clients who are unable to live independently but who do not require twenty-four (24) hour care.
 - iii. Contractor shall provide seven hundred thirty-five thousand (735,000) minutes of New Venture Case Management
 - iv. Contractor will provide additional services, described below, to a sub-population of the clients to whom Contractor provides New Venture Case Management services. Such additional services are known as Wellness Recovery Action Partnership Program ("WRAPP") services. For WRAPP services Contractor shall maintain an approximate ratio of one (1) staff member to forty (40) clients.
 - 1) Participants in the WRAPP services will be identified using the following criteria:
 - a) No hospitalizations within the last 12 months.
 - b) Demonstrated interest in preparing a wellness recovery action plan and participating in on-going groups and activities to support recovery.
 - 2) Participants will accomplish the following goals:
 - a) Prepare individual wellness recovery action plans.
 - b) Work with a benefits consultant to develop plans for financial self-sufficiency
 - c) Work with Contractor's Job Plus and Supported Employment staff to develop employment and educational goals
 - d) Develop skills in learning how to access community resources independently.

- e) Develop a social activities calendar with at least ten (10) activities per year.
 - f) Assess their level of need for on-going system of care services with the intention of developing exit strategies, i.e. obtaining medications from a network physician rather than a regional clinic.
 - 3) Contractor shall insure that WRAPP participants meet individually and/or in groups to carry out the program objectives outlined above. All WRAPP activities will be coordinated by a single New Ventures Case Management manager who will have responsibility for participants in this program. Approximately ten (10) hours per week of WRAPP support will be provided by Contractor.
 - v. Contractor will work with the County to establish a process for clients to graduate or re-enter community-based care. The process will include developing criteria for graduation, measurement of criteria achievement, establishing targets and a timeline for implementation.
 - vi. To facilitate the process of graduation and reentry to community-based care Caminar is adding an additional level of service to the WRAPP program, called Wellness. Clients needing minimal to no case management services beyond an annual Client Care Plan, such as those receiving HUD subsidized housing, and/or clients whose primary need is for psychiatric services will be seen by the WRAPP Case Manager at a ratio of 3:1 regular WRAPP clients. These ratios could create a WRAPP case load of up to 60 clients.
- e. Medication Clinic
- i. Psychiatric Services
 - 1) An active case load of 55 Reach clients, 120 New Ventures clients and up to 60 Wellness clients will be maintained. An active client is defined as a person who had at least one face to face contact with a psychiatrist within the previous ninety days(90)
 - 2) At least ninety-five (95%) of all cases of clients who have not received care with the previous ninety day period shall be closed.
 - ii. Medication Clinic

- 1) As part of New Ventures Case Management, Contractor shall provide community-based medication support services ("Medication Support Services"). Such Medication Support Services shall include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness, and shall be provided by a staff person within the scope of practice of his/her profession.
 - 2) Contractor shall provide ninety thousand (90,000) minutes of Medication Support Services and maintain an active caseload of at least one hundred twenty (120) clients. Wellness Clients will be seen at a ratio of 3:1 of regular case management clients and will increase the total caseload accordingly
 - 3) Eligibility for Medication Support Services shall be confined to persons who are in need of medication support services as determined by a clinical assessment.
4. Rehabilitation Services (Supported Education Services, Supported Employment Services, and Training and Consulting)
 - a. Supported Education Services
 - i. Contractor will provide case management and support services for a supported education program on the College of San Mateo campus to students with psychiatric disabilities and co-occurring disabilities ("Supported Education Services"). In addition, Contractor will teach three specialized classes on a rotating basis throughout the year: Wellness and Recovery, Peer Counseling, and Advanced Peer Counseling.
 - ii. A minimum of two courses will be designed for and taught to adults with mental illness and co-occurring disorders each semester. The instructor will conduct an evaluation of each class at the end of the semester.
 - iii. Caminar will work in partnership with BHRS and College of San Mateo (CSM) to redesign the Supported Education Program to provide a stronger bridge into the standard curriculum.
 - iv. Contractor shall provide twelve thousand (12,000) minutes of Supported Education Services and Supported Employment Services (as described below) to one hundred (100) unduplicated adult clients.

b. Supported Employment Services

Contractor shall provide supported employment and job placement services to 40 (2,184 hours) to San Mateo County adults who have been diagnosed with psychiatric disabilities and co-occurring disorders. Employment specialists assist consumers in preparing for employment and developing job skills. Job developers find positions for consumers in the business community. Once employment is secured, support is offered for the duration of the job. All clients referred to Supported Employment Services, regardless of level of disability, will be offered employment services through Jobs Plus.

- i. Contractor will be an active participant in San Mateo County co-op with BHRS, VRS, and California Department of Rehabilitation.
- ii. Contractor will achieve all outcomes as stated in the annual Co-op agreement.

c. Enhanced Supported Education Services for Transitional Age Youth

- i. Contractor will provide enhanced supported education services ("Enhanced Supported Education Services") to approximately twenty (20) transition age youth ages 18-25 ("Transition Age Youth" or "TAY") referred by the FSP Provider (as defined in Paragraph I.B.4.b.ii below) and approximately twenty (20) TAY identified by Contractor. All such TAY shall have emotional and behavioral difficulties and TAY with co-occurring disorders will be welcomed. Outreach to TAY who are still in high-school or who have dropped out will be provided. The focus of these services will be to engage each TAY in educational or vocational activities that will lead to completion of educational plans and employment.
- ii. Contractor shall work in partnership with the Mental Health Services Act ("MHSA") funded Full Service Partnership ("FSP") provider ("FSP Provider") who has been selected to provide TAY services.
- iii. Delivery Components
 - 1) Summer Academy: Contractor will provide a "Summer Academy" which will be a quasi-educational program to help students build their confidence and self-esteem so that they will have a better chance of being successful in school and employment. A team teaching model will be employed which utilizes peer counselors, a core instructor, case management services, and guest speaker/mentors.

- 2) Transition to College classes: Contractor will provide two "Transition to College" classes, in addition to the classes that the Contractor provides as described in Paragraph I.B.4.a. above.
- 3) Academic Counseling: Contractor will coordinate with Disabled Students Programs to provide a Master's level academic counseling intern to offer academic counseling, develop student individual educational plans (IEP), oversee completion of required DSPS paperwork, and provide personal support to TAY students.
- 4) Linkage to employment: Contractor will provide services that link students with employment services.
- 5) At least 240 engagement activities will be provided by Caminar annually. Engagement activities include in-program activities at partner agencies, social outings, and campus tours.
- 6) Caminar staff will provide at least 650 contracts with TAY annually. Contacts consist of face-to-face and phone contacts for the purposes of engaging new program participants and supporting current students.

