

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

**Contract Number****22-363****SAP Number**

4400019392

Department of Behavioral Health

Department Contract Representative	Paul Lindenberg
Telephone Number	909-386-8264
Contractor	Valley Star Behavioral Health, Inc.
Contractor Representative	Elsie Barton
Telephone Number	909-388-2222
Contract Term	July 1, 2022 – June 30, 2027
Original Contract Amount	\$14,000,000
Amendment Amount	
Total Contract Amount	\$14,000,000
Cost Center	9204332200

THIS CONTRACT is entered into in the State of California by and between San Bernardino County, hereinafter called the County, and Valley Star Behavioral Health, Inc. referenced above, hereinafter called Contractor.

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, San Bernardino County (County) desires to designate a contractor of choice to provide Crisis Residential Treatment services, as further described in the description of program services; and

WHEREAS, the County conducted a competitive process to find Valley Star Behavioral Health, Inc. (Contractor) to provide these services; and

WHEREAS, based upon and in reliance on the representations of Contractor in its response to the County's Request for Proposals, the County finds Contractor qualified to provide Crisis Residential Treatment services; and

WHEREAS, the County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below;

NOW, THEREFORE, the parties hereto do mutually agree to terms and conditions as follows:

TABLE OF CONTENTS

<u>Article</u>	<u>Page</u>
I. Definition of Terminology	3
II. General Contract Requirements	3
III. Contract Supervision	5
IV. Performance	5
V. Funding and Budgetary Restrictions	15
VI. Provisional Payment	17
VII. Electronic Signatures	21
VIII. Annual Cost Report Settlement	21
IX. Fiscal Award Monitoring	25
X. Final Settlement: Audit	25
XI. Single Audit Requirement	26
XII. Contract Performance Notification	27
XIII. Probationary Status	28
XIV. Duration and Termination	28
XV. Accountability: Revenue	29
XVI. Patient/Client Billing	29
XVII. Personnel	30
XVIII. Prohibited Affiliations	33
XIX. Licensing, Certification and Accreditation	35
XX. Health Information System	37
XXI. Administrative Procedures	38
XXII. Laws and Regulations	41
XXIII. Patients' Rights	49
XXIV. Confidentiality	49
XXV. Admission Policies	50
XXVI. Medical Records/Protected Health Information	50
XXVII. Transfer of Care	51
XXVIII. Quality Assurance/Utilization Review	51
XXIX. Independent Contractor Status	52
XXX. Subcontractor Status	52
XXXI. Attorney Costs and Fees	54
XXXII. Indemnification and Insurance	54
XXXIII. Nondiscrimination	58
XXXIV. Contract Amendments	60
XXXV. Assignment	61
XXXVI. Legality and Severability	61
XXXVII. Improper Consideration	61
XXXVIII. Venue	62
XXXIX. Conclusion	63
Schedule A - Planning Estimates	
Schedule B - Program Budget	
Addendum I - Crisis Residential Treatment Services Program Service Description	
Attachment I - Attestation Regarding Ineligible/Excluded Persons	
Attachment II - Data Security Requirements	

I. Definition of Terminology

- A. Wherever in this document and in any attachments hereto, the terms "Contract" and/or "Agreement" are used to describe the conditions and covenants incumbent upon the parties hereto, these terms are interchangeable.
- B. The terms beneficiary, client, consumer, customer, participant, or patient are used interchangeably throughout this document and refers to the individual(s) receiving services.
- C. Definition of May, Shall and Should. Whenever in this document the words "may," "shall" and "should" are used, the following definitions shall apply: "may" is permissive; "shall" is mandatory; and "should" means desirable.
- D. Subcontractor - An individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor.
- E. The term "County's billing and transactional database system" refers to the centralized data entry system used by the Department of Behavioral Health (DBH) for patient and billing information.
- F. The term "Director," unless otherwise stated, refers to the Director of DBH for San Bernardino County.
- G. The term "head of service" as defined in the California Code of Regulations, Title 9, Sections 622 through 630, is a licensed mental health professional or other appropriate individual as described in these sections.
- H. The "State and/or applicable State agency" as referenced in this Contract may include the Department of Health Care Services (DHCS), the Department of State Hospitals (DSH), the Department of Social Services (DSS), the Mental Health Services Oversight and Accountability Commission (MHSOAC), the Department of Public Health (CDPH), and the Office of Statewide Health Planning and Development (OSHPD).
- I. The U.S. Department of Health and Human Services (HHS) mission is to enhance and protect the health and well-being of all Americans by providing for effective health and human services and fostering advances in medicine, public health, and social services.
- J. The "provisional rates" are the interim rates established for billing and payment purposes and are subject to change upon request and approval by DBH Administrative Services - Fiscal Division.

II. General Contract Requirements

- A. Recitals
The recitals set forth above are true and correct and incorporated herein by this reference.
- B. Change of address
Contractor shall notify the County in writing, of any change in mailing address within ten (10) business days of the change.

C. Choice of Law

This Contract shall be governed by and construed according to the laws of the State of California.