5. Young Adult Independent Living Program (YAIL) Services

- a. Contractor shall provide co-occurring capable, intensive support services to 25 transition age youth 6 of whom are residents of YAIL, ages 18-25 years ("Young Adult Independent Living Program (YAIL)" or "YAIL"). YAIL services are welcoming to specific needs of the TAY population, recovery-oriented and include intensive case management with an emphasis on education, employment, and the development of independent living skills. Contractor shall provide participants with assistance with housing. Participants may reside in the community or in a 4-unit apartment complex located in Redwood City. Contractor shall provide on-site counseling staff to be available twenty-four (24) hours a day, seven (7) days a week for residents in such Redwood City apartment complex.
- b. Contractor shall provide one hundred sixty-two thousand two hundred forty (162,240) minutes of YAIL services. Such minutes are calculated based on 65% of 2 FTE's. For YAIL services Contractor shall maintain an approximate ratio of one (1) case manager to ten (10) clients.

6. Supportive Housing

- a. Contractor will work with clients to secure clean, safe, and affordable housing which is maintained in a good state of repair. Housing shall be located in areas that are readily accessible to required services such as transportation, shopping, recreation and places of worship. The Contractor understands that there is a scarcity of such housing and securing housing at any level shall be done collaboratively with the needs of all of those being served by the mental health community in mind.

The Contractor shall ensure the client has a housing component to their personal service plan and that skill acquisition and the client's living experience is the focus of case management services in order to keep the client housed in a setting where they can be successful.

- b. County agrees and acknowledges that Contractor owns and leases property used to provide permanent and transitional housing for adults with serious mental illness (SMI) with mental health and co-occurring disorders.
- c. Contractor will screen clients for eligibility as property residents and provide services ("Property Management") which include assisting clients in locating and acquiring safe affordable housing. Contractor's property management staff will help clients negotiate rental agreements, mediate landlord-tenant issues and establish and maintain utilities. Contractor shall also lease and sublease apartments to clients enabling them to establish a positive rental credit history.
- d. Contractor's property management staff shall collect and pay rents. They will work with the Housing Authority to acquire, manage and maintain all Caminar Shelter Plus Care contracts. They shall help clients acquire and maintain Section 8 housing vouchers, ensure basic household maintenance, perform rental unit inspections and when necessary, pursue a legal eviction.
- e. Contractor's Property Management shall provide and maintain property liability insurance on all units.
- f. Contractor's Property Management staff shall work closely with Contractor's case managers and peer counselors to provide an integrated support service with independent living skills training and access to community resources that enable clients to maintain and retain their housing

- g. Contractor's Property Management will provide housing options and client choice which are vital service components in support of client self-determination and successful community integration.

7. Transportation

Contractor will manage the transportation needs of clients in all Contractor-sponsored programs. Contractor will determine client's ability to use public transportation, Rediwheels, staff-provided transportation or taxis. Contractor will provide orientation and training to clients about transportation utilization when needed.

II. SAN MATEO CONTRACTORS' ASSOCIATION GRANT FUNDING

A. Introduction

1. The parties acknowledge and agree that Contractor is the fiscal agent for an association of community-based organizations known as the San Mateo Contractors' Association (the "Association"). By definition Association members individually contract with BHRS and are current on their respective Association membership dues ("Association Members").
2. Contractor shall provide accountability and oversight of a program (the "Program") the goal of which is for each Funding Recipient (as defined in Paragraph II.B.3.a.) to be able to:
 - a. Improve capacity to provide integrated models for addressing trauma and co-occurring disorders
 - b. Improve its capacity to incorporate evidence-based practices into day-to-day resources;
 - c. Improve its cultural competency; and
 - d. Improve its capabilities to collaborate, partner and share resources and information with other Association Members.
3. Contractor shall provide accountability and collect data on each Funding Recipient's (as defined in Paragraph II.B.3.a.) progress toward the following outcome:

Objective: A minimum of seventy-five percent (75%) of Funding Recipients' staff who provide direct services will participate in training that develops new skills in the areas of trauma, co-occurring disorders and/or cultural awareness.

Measurement: Participation in activities listed above will be recorded and reported to contractor by Funding Recipients.

Data collection to be completed by Contractor and reported to BHRS by May 31, 2014.

B. Program Participation Eligibility and Application

1. Association Members whose individual contract with BHRS is or will be equal to or greater than FIFTY-THOUSAND DOLLARS (\$50,000) for FY 2013-14.
 - a. An Association Member whose individual contract with BHRS is or will be equal to or greater than FIFTY-THOUSAND DOLLARS (\$50,000) for FY 2013-14, and who has initiated a self-assessment of trauma, co-occurring capability, cultural awareness evaluation using the ("COMPASS™") or a similar tool and identified an action plan for improvement may apply to the Association for a grant of up to TEN THOUSAND DOLLARS (\$10,000) to be used by such Association Member to accomplish program goals.
 - b. Contractor will supply an application form which shall include a budget, stated outcomes, and a description of how such Association Member will use the funds to improve staff skills in addressing trauma, co-occurring disorders, and/or cultural awareness. Funding Recipient may use funds to:
 - i. Allow Funding Recipient's staff to participate in BHRS system transformation activities, and/or
 - ii. Initiate internal training activities on the topic of or related to identifying and serving individuals with trauma or co-occurring disorders.
 - iii. Initiate internal training activities on the topic of cultural awareness.
2. Association Members whose individual contract with the BHRS is or will be less than FIFTY THOUSAND DOLLARS (\$50,000) for FY 2013-14:

- a. An Association Member whose individual contract with the BHRS is or will be less than FIFTY THOUSAND DOLLARS (\$50,000) for FY 2013-14 may apply to the Association for a grant of up to TWO THOUSAND FIVE HUNDRED DOLLARS (\$2,500) to be used by such Association Member to accomplish program goals.
 - b. Such application shall take the form of a letter which shall include a budget, stated outcomes, and a description of how such Association Member will use the funds based on the applicants assessment tool and the subsequent action plan for improvement. In addition, the description shall include how such Association Member will use the funds to:
 - i. Address next steps or action plan activities identified through
 - ii. Allow such Association Member's staff to participate in BHRS system transformation activities, and/or
 - iii. Initiate internal training activities on the topic of or related to identification of and providing services to individuals with trauma and co-occurring disorders.
3. Determining Funding Recipients ("Funding Recipient(s)")
- a. The Executive Committee of the Contractor's Association will review grant applications from Association Members and make determinations as to the funding recipients.
 - b. Eligibility for additional funding for a particular Funding Recipient shall be contingent upon such Funding Recipient's successful completion of their respective goals.
 - c. In order to be considered by the Executive Committee, grievances regarding grant funding decisions must be submitted in writing to the Executive Committee for review.
4. Contractor shall collect data and materials necessary to complete periodic reports and a final report on Program outcomes for the year. A final report will be prepared which identifies new or expanded needs of the Funding Recipients relative to the Program goals. Contractor shall provide grant funding status report to the BHRS within 30 days of the end of FY 2013-14.