D. Contract Exclusivity

This is not an exclusive Contract. The County reserves the right to enter into a contract with other contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation other than on a per order basis, under the terms of this Contract.

E. County Internship Initiative

Contractor agrees to be contacted by the County to solicit its participation in an internship initiative known as GenerationGo! Career Pathways, involving the potential placement and hiring of interns by Contractor's business. Contractor is encouraged, and agrees to make good faith efforts, to utilize the County's program to aid the **County's Vision for a skilled workforce and jobs that create countywide prosperity**, and its **goal to Create, Maintain and Grow Jobs and Economic Value in the County**. The County's objective with its internship initiative is to focus on training, education, employment and support services to develop a more highly-educated and trained workforce. When participating in the County's internship initiative, the Contractor remains an independent contractor and shall not be construed as agents, officers, or employees of the County. More information about the County's GenerationGo! Career Pathways Program can be located at <http://wp.sbcounty.gov/workforce/career-pathways/>.

F. Material Misstatement/Misrepresentation

If during the course of the administration of this Contract, the County determines that Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

G. Mutual Covenants

The parties to this Contract mutually covenant to perform all of their obligations hereunder, to exercise all discretion and rights granted hereunder, and to give all consents in a reasonable manner consistent with the standards of "good faith" and "fair dealing."

H. Notice of Delays

Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

I. Relationship of the Parties

Nothing contained in this Contract shall be construed as creating a joint venture, partnership, or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.

J. Time of the Essence

Time is of the essence in performance of this Contract and of each of its provisions.

III. Contract Supervision

- A. The Director or designee shall be the County employee authorized to represent the interests of the County in carrying out the terms and conditions of this Contract. The Contractor shall provide, in writing, the names of the persons who are authorized to represent the Contractor in this Contract.
- B. Contractor will designate an individual to serve as the primary point of contact for this Contract. Contractor shall not change the primary contact without written notification and acceptance of the County. Contractor shall notify DBH when the primary contact will be unavailable/out of the office for one (1) or more workdays and will also designate a back-up point of contact in the event the primary contact is not available. Contractor or designee must respond to DBH inquiries within two (2) business days.
- C. Contractor shall provide DBH with contact information, specifically, name, phone number and email address of Contractor's staff member who is responsible for the following processes: Business regarding administrative issues, Technical regarding data issues, Clinical regarding program issues; and Facility.

IV. Performance

- A. Under this Agreement, the Contractor shall provide those services, which are dictated by attached Addenda, Schedules and/or Attachments; specifically, contractor will provide the services listed on **Addendum I** Crisis Residential Treatment Services Program Service Description. The Contractor agrees to be knowledgeable in and apply all pertinent local, State, and Federal laws and regulations; including, but not limited to those referenced in the body of this Agreement. In the event information in the Addenda, Schedules and/or Attachments conflicts with the basic Agreement, then information in the Addenda, Schedules and/or Attachments shall take precedence to the extent permitted by law.
- B. Contractor shall provide Crisis Residential Treatment (CRT) program services to San Bernardino County adult residents, age 18 to 59 years old, experiencing a mental health crisis who will benefit from voluntary short-term crisis residential treatment services as an alternative to hospitalization, which is further described in Addendum I for CRT services.
- C. Limitations on Moral Grounds
 - 1. Contractor shall not be required to provide, reimburse for, or provide coverage of a counseling or referral service if the Contractor objects to the service on moral or religious grounds.

2. If Contractor elects not to provide, reimburse for, or provide coverage of a counseling or referral service because of an objection on moral or religious grounds, it must furnish information about the services it does not cover as follows:
 - a. To DBH:
 - i. After executing this Contract;
 - ii. Whenever Contractor adopts the policy during the term of the Contract;
 - b. Consistent with the provisions of 42 Code of Federal Regulations part 438.10:
 - i. To potential beneficiaries before and during enrollment; and
 - ii. To beneficiaries at least thirty (30) days prior to the effective date of the policy for any particular service.
- D. Contractor is prohibited from offering Physician Incentive Plans, as defined in Title 42 CFR Sections 422.208 and 422.210, unless approved by DBH in advance that the Plan(s) complies with the regulations.
- E. Contractor agrees to submit reports as requested and required by the County and/or the Department of Health Care Services (DHCS).
- F. Data Collection and Performance Outcome Requirements

Contractor shall comply with all local, State, and Federal regulations regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement process, as required by the State and/or DBH. For Mental Health Services Act (MHSA) programs, Contractor agrees to meet the goals and intention of the program as indicated in the related MHSA Component Plan and most recent update.

Contractor shall comply with all requests regarding local, State, and Federal Performance Outcomes measurement requirements and participate in the outcomes measurement processes as requested.

MHSOAC, DHCS, OSHPD, DBH and other oversight agencies or their representatives have specific accountability and outcome requirements. Timely reporting is essential for meeting those expectations.

 1. Contractor must collect, manage, maintain and update client, service and episode data as well as staffing data as required for local, State, and Federal reporting.
 2. Contractor shall provide information by entering or uploading required data into:
 - a. County's billing and transactional database system.
 - b. DBH's client information system and, when available, its electronic health record system.

- c. The "Data Collection and Reporting" (DCR) system, which collects and manages Full Service Partnership (FSP) information.
 - d. Individualized data collection applications as specified by DBH, such as Objective Arts and the Prevention and Early Intervention (PEI) Database.
 - e. Any other data or information collection system identified by DBH, the MHSOAC, OSHPD or DHCS.
3. Contractor shall comply with all requirements regarding paper or online forms:
 - a. Bi-Annual Client Perception Surveys (paper-based): twice annually, or as designated by DHCS. Contractor shall collect consumer perception data for clients served by the programs. The data to be collected includes, but not limited to, the client's perceptions of the quality and results of services provided by the Contractor.
 - b. Client preferred language survey (paper-based), if requested by DBH.
 - c. Intermittent services outcomes surveys.
 - d. Surveys associated with services and/or evidence-based practices and programs intended to measure strategy, program, component, or system level outcomes and/or implementation fidelity.
 - e. Network Adequacy Certification Tool (NACT) as required by DHCS and per DBH instructions.
4. Data must be entered, submitted and/or updated in a timely manner for:
 - a. All FSP and non-FSP clients: this typically means that client, episode and service-related data shall be entered into the County's billing and transactional database system.
 - b. All service, program, and survey data will be provided in accordance with all DBH established timelines.
 - c. Required information about FSP clients, including assessment data, quarterly updates and key events shall be entered into the DCR online system by the due date or within 48 hours of the event or evaluation, whichever is sooner.
5. Contractor will ensure that data are consistent with DBH's specified operational definitions, that data are in the required format, that data is correct and complete at time of data entry, and that databases are updated when information changes.
6. Data collection requirements may be modified or expanded according to local, State, and/or Federal requirements.
7. Contractor shall submit, monthly, its own analyses of the data collected for the prior month, demonstrating how well the contracted services or functions provided satisfied the intent of the Contract, and indicating, where appropriate, changes in operations that will improve adherence to the intent of the Contract. The format for this reporting will be provided by DBH.

8. Independent research involving clients shall not be conducted without the prior written approval of the Director of DBH. Any approved research must follow the guidelines in the DBH Research Policy.

Note: Independent research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

G. Right to Monitor and Audit Performance and Records

1. Right to Monitor

County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, financial records, staff information, patient records, other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted, according to this agreement.

Contractor shall make all of its premises, physical facilities, equipment, books, records, documents, contracts, computers, or other electronic systems pertaining to Medi-Cal enrollees, Medi-Cal-related activities, services, and activities furnished under the terms of this Contract, or determinations of amounts payable available at any time for inspection, examination, or copying by DBH, the State of California or any subdivision or appointee thereof, Centers for Medicare and Medicaid Services (CMS), U.S. Department of Health and Human Services (HHS) Office of Inspector General, the United States Comptroller General or their designees, and other authorized Federal and State agencies. This audit right will exist for at least ten (10) years from the final date of the contract period or in the event the Contractor has been notified that an audit or investigation of this Contract has commenced, until such time as the matter under audit or investigation has been resolved, including the exhaustion of all legal remedies. Records and documents include, but are not limited to all physical and electronic records.

Contractor shall cooperate with the County in the implementation, monitoring and evaluation of this Agreement and comply with any and all reporting requirements established by the County. Should the County identify an issue or receive notification of a complaint or potential/actual/suspected violation of requirements, County may audit, monitor, and/or request information from Contractor to ensure compliance with laws, regulations, and requirements, as applicable.

County reserves the right to place Contractor on probationary status, as referenced in the Probationary Status Article, should Contractor fail to meet performance requirements; including, but not limited to violations such as high

disallowance rates, failure to report incidents and changes as contractually required, failure to correct issues, inappropriate invoicing, timely and accurate data entry, meeting performance outcomes expectations, and violations issued directly from the State. Additionally, Contractor may be subject to Probationary Status or termination if contract monitoring and auditing corrective actions are not resolved within specified timeframes.

2. Availability of Records

Contractor and subcontractors, shall retain, all records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract, including beneficiary grievance and appeal records, and the data, information and documentation specified in 42 Code of Federal Regulations parts 438.604, 438.606, 438.608, and 438.610 for a period of no less than ten (10) years from the term end date of this Contract or until such time as the matter under audit or investigation has been resolved. Records and documents include, but are not limited to all physical and electronic records and documents originated or prepared pursuant to Contractor's or subcontractor's performance under this Contract including working papers, reports, financial records and documents of account, beneficiary records, prescription files, subcontracts, and any other documentation pertaining to covered services and other related services for beneficiaries.

Contractor shall maintain all records and management books pertaining to local service delivery and demonstrate accountability for contract performance and maintain all fiscal, statistical, and management books and records pertaining to the program.

Records, should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

All records shall be complete and current and comply with all Contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of a Contract.