III. AVATAR TECHNICAL ASSISTANCE

- A. Contractor will hire a consultant, either an individual or a firm (Consultant) to provide up to two thousand ten (2,010) hours of service relative to the Contractor's Association implementation of the BHRS Electronic Medical Record (EMR) software Avatar. Specifically the Consultant shall:

1. Manage communication with members of the Contractor's Association regarding installation, testing, workflow and maintenance around use of the Avatar software.
 2. Create a list of technical and end user contacts for members of Contractors' Association. Create an inventory of the member organizations' technical assets and abilities. Consultant shall also recommend methods to maintain the contact list and inventory.
 3. Manage development, testing and documentation of any development required for implementation of Avatar for members of the Contractors' Association.
 4. Manage any additional rollout of Avatar to former BHRS VAX MIS users. This work will include providing technical support, reviewing and revising end user documentation, and arranging training utilizing scheduled Avatar classes.
 5. Manage a workgroup of members of the Contractors' Association to develop models of expanded use of Avatar appropriate for the work of different members.
 6. Manage the implementation of the expanded models of Avatar use for members of the Contractors' Association.
- B. Contractor will work with BHRS in implementing Avatar for its Alcohol and Other Drug (AOD) service providers in the following areas:
1. Workflow
 - a. Document existing workflow
 - b. Create new workflow by mapping existing workflow to Avatar
 - c. With workgroups, determine usability of new workflows
 - d. Make adjustments as needed based on workgroup feedback
 2. Participate with the NIATx Learning collaborative
 3. Avatar form and report design
 4. Avatar system testing
 5. Training

- a. Review AOD training documentation
 - b. Identify users who require training
 - c. Assist in end user training sign-up and scheduling
 - d. Assist with classroom training
- 6. Rollout support – on site and remote support
- 7. Communication
 - a. Act as primary contact for contracted providers
 - b. Develop communication materials to keep users informed of project
- 8. Contracted Provider technology upgrades
 - a. Review technology infrastructure of AOD County Based Organizations (CBO)
 - b. Recommend technology upgrades for AOD CBO
 - c. Work with ISD to spec and order equipment
 - d. Consult with AOD CBO regarding installation of equipment
- 9. Other related duties as assigned

IV. “SEEKING SAFETY” PROGRAM FOR TRANSITION AGE YOUTH

- A. Seeking Safety is an approach to help people attain safety from trauma/PTSD (Post Traumatic Stress Disorder) and substance abuse. Seeking Safety is a manualized intervention (also available in Spanish), providing both client handouts and guidance for clinicians. Services are conducted in a group and/or individual format; with diverse populations; for women, men, and mixed-gender groups; utilizes up to twenty-five (25) topics included in the model that may be conducted in any order and according to assessed need; in a variety of settings; and for both PTSD and substance abuse/dependence. It may also been used with people who have a trauma history, but do not meet criteria for PTSD.
- B. The key principles of Seeking Safety are:

1. Safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions);
2. Integrated treatment (working on both PTSD and substance abuse at the same time);
3. A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
4. Four content areas: cognitive, behavioral, interpersonal, case management
5. Attention to clinician processes (helping clinicians work on counter-transference, self-care, and other issues)
6. Collaboration with all systems of care staff involved with the youth and family (e.g., Behavioral Health and Recovery Services, Health Insurance, Child Welfare, Juvenile Justice, and/or Education).
7. Coordination with primary care physician.
8. Facilitate access for parents in need of mental health or substance abuse support to services, interfacing with adult mental health or alcohol and other drug services when family members meet mental health and/or alcohol and other drug criteria or referring them to primary care or community resources.

These services will be targeted toward Transition Age Youth through their contacts with community based organizations.

C. Population to be Served

1. The program will be open to all at-risk youth being served in the community based sites selected as locations of service. However, it is targeted to Asian/Pacific Islander, Latino and African American youth who experience or have experienced trauma.
2. Services will be provided in 480 group sessions in community settings during the term of this Agreement.

D. Evaluation

1. Tracking logs and use of tools will be part of the contractual responsibilities of the agency/agencies delivering services.

2. BHRS will work with agency representatives early in the planning process to develop the evaluation plan. This group will be responsible for final selection of the tools to be used, the key elements of the tracking logs, and the timetable for submission of documentation, at the County's discretion.

V. ADMINISTRATIVE REQUIREMENTS

A. Record Retention

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

B. Administering Satisfaction Surveys

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

C. 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 jafrica@smcgov.org.

1. Contractor will submit an annual cultural competence plan that details on-going and future efforts to address the diverse needs of clients, families and the workforce. This plan will be submitted to the BHRS Program Manager and the Health Equity Initiatives Manager (HEIM) by September of the fiscal year.

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

- a. Implementation of policies and practices that are related to promoting diversity and cultural competence.
 - b. Contractor forum for discussing relevant and appropriate cultural competence-related issues (such as a cultural competence committee).
 - c. Collection of client cultural demographic information, including race, ethnicity, primary language, gender and sexual orientation.
 - d. Staffing objectives that reflect the cultural and linguistic diversity of the clients. (Contractor will recruit, hire and retain clinical staff members who can provide services in a culturally and linguistically appropriate manner.)
 - e. Staff training plan related to cultural competency. Contractor will ensure that all program staff receive at least 8 hours of external training per year (i.e. sponsored by BHRS or other agencies) on how to provide culturally and linguistically appropriate services.
2. Contractor will actively participate in at least one cultural competence effort within BHRS and/or to send a representative to attend the Cultural Competence Council for the term of the Agreement. Contractor shall submit to BHRS ODE by March 31st, a list of staff who have participated in these efforts. For more information about the Cultural Competence Council (CCC), and other cultural competence efforts within BHRS, contact HEIM.
3. Contractor will establish the appropriate infrastructure to provide services in County identified threshold languages. Currently the threshold languages are: Spanish, Tagalog and Chinese (Mandarin and Cantonese). If contractor is unable to provide services in those languages, the contractor is expected to contact Access Call Center or their BHRS Program Manager for consultation. If additional language resources are needed, please contact HEIM.
4. Contractor will translate relevant and appropriate behavioral health-related materials (such as forms, signage, etc.) in County identified threshold languages in a culturally and linguistically appropriate manner. BHRS strongly encourages its contractors to use BHRS-sponsored forms in an effort to create uniformity within the system of care. Contractor shall submit to HEIM by March 31st, copies of Contractor's health-related materials in English and as translated.

5. Should Contractor be unable to comply with the cultural competence requirements, Contractor will meet with the Program Manager and HEIM (jafrica@smcgov.org) to plan for appropriate technical assistance.

D. Licensing Reports

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

E. Documentation of Services

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

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

F. Certification

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

G. Ineligible Employees

BHRS requires that contractors identify the eligibility status of employees, interns or volunteers prior to hiring and on an annual basis thereafter. Results of the eligibility screenings are to be maintained in the employee files. This process is meant to ensure that any person delivering services to clients of BHRS are not currently excluded, suspended, debarred or have been convicted of a criminal offense as described below. The Contractor

must notify BHRS Quality Management (by completing the BHRS Critical Incident Reporting form, Policy #93-11) should a current employee, intern or volunteer be identified as ineligible. Contractors are required to screen for ineligible employees, interns and volunteers by using the following websites:

1. Office of Inspector General

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

2. California Department of Healthcare Services (DHCS)

Contractors providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Health Care Services (DHCS) in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking: <http://files.medi-cal.ca.gov/pubsdoco/publications/bulletins/part1/part1bullet1.asp>.

H. Advance Directives

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

I. Beneficiary/Patient's Rights

Contractor will comply with County policies and procedures relating to beneficiary/patient's rights and responsibilities as referenced in the agreement Section 10. Compliance with laws; payment of Permits/Licenses.

J. Physician Incentive Plans

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

K. 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.

L. Compliance Plan and Code of Conduct

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

M. Beneficiary Brochure and Provider Lists

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

N. Fingerprinting Compliance

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

O. Credentialing

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

P. Staff Termination

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

Q. Minimum Staffing Requirements

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

VI. GOALS AND OBJECTIVES

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

A. Crisis Residential Treatment Services

Goal: To increase or maintain clients in the community and decrease referrals to psychiatric emergency services (PES).

Objective: No more than twenty percent (20%) of the clients receiving Crisis Residential Treatment Services shall be referred to psychiatric emergency services (PES).

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

B. Transitional Residential Treatment Services

Goal: To increase or maintain clients remaining in a community-based setting.

Objective: At least seventy percent (70%) of clients discharged after completion of six (6) months or more of treatment in Transitional Residential Treatment Services program shall be discharged to more independent living.

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

C. Case Management Programs

REACH

1. Intensive Case Management

Goal: To increase or maintain clients in the community and out of the hospital.

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

Data collection to be completed by the County.

2. Homeless

Goal: To increase or maintain clients in community housing and not becoming homeless.

Objective: No more than five percent (5%) of clients in each of the programs listed above in this Paragraph VI.C. become homeless.

Data collection to be completed by Contractor.

3. Enhanced Supported Education Services for Transitional Age Youth (TAY).

Goal: To increase the educational outcomes of TAY with serious mental illness.

Objective: At least eighty percent (80%) of TAY enrolled in peer counseling or skills development courses will successfully complete those classes.

Data collection to be completed by Contractor.

4. Employment

Goal: To increase or maintain clients working in paid or unpaid positions, or actively seeking employment.

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

Data collection to be completed by Contractor.

5. Supportive Housing Program

Goal: To provide stable housing for clients served in treatment programs administered under this Agreement.

Objective: At least eighty percent (80%) of property management clients will maintain their residences for at least twelve (12) months.

Data collection to be completed by Contractor

6. Incarcerations

Goal: To increase or maintain clients in the community and not being incarcerated.

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

Data collection to be completed by Contractor

New Ventures Case Management

1. Homeless

Goal: To increase or maintain clients in community housing and not becoming homeless.

Objective: No more than five percent (5%) of clients in each of the programs listed above in this Paragraph VI.C. become homeless,

Data collection to be completed by Contractor

2. Enhanced Supported Education Services for Transitional Age Youth (TAY).

Goal: To increase the educational outcomes of TAY with serious mental illness.

Objective: At least eighty percent (80%) of TAY enrolled in peer counseling or skills development courses will successfully complete those classes.

Data collection to be completed by Contractor.

3. Employment

Goal: To increase or maintain clients working in paid or unpaid positions, or actively seeking employment.

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

Data collection to be completed by Contractor.

4. Supportive Housing Program

Goal: To provide stable housing for clients served in treatment programs administered under this Agreement.

Objective: At least eighty percent (80%) of property management clients will maintain their residences for at least twelve (12) months.

Data collection to be completed by Contractor.

5. Incarcerations

Goal To increase or maintain clients in the community and not being incarcerated

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

Data collection to be completed by Contractor.

Young Adult Independent Living Program

1. Homeless

Goal: To increase or maintain clients in the community and not becoming homeless

Objective: No more than five percent (5%) of clients in each of the programs listed above in this Paragraph VI.C. become homeless.

Data collection to be completed by contractor.

2. Enhanced Supported Education Services for Transitional Age Youth (TAY)

Goal: To increase the educational outcomes of TAY with serious mental illness

Objective: At least eighty percent (80%) of TAY enrolled in peer counseling or skills development courses will successfully complete those classes.

Data collection to be completed by contractor.

3. Employment

Goal: To increase or maintain clients working in paid or unpaid positions, or actively seeking employment.

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

Data collection to be completed by contractor.

D. Satisfaction

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

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

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

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

E. Seeking Safety

Goal: Reduce co-occurring and substance abuse and trauma-related symptoms in high risk transitional age youth (TAY) that have completed the program.

Objective: Increase coping skills in ninety percent (90%) of TAY participants that have completed the program.

END OF EXHIBIT A

EXHIBIT B – PAYMENTS AND RATES
CAMINAR
FY 2013-14

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

I. PAYMENTS

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

A. Maximum Obligation

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

In any event, the maximum amount county shall be obligated to pay for all services rendered under this contract shall not exceed SEVEN MILLION TWO HUNDRED TEN THOUSAND ONE HUNDRED THIRTY-SIX DOLLARS (\$7,210,136).

B. Housing, Housing-Related Mental Health Services, Case Management and Rehabilitation Services

1. Maximum Amount By Service Component

County shall not pay or be obligated to pay more than the amounts listed below for each component of service described in Paragraph I of Exhibit A:

Crisis Residential Treatment Services	\$1,437,900
Transportation – Crisis Residential	18,000
Transitional Residential Treatment Services	1,308,720
Transportation – Transitional Residential	23,460
REACH	1,121,740
REACH Central Case Management	43,665
Med Clinic	565,318
New Ventures	1,077,129
WRAP	106,140
Rehabilitation Services	210,000

Transition Age Youth (TAY)	164,520
Young Adult Independent Living (YAIL)	375,960
Supported Housing – Existing Program	209,880
Supported Housing – Expansion	144,360
Total	\$6,806,792

2. Rate of Payment

Subject to the maximum amount stated above and the terms and conditions of this Agreement, Contractor shall be reimbursed the full cost of providing services described in Section I of Exhibit A. Unless otherwise authorized by the Chief of the Health System or designee, the monthly payment by County to Contractor for the services described in Paragraph I.B. of this Exhibit B shall be one-twelfth (1/12) of the total obligation for those services or FIVE HUNDRED SIXTY-SEVEN THOUSAND TWO HUNDRED THIRTY-TWO DOLLARS AND SIXTY-SIX CENTS (\$567,232.66).