Contractor shall maintain client and community service records in compliance with all regulations set forth by local, State, and Federal requirements, laws and regulations, and provide access to clinical records by DBH staff.

Contractor shall comply with Medical Records/Protected Health Information Article regarding relinquishing or maintaining medical records.

Contractor shall agree to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the date of final payment, the

final date of the contract period, final settlement, or until audit findings are resolved, whichever is later.

Contractor shall submit audited financial reports on an annual basis to DBH. The audit shall be conducted in accordance with generally accepted accounting principles and generally accepted auditing standards.

In the event the Contract is terminated, ends its designated term or Contractor ceases operation of its business, Contractor shall deliver or make available to DBH all financial records that may have been accumulated by Contractor or subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.

3. Assistance by Contractor

Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of Contractor.

H. Notwithstanding any other provision of this Agreement, the County may withhold all payments due to Contractor, if Contractor has been given at least thirty (30) days notice of any deficiency(ies) and has failed to correct such deficiency(ies). Such deficiency(ies) may include, but are not limited to: failure to provide services described in this Agreement; Federal, State, and County audit exceptions resulting from noncompliance, violations of pertinent Federal and State laws and regulations, and significant performance problems as determined by the Director or designee from monitoring visits.

I. County has the discretion to revoke full or partial provisions of the Contract, delegated activities or obligations, or application of other remedies permitted by State or Federal law when the County or DHCS determines Contractor has not performed satisfactorily.

J. Cultural Competency

The State mandates counties to develop and implement a Cultural Competency Plan (CCP). This Plan applies to all DBH services. Policies and procedures and all services must be culturally and linguistically appropriate. Contract agencies are included in the implementation process of the most recent State approved CCP for San Bernardino County and shall adhere to all cultural competency standards and requirements. Contractor shall participate in the County's efforts to promote the delivery of services in a culturally competent and equitable manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation or gender identity. In addition, contract agencies will maintain a copy of the current DBH CCP.

1. Cultural and Linguistic Competency

Cultural competence is defined as a set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations.

- a. To ensure equal access to quality care for diverse populations, Contractor shall adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards.
- b. Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective mental health and substance use disorder treatment services.
- c. Upon request, Contractor shall provide DBH with culture-specific service options available to be provided by Contractor.
- d. Contractor shall have the capacity or ability to provide interpretation and translation services in threshold and prevalent non-English languages, free of charge to beneficiaries. Upon request, Contractor will provide DBH with language service options available to be provided by Contractor. Including procedures to determine competency level for multilingual/bilingual personnel.
- e. Contractor shall provide cultural competency training to personnel.

NOTE: Contractor staff is required to complete cultural competency trainings. Staff who do not have direct contact providing services to clients/consumers shall complete a minimum of two (2) hours of cultural competency training, and direct service staff shall complete a minimum of four (4) hours of cultural competency training each calendar year. Contractor shall upon request from the County, provide information and/or reports as to whether its provider staff completed cultural competency training.

- f. DBH recognizes that cultural competence is a goal toward which professionals, agencies, and systems should strive. Becoming culturally competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Providing mental health and substance use disorder treatment services in a culturally appropriate and responsive manner is fundamental in any effort to ensure success of high quality and cost-effective behavioral health services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers does not reflect high quality of care and is not cost-effective.
- g. To assist Contractor's efforts towards cultural and linguistic competency, DBH shall provide the following:
 - i. Technical assistance to Contractor regarding cultural competency implementation.

- a) Monitoring activities administered by DBH may require Contractor to demonstrate documented capacity to offer services in threshold languages or contracted interpretation and translation services.
- b) procedures must be in place to determine multilingual and competency level(s).
- ii. Demographic information to Contractor on service area for service(s) planning.
- iii. Cultural competency training for DBH and Contractor personnel, when available.
- iv. Interpreter training for DBH and Contractor personnel, when available.
- v. Technical assistance for Contractor in translating mental health and substance use disorder treatment services information to DBH's threshold language (Spanish). Technical assistance will consist of final review and field testing of all translated materials as needed.
- vi. The Office of Equity and Inclusion (OEI) may be contacted for technical assistance and training offerings at cultural_competency@dbh.sbcounty.gov or by phone at (909) 386-8223.

K. Access by Public Transportation

Contractor shall ensure that services provided are accessible by public transportation.

L. Accessibility/Availability of Services

Contractor shall ensure that services provided are available and accessible to beneficiaries in a timely manner including those with limited English proficiency or physical or mental disabilities. Contractor shall provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal beneficiaries with physical or mental disabilities [(42 C.F.R. § 438.206(b)(1) and (c)(3)].

M. Internal Control

Contractor must establish and maintain effective internal control over the County Fund to provide reasonable assurance that the Contractor manages the County Fund in compliance with Federal, State and County statutes, regulations, and terms and conditions of the Contract.