C. San Mateo Contractors' Association Grant Funding

1. Subject to the availability of State funding for services as described in Section II of Exhibit A, Contractor shall receive a maximum of ONE HUNDRED EIGHT THOUSAND SIX HUNDRED DOLLARS (\$108,600) for the San Mateo Contractors' Association grant funding and associated administrative costs. This amount shall include the following:
 - a. The maximum amount to be distributed among MHSA sub-contractors shall be NINETY THOUSAND TWO HUNDRED FIFTY-SIX DOLLARS (\$90,256).
 - b. The maximum amount Contractor may pay Consultant (described in Paragraph II) is FIVE THOUSAND EIGHT HUNDRED FIFTY DOLLARS (\$5,850), at \$90 per hour up to 65 hours.
 - c. The maximum amount Contractor may be reimbursed for administrative costs incurred for administering the Grant Funds is thirteen percent (13%) of the Grant Funding, not to exceed TWELVE THOUSAND FOUR HUNDRED NINETY-FOUR DOLLARS (\$12,494).
2. At any point during the Agreement term, Contractor shall comply with all reasonable requests by County to provide a report accounting for the Grant Funds distributed by the County to the Contractor to-date.

D. Avatar Technical Assistance

Subject to the availability of State funding for services as described in Section III of Exhibit A, Contractor shall receive a maximum of ONE HUNDRED SEVENTY-FOUR THOUSAND SEVEN HUNDRED FORTY-FOUR DOLLARS (\$174,744) for the implementation of the Avatar program to members of the San Mateo Contractors' Association.

1. Consultant Fees

The maximum amount Contractor may pay Consultant as described in Section III of Exhibit A is ONE HUNDRED SIXTY THOUSAND EIGHT HUNDRED DOLLARS (\$160,800) at EIGHTY DOLLARS (\$80) per hour.

2. Travel Expenses

The maximum amount Contractor may pay Consultant for travel reimbursement is ONE THOUSAND DOLLARS (\$1,000).

3. Administrative Costs

The maximum amount Contractor may be reimbursed for administrative costs incurred for administering the grant funds is eight percent (8%) of the sum of the maximum amounts for the Consultant Fees and Travel Expenses or TWELVE THOUSAND NINE HUNDRED FORTY-FOUR DOLLARS (\$12,944), payable at the rate of 1/12 per month.

E. Seeking Safety Program Services

1. Subject to the availability of State funding for services as described in Section IV of Exhibit A, Contractor shall receive a maximum of ONE HUNDRED TWENTY THOUSAND DOLLARS (\$120,000) for the provision of Seeking Safety Program services for Transitional Age Youth.
2. Contractor shall be paid monthly at the rate of one-twelfth (1/12) of the maximum obligation, or TEN THOUSAND DOLLARS (\$10,000).

F. Contractor's Annual Budget

Contractor's annual FY 2013-14 budget is attached and incorporated into this Agreement as Exhibit C.

- G. 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.

- H. 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.
- I. 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.
- J. In the event this Agreement is terminated prior to June 30, 2014, 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.
- K. Disallowances that are attributable to an error or omission on the part of County shall be the responsibility of County. This shall include but not be limited to quality assurance (QA) audit disallowances as a result of QA Plan error or format problems with County-designed service documents.
- L. The contracting parties shall be subject to the examination and audit of the Department of Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).
- M. At any point during the Agreement term, Contractor shall comply with all reasonable requests by County to provide a report accounting for the Grant Funds distributed by the County to the Contractor to-date.
- N. Monthly Invoice and Payment
 - 1. Contractor shall bill County on or before the tenth (10th) working day of each month following the provision of services for the prior month. The invoice shall clearly summarize direct and indirect services (if applicable) for which claim is made.
 - a. Direct Services/Claims

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

b. Indirect Services/Claims

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

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

County of San Mateo
Behavioral Health and Recovery Services
225 37th Avenue
San Mateo, CA 94403

- O. 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.
- P. 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.

- Q. Contractor shall provide all pertinent documentation required for Medi-Cal, Medicare, and any other federal and state regulation applicable to reimbursement including assessment and service plans, and progress notes. The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the BHRS Quality Improvement Manager. Contractor shall meet quarterly with County contract monitor, as designated by the BHRS Deputy Director, Adult and Older Adults, to review documentation and billing reports, and to take appropriate corrective action, as needed, to resolve any identified discrepancies.
- R. 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.
- S. Cost Report
1. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the end of the fiscal year. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted along with the Cost Report.
 2. If the annual Cost Report provided to County shows that total payment to Contractor exceed the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the BHRS Director or designee. By mutual agreement of County and Contractor, contract savings or "rollover" may be retained by Contractor and expended the following year, provided that these funds are expended for mental health services approved by County and are retained in accordance with Paragraph V of this Exhibit B.
- T. 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.

U. 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.

V. 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 V.A. of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Care Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.

W. Unspent Funds

Contractor may rollover unspent funding from the County according to the following procedures.

- 1. Contractor shall submit a projected calculation of any savings no later than ninety (90) days before end of the fiscal year. The projected calculation will be a separate report from the year-end cost report. With the projected calculation Contractor shall return the amount of the savings.
- 2. At the time of the submission of the projected calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the BHRS Director or designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.

3. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
4. If the specific purpose is not yet complete as of the end of the succeeding fiscal year, contractor may request to rollover the unspent funds to the succeeding second fiscal year by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the request is approved by the BHRS Director or designee.
5. A final accounting of the rollover funds shall be submitted ninety (90) days after the specific purpose has been completed, or ninety (90) days after the end of the second fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

X. Substance Abuse and Mental Health Services ("SAMSHA") Grant

The Contractor and County acknowledge and agree that at least part of the funding for this Agreement is from SAMSHA grant funding, and as such, the following restrictions and requirements shall apply:

1. Funding must be used according to the following criteria:
 - a. Services must be provided to residents principally residing in a defined geographic area (referred to as service areas);
 - b. Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility;
 - c. 24-hour-a-day emergency care services;
 - d. Day treatment or other partial hospitalization services, or psychosocial rehabilitation services;
 - e. Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission;

- f. Mental health services shall be provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area regardless of ability to pay for such services; and
 - g. Mental health services of the center are available and accessible promptly, as appropriate and in a manner that preserves human dignity and assures continuity and high quality care.
- 2. Funds may not be expended for the following purposes:
 - a. To provide inpatient services;
 - b. To make cash payments to intended recipients of health services;
 - c. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
 - d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
 - e. To provide financial assistance to any entity other than a public or nonprofit private entity.
- 3. Certifications

Contractor shall sign and submit, and shall comply with the following Certifications which are hereby included as part of this agreement by reference herein:

- a. Certification Regarding Lobbying and Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (Attachment 2)
- b. Certification Regarding Environmental Tobacco Smoke (Attachment 3)

End of Exhibit B

San Mateo Contract 2013-2014

FACE SHEET OF CONTRACT

EXHIBIT C

Existing Contracts	6,990,651	(10,000)	6,980,651
New/Expansion	-	229,485	229,485
Total	6,990,651	219,485	7,210,136

Effective : 06/13/13

Budget Comparisons

		2012/13 Budget	Change	2013/14 Budget
Crisis Res	500/505	1,362,000	75,900	1,437,900
Transportation - Crisis Resid	500/505	-	18,000	18,000
Transitional	520/530	1,214,160	94,560	1,308,720
Transportation - Transitional	520/530	-	23,460	23,460
REACH	540	1,102,536	19,204	1,121,740
REACH Central CM	540	-	43,665	43,665
Med Clinic	549	777,696	(212,378)	565,318
New Ventures	550	1,041,420	35,709	1,077,129
WRAP	552	97,200	8,940	106,140
Rehab Services	560/561	210,000	-	210,000
TAY	563	164,505	15	164,520
YAIL	570	367,800	8,160	375,960
Sprtd Hsng	580	240,000	(30,120)	209,880
Sprtd Hsng	580	-	144,360	144,360
Subtotal BASE Contract		6,577,317	229,475	6,806,792
SMCA	590	108,590	10	108,600
Avatar Technical Assistance	591	174,744	-	174,744
Seeking Safety	571	120,000	-	120,000
Cultural Competency	595	10,000	(10,000)	-
Subtotal MISC Contract		413,334	(9,990)	403,344
TOTAL BASE CONTRACT		6,990,651	219,485	7,210,136

San Mateo - Budget
by Program 2013/2014

EXHIBIT C

by Program 2013/2014		18.84	19.94	14.70	3.42	12.41	1.30	2.56	2.26								
CAMINAR San Mateo 2013/2014 Budget		Crisis Residential	FTE	Transitional Residential	FTE	REACH	FTE	Med Clinic	FTE	New Ventures Case Management	FTE	WRAP	FTE	Sprtd Ed and Employ	FTE	TAY	FTE
REVENUE																	
4020	Client Rents	60,000		240,000		-		-		-		-		-		-	
4040	County Contracts	1,437,900		1,308,720		1,121,740		565,318		1,077,129		106,140		210,000		164,520	
	Transportation/.5 FTE Case Mgr/Housing	18,000		23,460		43,665		-		-		-		-		-	
4041	County Funding - Other					-		-		-		-		-		-	
	Total REVENUE	1,515,900		1,572,180		1,165,405		565,318		1,077,129		106,140		210,000		164,520	
SALARY																	
5000	Salaries	808,926	18.59	840,823	19.94	672,867	14.70	153,352	2.54	606,447	12.41	61,408	1.30	125,515	2.56	106,426	2.26
5090	Payroll Taxes	61,883		64,323		51,127		11,731		46,393		4,698		9,602		8,142	
5110	Workers' Comp Insurance	76,153		79,096		61,448		13,489		52,839		5,535		2,787		2,373	
5130	Employees' Health Plans	124,442		120,065		74,703		19,004		77,145		7,352		16,365		12,585	
5135	Retirement	3,147		4,920		4,620		638		4,620		75		1,800		900	
5145	Unemployment Insurance	14,721		14,791		11,871		2,699		10,832		1,080		2,208		1,872	
	Total BENEFITS & TAXES	1,089,273		1,124,018		876,636		200,913		798,276		80,148		158,277		132,297	
CONTRACT EXPENSES																	
6030	Professional Services	74,400	0.25	-		-		241,836	0.88	-		-		-		-	
6085	Contract Service	2,520		2,400		2,400		840		2,400		300		300		300	
	Total CONTRACT EXPENSES	76,920		2,400		2,400		242,676		2,400		300		300		300	
GENERAL EXPENSE																	
7000	Transportation/Travel/Mileage	18,000		23,460		39,480		1,008		18,480		3,060		2,460		900	
7004	Conference & Training	3,168		4,848		3,048		479		3,648		306		720		300	
7006	Screening & Certifications	2,184		2,424		1,224		470		2,124		183		600		300	
7007	Staff recruitment/Advertising	2,184		2,424		1,224		470		2,124		183		600		300	
7009	Staff Events/Retreats	1,578		2,418		1,518		195		1,518		122		240		120	
7010	Equipmnt Maint-Rental	5,220		2,940		4,380		2,373		4,080		83		300		120	
7020	Rent- Office	6,240		6,780		34,140		30,093		49,980		4,748		6,000		2,700	
7040	Telephone	8,160		11,040		7,140		4,704		9,840		330		1,080		360	
7060	Utilities	21,036		26,016		36		13		36		5		-		-	
7065	Office Supplies/Furnishings	7,944		9,324		9,324		3,473		9,324		401		1,200		600	
7075	Computer Maint & Supplies	3,096		3,096		1,896		874		1,896		72		300		60	
7080	Postage	334		334		514		138		514		16		180		120	
7085	Printing & Publications	300		180		240		105		240		23		60		24	
7090	Insurance Expenses	9,708		15,408		6,948		2,747		9,648		606		780		480	
7105	Agency Vehicle Expense	3,600		4,800		6,000		-		6,000		780		3,600		2,400	
7110	Insurance- Agency Vehicle	3,000		3,600		3,600		-		3,600		600		1,800		1,200	
7120	Mortgage Interest Expense	1,200		27,000		-		-		-		-		-		-	
7130	Interest Expense	1,200		2,400		600		210		-		-		-		-	
7140	Household furnishings/supplies	12,000		12,000		-		-		-		-		-		-	
7160	Bldg Maint Supplies & Repairs	24,000		30,000		3,000		2,100		3,000		-		-		-	
7250	Taxes	480		1,800		-		-		-		-		-		-	
8020	Rent- Client	-		-		-		-		-		-		-		-	
8100	Client Food/Beverage	22,980		30,000		-		-		-		-		-		-	
8160	County Flex Fund Expenses	-		-		7,500		-		-		-		-		-	
8210	Client/Prog Activities and Exp	3,600		6,000		3,600		504		3,000		900		1,200		1,200	
9005	Membership Dues & Subscription	1,680		1,440		1,500		294		1,500		120		420		600	
9007	Licensing, fees, commissions	60		1,800		24		17		24		-		24		12	
9040	Depreciation & Amortization	12,360		33,360		15,360		6,426		21,960		945		5,700		1,200	
	Total GENERAL EXPENSE	175,312		264,892		152,296		56,693		152,536		13,481		27,264		12,996	
TOTAL PROGRAM EXPENSES		1,341,504		1,391,310		1,031,332		500,281		953,212		93,929		185,841		145,593	
9050	Administration Services	174,395.57		180,870.27		134,073		65,037		123,917		12,211		24,159		18,927	
TOTAL ALL EXPENSE		1,515,900		1,572,180		1,165,405		565,318		1,077,129		106,140		210,000		164,520	
TOTAL OPERATING INCOME - NET		0		0		0		0		0		0		0		0	