Fiscal practices and procedures shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Additionally, fiscal practices and procedures must comply with the Code of Federal Regulations (CFR), Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

N. Site Inspection

Contractor shall permit authorized County, State, and/or Federal Agency(ies), through any authorized representative, the right to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract support activities and the premises which it is being performed. Contractor shall provide all reasonable assistance for the safety and convenience of the authorized representative in the performance of their duties. All inspections and evaluations shall be made in a manner that will not unduly delay the work.

O. Disaster Response

1. In the event that a local, State, or Federal emergency is proclaimed within San Bernardino County, Contractor shall cooperate with the County in the implementation of the DBH Disaster Response Plan. This may include deployment of Contractor staff to provide services in the community, in and around county areas under mutual aid contracts, in shelters and/or other designated areas.
2. Contractor shall provide the DBH Disaster Coordinator with a roster of key administrative and response personnel including after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be kept current by quarterly reports to the County by Contractor. The County shall keep such information confidential and not release other than to authorized County personnel or as otherwise required by law.
3. Contractor shall ensure that, within three months from the Contract effective date, at least twenty-five percent (25%) of Contractor's permanent direct service staff participates in a disaster response orientation and training provided by the County or County's designee.
4. Said twenty-five percent (25%) designated Contractor permanent direct service staff shall complete the following disaster trainings as prerequisites to the DBH live trainings held annually, which are available online on the Federal Emergency Management Agency (FEMA) website at <https://training.fema.gov/is/crslist.aspx>.
 - a. IS: 100
 - b. IS: 200
 - c. IS: 700
 - d. IS: 800
5. The County agrees to reimburse Contractor for all necessary and reasonable expenses incurred as a result of participating in the County's disaster response at the request of County. Any reasonable and allowable expenses above the Contract maximum will be subject to negotiations.
6. Contractor shall provide the DBH with the key administrative and response personnel including after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster.

Updated reports are due fourteen (14) days after the close of each quarter.
Please send updated reports to:

Office of Disaster and Safety
303 E. Vanderbilt Way
San Bernardino, CA 92415
safety@dbh.sbcounty.gov

P. Collections Costs

Should the Contractor owe monies to the County for reasons including, but not limited to, Quality Management review, cost-settlement, and/or fiscal audit, and the Contractor has failed to pay the balance in full or remit mutually agreed upon payment, the County may refer the debt for collection. Collection costs incurred by the County shall be recouped from the Contractor. Collection costs charged to the Contractor are not a reimbursable expenditure under the Contract.

Q. 2-1-1 Registration

Contractor shall submit request to register with 2-1-1 San Bernardino County Inland Empire United Way within thirty (30) days of Contract effective date and follow necessary procedures to be included in the 2-1-1 database. The Contractor shall notify the 2-1-1 San Bernardino County Inland Empire United Way of any changes in program services, location, or contact information within ten (10) days of the change. Services performed as a result of being included in the 2-1-1 database are separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the County.

R. Damage to County Property, Facilities, Buildings, or Grounds

County shall repair or replace any damaged equipment or damage to the building up to \$50,000 per fiscal year, per facility, resulting directly from client actions, abuse or willful neglect related to client's mental illness and high acuity. Contractor will be responsible for any cost, repair, and replacement of any damaged equipment or damage to the building over the \$50,000 per fiscal year paid by the County, resulting directly from client actions, abuse or willful neglect related to client's mental illness and high acuity. Contractor must submit written notification of damages to County for each occurrence, regardless of payer, to DBH Administrative Services and Deputy Director/Senior Program Manager or designee overseeing the program services contract, within 10 days of any required repairs or replacements. A case by case evaluation will be completed by the County for each occurrence.

Contractor shall repair, or cause to be repaired, at its own cost, all damage to County vehicles, facilities, buildings or grounds caused by the willful or negligent acts of Contractor or employees or agents of the Contractor. Contractor shall notify DBH within two (2) business days when such damage has occurred. All repairs or replacements must be approved by the County in writing, prior to the Contractor's commencement of repairs or replacement of reported damaged items. Such repairs shall be made as soon

as possible after Contractor receives written approval from DBH but no later than thirty (30) days after the DBH approval.

If the Contractor fails to make timely repairs to County vehicles, facilities, buildings, or ground caused by the willful or negligent act of Contractor or employees or agents of the Contractor, the County may make any necessary repairs. The Contractor, as determined by the County, for such repairs shall repay all costs incurred by the County, by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County.

S. Damage to County Issued/Loaned Equipment (If Applicable)

1. Contractor shall repair, at its own cost, all damage to County equipment issued/loaned to Contractor for use in performance of this Contract. Such repairs shall be made immediately after Contractor becomes aware of such damage, but in no event later than thirty (30) days after the occurrence.
2. If the Contractor fails to make timely repairs, the County may make any necessary repairs. The Contractor shall repay all costs incurred by the County, by cash payment upon demand, or County may deduct such costs from any amounts due to the Contractor from the County.
3. If a virtual private network (VPN) token is lost or damaged, Contractor must contact DBH immediately and provide the user name assigned to the VPN Token. DBH will obtain a replacement token and assign it to the user account. Contractor will be responsible for the VPN token replacement fee.