San Mateo - Budget
by Program 2013/2014

by Program 2013/2014		4.60	1.40	81.44		1.45	82.89						
CAMINAR San Mateo 2013/2014 Budget		YAIL	FTE	Sprtd Hsng	FTE	SUBTOTAL	FTE	SMCA Pass thru	AVATAR Technical Assistance	Seeking Safety	FTE	TOTAL BASE CONTRACT	FTE
REVENUE													
4020	Client Rents	-		35,640		335,640		-	-	-		335,640	
4040	County Contracts	375,960		209,880		6,577,307		108,600	174,744	120,000		6,980,651	
	Transportation/5 FTE Case Mgr/Housing	-		144,360		229,485		-	-	-		229,485	
4041	County Funding - Other	-		495,000		495,000		-	-	-		495,000	
Total REVENUE		375,960		884,880		7,637,432		108,600	174,744	120,000		8,040,776	
SALARY													
5000	Salaries	220,822	4.60	97,016	1.40	3,693,602	80.31	-	-	70,506	1.45	3,764,108	81.76
5090	Payroll Taxes	16,893		7,422		282,214		-	-	5,394		287,607	
5110	Workers' Comp Insurance	20,718		8,208		322,644		-	-	6,814		329,458	
5130	Employees' Health Plans	35,359		9,979		496,999		-	-	10,073		507,072	
5135	Retirement	1,830		975		23,526		-	-	300		23,826	
5145	Unemployment Insurance	3,884		1,707		65,666		-	-	1,240		66,906	
Total BENEFITS & TAXES		299,506		125,307		4,884,650		-	-	94,327		4,978,977	
CONTRACT EXPENSES													
6030	Professional Services	-		-		316,236	1.13	-	-	-		316,236	1.13
6085	Contract Service	600		4,200		16,260		96,120	160,800	360		273,540	
Total CONTRACT EXPENSES		600		4,200		332,496		96,120	160,800	360		589,776	
GENERAL EXPENSE													
7000	Transportation/Travel/Mileage	1,920		1,560		110,328		-	990	1,500		112,818	
7004	Conference & Training	1,212		246		17,975		-	-	300		18,275	
7006	Screening & Certifications	606		123		10,238		-	-	300		10,538	
7007	Staff recruitment/Advertising	606		123		10,238		-	-	300		10,538	
7009	Staff Events/Retreats	305		62		8,076		-	-	180		8,256	
7010	Equipmnt Maint-Rental	345		923		20,763		-	-	120		20,883	
7020	Rent- Office	1,695		10,028		152,403		-	-	360		152,763	
7040	Telephone	3,060		1,230		46,944		-	-	240		47,184	
7060	Utilities	5,409		4,205		56,755		-	-	240		56,995	
7065	Office Supplies/Furnishings	2,481		1,241		45,311		-	-	600		45,911	
7075	Computer Maint & Supplies	1,224		372		12,886		-	-	240		13,126	
7080	Postage	248		364		2,761		-	-	60		2,821	
7085	Printing & Publications	165		23		1,359		-	-	36		1,395	
7090	Insurance Expenses	2,712		3,906		52,943		-	-	600		53,543	
7105	Agency Vehicle Expense	3,600		120		30,900		-	-	3,600		34,500	
7110	Insurance- Agency Vehicle	1,800		60		19,260		-	-	1,800		21,060	
7120	Mortgage Interest Expense	-		10,800		39,000		-	-	-		39,000	
7130	Interest Expense	-		1,200		5,610		-	-	-		5,610	
7140	Household furnishings/supplies	-		4,572		28,572		-	-	-		28,572	
7160	Bldg Maint Supplies & Repairs	-		3,600		65,700		-	-	-		65,700	
7250	Taxes	-		120		2,400		-	-	-		2,400	
8020	Rent- Client	-		600,000		600,000		-	-	-		600,000	
8100	Client Food/Beverage	-		-		52,980		-	-	-		52,980	
8160	County Flex Fund Expenses	-		-		7,500		-	-	-		7,500	
8210	Client/Prog Activities and Exp	3,000		1,200		24,204		-	-	900		25,104	
9005	Membership Dues & Subscription	300		240		8,094		-	-	120		8,214	
9007	Licensing, fees, commissions	24		12		1,997		-	-	12		2,009	
9040	Depreciation & Amortization	1,890		7,245		106,446		-	-	-		106,446	
Total GENERAL EXPENSE		32,602		653,573		1,541,643		-	990	11,508		1,554,141	
TOTAL PROGRAM EXPENSES		332,708		783,080		6,758,789		96,120	161,790	106,195		7,122,894	
9050	Administration Services	43,252		101,800		878,643		12,480	12,954	13,805		917,882	
TOTAL ALL EXPENSE		375,960		884,880		7,637,432	81.44	108,600	174,744	120,000		8,040,776	82.89
TOTAL OPERATING INCOME - NET		0		0		0		-	-	0		0	

Attachment C
Election of Third Party Billing Process

Effective July 1, 2005, the San Mateo County Health System 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 San Mateo County Health System, Behavioral Health and Recovery Services Division (BHRS) with a copy of the Explanation of Benefits provided by that insurance plan before billing BHRS for the remainder.

We, Caminar, elect option one.

Signature of authorized agent


Name of authorized agent

Telephone number


Option Two

Our agency will provide information to San Mateo County Health System, Behavioral Health and Recovery Services Division (BHRS) so that BHRS 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 BHRS Billing Office with the completed "assignment" that indicates the client's permission for BHRS to bill their insurance.

We, Caminar, elect option two.



Signature of authorized agent



Name of authorized agent

650-372-4080

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, Business Systems Manager
Behavioral Health and Recovery Services Division
225 37th Avenue
San Mateo, CA 94403
(650) 573-2284

Attachment D - Payor Financial Form

AGENCY NAME:		
Client's Last Name/MH ID # (if known)	First Name M.I.	Alias or other names Used
Client Date of Birth	Undocumented? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, Social Security Number (Required)	26.5 (AB3632) <input type="checkbox"/> Yes <input type="checkbox"/> No IEP (SELPA) start date _____
Does Client have Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No Share of Cost? <input type="checkbox"/> Yes <input type="checkbox"/> No Client's Medi-Cal Number (BIC Number)? _____ Please attach copy of MEDS Screen If client is Full scope Mcal, skip the remaining sections of this form and fax to MIS/Billing Unit – 573-2110 Is Client Potentially Eligible for Medi-Cal Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Client Referred to Medi-Cal? <input type="checkbox"/> Yes, give date: _____ <input type="checkbox"/> No 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 (effective 1/1/06) What is the Client's Medicare Number? _____		
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.		