T. Strict Performance

Failure by a party to insist upon the strict performance of any of the provisions of this Contract by the other party, or the failure by a party to exercise its rights upon the default of the other party, shall not constitute a waiver of such party's right to insist and demand strict compliance by the other party with the terms of this Contract thereafter.

U. Telehealth

Contractor shall utilize telehealth, when deemed appropriate, as a mode of delivering behavioral health services in accordance with all applicable state and federal requirements, DBH's Telehealth Policy (MDS2027) and Procedure (MDS2027-1), as well as DHCS Telehealth Policy, CMS Telehealth/Telemedicine Standards, and those related to privacy/security, efficiency, and standards of care.

DBH may at any time require documentation and/or other cooperation by Contractor to allow adequate monitoring of Contractor's adherence to telehealth practices.

V. Funding and Budgetary Restrictions

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State, County or Federal governments which may in any way affect the provisions or funding of this Agreement, including, but not limited to those contained in the Schedules A and B. This Agreement is also contingent upon sufficient funds being made available by State, County or Federal governments for the term of the Agreement. Funding is by fiscal year period July 1 through June 30. Costs and services are accounted for by fiscal

year. Any unspent fiscal year allocation does not roll over and is not available in future years. Each fiscal year period will be settled to Federal and/or State cost reporting accountability.

- B. The maximum financial obligation of the County under this Agreement shall not exceed the sum referenced in the Schedules A and B. The maximum financial obligation is further limited by fiscal year, funding source and service modalities as delineated on the Schedules A and B. Contractor may not transfer funds between funding sources, modes of services, or exceed 10% of a budgeted line item without the prior written approval from DBH. Budget line items applicable to the 10% rule are: (1) Total Salaries & Benefits and (2) Individual Operating Expense items. The County has the sole discretion of transferring funds between funding sources or modes of services.
 - 1. It is understood between the parties that the Schedules A and B are budgetary guidelines. Contractor must adhere to the budget by funding outlined in the Schedule A of the Contract as well as track year-to-date expenditures. Contractor understands that costs incurred for services not listed or in excess of the funding in the Schedule A shall result in non-payment to Contractor for these costs.
- C. Contractor agrees to renegotiate the dollar value of this Contract, at the option of the County, if the annualized projected units of service (minutes/hours of time/days) for any mode of service based on claims submitted through March of the operative fiscal year, is less than 90% of the projected minutes/hours of time/days for the modes of service as reported in the Schedules A and B.
- D. If the annualized projected units of service (minutes/hours of time/days) for any mode of service, based on claims submitted through March of the operative fiscal year, is greater than/or equal to 110% of the projected units (minutes/hours of time/days) reported in the Schedules A and B, the County and Contractor agree to meet to discuss the feasibility of renegotiating this Agreement. Contractor must timely notify the County of Contractor's desire to meet.
- E. County will take into consideration requests for changes to Contract funding, within the existing contracted amount. All requests must be submitted in writing by Contractor to DBH Fiscal no later than March 1 for the operative fiscal year. Requests must be addressed to the Fiscal Designee written on organizational letterhead, and include an explanation of the revisions being requested.
- F. A portion of the funding for these services includes Federal Funds. The Federal CFDA number is 93-778.
- G. If the Contractor provides services under the Medi-Cal program and if the Federal government reduces its participation in the Medi-Cal program, the County agrees to meet with Contractor to discuss renegotiating the total minutes/hours of time required by this Agreement.
- H. Contractor Prohibited From Redirections of Contracted Funds:
 - 1. Funds under this Agreement are provided for the delivery of mental health services to eligible beneficiaries under each of the funded programs identified in

the Scope of Work. Each funded program has been established in accordance with the requirements imposed by each respective County, State and/or Federal payer source contributing to the funded program.

2. Contractor may not redirect funds from one funded program to another funded program, except through a duly executed amendment to this Agreement.
3. Contractor may not charge services delivered to an eligible beneficiary under one funded program to another funded program unless the recipient is also an eligible beneficiary under the second funded program.
- I. The maximum financial obligation under this contract shall not exceed \$14,000,000 for the contract term.
- J. The Schedules A and B will be submitted to, and approved by, the Director or designee at a later date.

VI. Provisional Payment

- A. During the term of this Agreement, the County shall reimburse Contractor in arrears for eligible expenditures provided under this Agreement and in accordance with the terms. County payments to Contractor for performance of eligible services hereunder are provisional until the completion of all settlement activities.
- B. County's adjustments to provisional reimbursements to Contractor will be based upon State adjudication of Medi-Cal claims, contractual limitations of this Agreement, annual cost report, application of various County, State and/or Federal reimbursement limitations, application of any County, State and/or Federal policies, procedures and regulations and/or County, State or Federal audits, all of which take precedence over monthly claim reimbursement. State adjudication of Medi-Cal claims, annual cost report and audits, as such payments, are subject to future County, State and/or Federal adjustments.
- C. All expenses claimed to DBH must be specifically related to the contract. After fiscal review and approval of the billing or invoice, County shall provisionally reimburse Contractor, subject to the limitations and conditions specified in this Agreement, in accordance with the following:
 1. The County will reimburse Contractor based upon Contractor's submitted and approved claims for rendered services/activities subject to claim adjustments, edits, and future settlement and audit processes.
 2. Reimbursement for Outreach, Education and Support services (Modes 45 and 60) provided by Contractor will be at net cost.
 3. Reimbursement Rates for Institutions for Mental Diseases: Pursuant to Section 5902 of the WIC, Institutions for Mental Diseases (IMD), which are licensed by the DHCS, will be reimbursed at the rate(s) established by DHCS.
 4. Reimbursement for mental health services claimed and billed through the DBH treatment claims processing information system will utilize provisional rates.

5. It is the responsibility of Contractor to access MyAvatar reports and make any necessary corrections to the denied Medi-Cal services and notify the County. The County will resubmit the corrected services to DHCS for adjudication.
 6. In the event that the denied claims cannot be corrected, and therefore DHCS will not adjudicate and approve the denied claims, Contractor is required to follow DBH's Overpayment Policy COM0954, which has been provided or will be provided to Contractor at its request.
- D. Contractor shall bill the County monthly in arrears for services provided by Contractor on claim forms provided by DBH. All claims submitted shall clearly reflect all required information specified regarding the services for which claims are made. Contractor shall submit the organizations' Profit and Loss Statement with each monthly claim. Each claim shall reflect any and all payments made to Contractor by, or on behalf of patients. Claims for Reimbursement shall be completed and forwarded to DBH within ten (10) days after the close of the month in which services were rendered. Following receipt of a complete and correct monthly claim, the County shall make payment within a reasonable period. Payment, however, for any mode of service covered hereunder, shall be limited to a maximum monthly amount, which amount shall be determined as noted.
1. For each fiscal year period (FYs 22-23, 23-24, 24-25, 25-26 and 26-27), no single monthly payment for any mode of service shall exceed one-twelfth (1/12) of the maximum allocations for the mode of service unless there have been payments of less than one-twelfth (1/12) of such amount for any prior month of the Agreement. To the extent that there have been such lesser payments, then the remaining amount(s) may be used to pay monthly services claims which exceed one-twelfth (1/12) of the maximum for that mode of service. Each claim shall reflect the actual costs expended by the Contractor subject to the limitations and conditions specified in this Agreement.
- E. Monthly payments for Short-Doyle Medi-Cal services will be based on actual units of time (minutes, hours, or days) reported on Charge Data Invoices claimed to the State times the provisional rates in the DBH claiming system. The provisional rates will be reviewed at least once a year throughout the life of the Contract and shall closely approximate final actual cost per unit rates for allowable costs as reported in the year-end cost report. All approved provisional rates will be superseded by actual cost per unit rate as calculated during the cost report cost settlement. In the event of a conflict between the provisional rates set forth in the most recent cost report and those contained in the Schedules A and B, the rates set forth in the most recent cost report shall prevail.
1. In accordance with WIC 14705 (c) Contractor shall ensure compliance with all requirements necessary for Medi-Cal reimbursement.
- F. Contractor shall report to the County within sixty (60) calendar days when it has identified payments in excess of amounts specified for reimbursement of Medicaid services [42 C.F.R. § 438.608(c)(3)].

- G. All approved provisional rates, including new fiscal year rates and mid-year rate changes, will only be effective upon Fiscal Designee approval.
- H. Contractor shall make its best effort to ensure that the proposed provisional reimbursement rates do not exceed the following: Contractor's published charges and Contractor's actual cost.
- I. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all possible Medi-Cal services and correcting denied services for resubmission, if applicable.
- J. Pending a final settlement between the parties based upon the post Contract audit, it is agreed that the parties shall make preliminary settlement within one hundred twenty (120) days of the fiscal year or upon termination of this Agreement as described in the Annual Cost Report Settlement Article.
- K. Contractor shall input Charge Data Invoices (CDI's) or equivalent into the County's billing and transactional database system by the seventh (7th) day of the month for the previous month's Medi-Cal based services. Contractor will be paid based on Medi-Cal claimed services in the County's billing and transactional database system for the previous month. Services cannot be billed by the County to the State until they are input into the County's billing and transactional database system.
- L. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.
- M. Contractor shall be in compliance with the Deficit Reduction Act of 2005, Section 6032 Implementation. As a condition of payment for services, goods, supplies and merchandise provided to beneficiaries in the Medical Assistance Program ("Medi-Cal"), providers must comply with the False Claims Act employee training and policy requirements in 1902(a) of the Social Security Act [42 U.S.C. 1396(a) (68)], set forth in that subsection and as the Federal Secretary of the United States Department of Health and Human Services may specify.
- N. As this contract may be funded in whole or in part with Mental Health Services Act funds signed into law January 1, 2005, Contractor must verify client eligibility for other categorical funding, prior to utilizing MHSA funds. Failure to verify eligibility for other funding may result in non-payment for services. Also, if audit findings reveal Contractor failed to fulfill requirements for categorical funding, funding source will not revert to MHSA. Contractor will be required to reimburse funds to the County.
- O. Contractor agrees that no part of any Federal funds provided under this Contract shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <http://www.opm.gov/> (U.S. Office of Personnel Management).
- P. County is exempt from Federal excise taxes and no payment shall be made for any personal property taxes levied on Contractor or any taxes levied on employee wages. The County shall only pay for any State or local sales or use taxes on the services rendered or equipment and/or parts supplied to the County pursuant to the Contract.