FINANCIAL ASSESSMENT – Annual UMDAP (Uniform Method of Determining Ability to Pay)

Gross Monthly Income (include all in the Household) A. Self\$ _____ B. Parents/Spouse/Domestic Partner ...\$ _____ C. Other\$ _____ Number of Persons Dependent on Income _____	Allowable Expenses A. Court Ordered Monthly Obligation \$ _____ B. Monthly Child Care Payments (Only if Necessary for Employment) \$ _____ C. Monthly Dependent Support Payments \$ _____ D. Monthly Medical Expense Payments \$ _____ E. Monthly Mandated Deductions for Retirement Plan (Do not include Social Security).....\$ _____ F. Housing Cost (Mortgage/Rent) \$ _____
Asset Amount (List all liquid assets) A. Savings.....\$ _____ B. Checking.....\$ _____ C. Stocks.....\$ _____	

3rd Party HEALTH INSURANCE INFORMATION

Health Plan or Insurance Company (Not employer) Name of Company _____ Street Address _____ City _____ State _____ Zip _____ Insurance Co. phone number _____	Policy Number _____ Group Number _____ Name of Insured Person _____ Relationship to Client _____ Social Security Number of Insured Person _____ (if other than client)
Does this Client have Healthy Families Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, complete San Mateo County Mental Health SED form.	Does this Client have Healthy Kids Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this Client have HealthWorx Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

CLIENT AUTHORIZATION –This section is not required for Full scope Medi-Cal Clients

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 pay the lesser amount. It is my responsibility and I agree to provide verification of income, assets and expenses. If I do not, 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 under 26.5. I authorize payment of healthcare benefits to San Mateo County Mental Health.

Signature of Client or Authorized Person _____	Date _____	Reason if client is unable to sign _____
--	------------	--

Client Refused to Sign Authorization: ☐ (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

ENTERED BY

San Mateo County Mental Health Services Use Only
CLIENT ACCOUNT #

DATA ENTRY DATE

MEDI-CAL AND HEALTHY FAMILIES/HEALTHY KIDS/HEALTH WORKS ELIGIBILITY

Below are instructions for accessing the State's MEDS (Medi-Cal Eligibility Determination System) to determine eligibility and clearing share of cost through the internet. If you do not have access to the internet, please call Bernadette Ortiz (phone: 650-573-2712) or Analiza Salise (phone: 650-573-2442) to verify eligibility.

Instructions for Obtaining Medi-Cal Eligibility Using Internet

- Double click on Internet Explorer
- Type in the address box: **<https://www.medi-cal.ca.gov/eligibility>**
- From the Login Center Transaction Services screen, enter
Userid: **usually 5 zeros followed by your provider number**
- Enter state assigned password – call Medi-Cal Provider Relations Phone Support @
1-800-541-5555
- Click on Submit or press enter
- From the Transaction Services screen, double click on Determine Patient's Eligibility
- From Perform Eligibility screen fill in the following fields:
 - Recipient ID – enter the client's Social Security # (without dashes)
 - Date of Birth – enter the client's DOB (mm/dd/yyyy)
 - Date of Card Issue – if unknown, enter today's date (mm/dd/yyyy)
 - Date of Service – enter the date on which the service is to be performed (mm/dd/yyyy)
 - Click on Submit or press enter

Note:

Click on Back - to return to Transaction Services screen

Clear – press this button to clear the fields in the form

Patient Recall – once any transaction has been performed on a client, pressing this button will fill in the common fields with all of the information from the last transaction. This is useful for using the same client on different transaction (such as an eligibility verification, then a Share of Cost) or for correcting data when a transaction has gone through with incorrect data.

Instructions for Clearing Medi-Cal Share of Cost Using Internet

- Double click on Internet Explorer
- Type in the address box: **<https://www.medi-cal.ca.gov/eligibility>**
- From the Login Center Transaction Services screen, enter
 Userid: **your provider number preceded by 5 zeros**
- Enter state assigned password - call Medi-Cal Provider Relations Phone Support @
 1-800-541-5555
- Click on Submit or press enter
- From the Transaction Services screen, double click on Determine
 Share of Cost
- From Perform SOC screen fill in the following fields:
 - Recipient ID – enter the client’s Social Security # (without dashes)
 - Date of Birth – enter the client’s DOB (mm/dd/yyyy)
 - Date of Card Issue – if unknown, and clearing service for the current month, enter today’s date. If you are clearing a retroactive service, you must have the BIC issue date. (mm/dd/yyyy)
 - Date of Service – enter service date for the “SOC Clearance.” (mm/dd/yyyy)
 - Procedure Code – enter the procedure code for which the SOC is being cleared. The procedure code is required. (90862, 90841, 90882, etc.)
 - Billed Amount – enter the amount in dollars and cents of the total bill for the procedure code. (ex. 100 dollars would be entered as 100.00). If you do not specify a decimal point, a decimal followed by two zeros will be added to the end of the amount entered.
 - Share of Cost Case Number – optional unless applying towards family member’s SOC case
 - Amount of Share of Cost – optional unless a SOC case number was entered
 - Click on Submit or press enter

Note:

Click on Back - to return to Transaction Services screen

Clear – press this button to clear the fields in the form

Patient Recall – once any transaction has been performed on a client, pressing this button will fill in the common fields with all of the information from the last transaction. This is useful for using the same client on different transaction (such as an eligibility verification, then a Share of Cost) or for correcting data when a transaction has gone through with incorrect data.

Select SOC Case – this item affects how the Patient Recall button (described above) functions. Simply select the circle above the SOC case number that you want the Patient Recall button to use when it fills out the form. Note that the SOC case numbers are only available if the previous transaction was an Eligibility transaction.

The “Last Used” choice contains the SOC Case number that was used if the previous transaction was a SOC transaction. This is also a default choice if none are selected.

ATTACHMENT I

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

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

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

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

☐ a. Employs fewer than 15 persons.

☒ b. Employs 15 or more persons and, pursuant to section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person - Type or Print

Caminar

Name of Contractor(s) - Type or Print

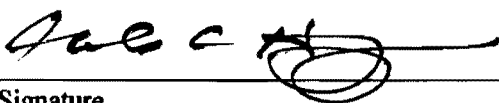
2600 S. El Camino Real, Suite 200

Street Address or P.O. Box

San Mateo, California 94404

City, State, Zip Code

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



Signature

CEO

Title of Authorized Official

2/0/2013

Date

*Exception: DHHS regulations state that:

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

SAMSHA Certifications – Attachment 2

CERTIFICATIONS

CERIFICATION REGARDING LOBBYING

- 1) No federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form To Report Lobbying" in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and is disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

SALARY CAP

The undersigned certifies that no grant funds will be used to pay an individual salary at a rate in excess of \$180,100 per year, not including benefits.

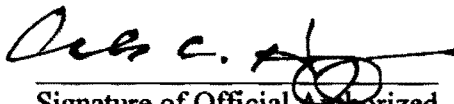
DRUG FREE WORK ENVIRONMENT

The undersigned certifies that reasonable efforts are made to maintain a drug-free work place in all programs supported y the Block Grant funds.

SAMSHA Certifications – Attachment 2 (Continued)

CERTIFICATION REGARDING DEBARMENT SUSPENSION INELIGIBILITY
AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS

- 1) The prospective lower tier participant certified, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in this transaction by any Federal department or agency.
- 2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal/application.



Signature of Official Authorized
To Sign Application

7/2/13
Date


SAMSHA Certifications – Attachment 3

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated or maintained with such federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for inpatient drug, or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub awards which contain provisions for children's services and all sub recipients shall certify accordingly.



Signature of Official Authorized
To Sign Application

7/2/13

Date