Q. Contractor shall have a written policy and procedures which outline the allocation of direct and indirect costs. These policies and procedures should follow the guidelines set forth in the Uniform Grant Guidance, Cost Principles and Audit Requirements for Federal Awards. Calculation of allocation rates must be based on actual data (total direct cost, labor costs, labor hours, etc.) from current fiscal year. If current data is not available, the most recent data may be used. Contractor shall acquire actual data necessary for indirect costs allocation purpose. Estimated costs must be reconciled to actual cost. Contractor must notify DBH in writing if the indirect cost rate changes.

R. As applicable, for Federal Funded Program, Contractor shall charge the County program a de Minimis ten percent (10%) of the Modified Total Direct Cost (MTDC) as indirect cost. If Contractor has obtained a "Federal Agency Acceptance of Negotiated Indirect Cost Rates", the contractor must also obtain concurrence in writing from DBH of such rate.

For non-Federal funded programs, indirect cost rate claimed to DBH contracts cannot exceed fifteen percent (15%) of the MTDC of the program unless pre-approved in writing by DBH or Contractor has a "Federal Agency Acceptance of Negotiated Indirect Rates."

The total cost of the program must be composed of the total allowable direct cost and allocable indirect cost less applicable credits. Cost must be consistently charged as either indirect or direct costs but, may not be double charged or inconsistently charged as both, reference Title II Code of Federal Regulations (CFR) §200.414 indirect costs. All cost must be based on actual instead of estimated costs.

S. Prohibited Payments

1. County shall make no payment to Contractor other than payment for services covered under this Contract.
2. Federal Financial Participation is not available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].
3. In accordance with Section 1903(i) of the Social Security Act, County is prohibited from paying for an item or service:
 - a. Furnished under contract by any individual or entity during any period when the individual or entity is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act.
 - b. Furnished at the medical direction or on the prescription of a physician, during the period when such physician is excluded from participation under title V, XVIII, or XX or under this title pursuant to sections 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act and when the person furnishing such item or service knew, or had reason to know, of

the exclusion (after a reasonable time period after reasonable notice has been furnished to the person).

- c. Furnished by an individual or entity to whom the County has failed to suspend payments during any period when there is a pending investigation of a credible allegation of fraud against the individual or entity, unless the County determines there is good cause not to suspend such payments.
 - d. With respect to any amount expended for which funds may not be used under the Assisted Suicide Funding Restriction Act (ASFRA) of 1997.
- T. If DHCS or the County determines there is a credible allegation of fraud, waste or abuse against government funds, the County shall suspend payments to the Contractor.

VII. Electronic Signatures

- A. The State has established the requirements for electronic signatures in electronic health record systems. DBH has sole discretion to authorize contractors to use e-signatures as applicable. If Contractor desires to use e-signatures in the performance of this Contract, Contractor shall submit the request in writing to the DBH Office of Compliance (Compliance) along with the E-Signature Checklist and requested policies to the Compliance general email inbox at compliance_questions@dbh.sbcounty.gov.

Compliance will review the request and forward the submitted checklist and policies to the DBH Information Technology (IT) for review. This review period will be based on the completeness of the material submitted.

Contractor will receive a formal letter with tentative approval and the E-Signature Agreement. Contractor shall obtain all signatures for staff participating in E-Signature and submit the Agreement with signatures, as directed in the formal letter.

Once final, the DBH Office of Compliance will send a second formal letter with the DBH Director's approval and a copy of the fully executed E-Signature Agreement will be sent to Contractor.

- B. DBH reserves the right to change or update the e-signature requirements as the governing State agency(ies) modifies requirements.
- C. DBH reserves the right to terminate e-signature authorization at will and/or should the contract agency fail to uphold the requirements.

VIII. Annual Cost Report Settlement

- A. Section 14705 (c) of the Welfare and Institutions Code (WIC) requires contractors to submit fiscal year-end cost reports. Contractor shall provide DBH with a complete and correct annual cost report not later than sixty (60) days at the end of each fiscal year and not later than sixty (60) days after the expiration date or termination of this Contract, unless otherwise notified by County.

1. Accurate and complete annual cost report shall be defined as a cost report which is completed on forms or in such formats as specified by the County and consistent with such instructions as the County may issue and based on the best available data provided by the County.
- B. The cost report is a multiyear process consisting of a preliminary settlement, final settlement, and is subject to audit by DHCS pursuant to WIC 14170.
- C. These cost reports shall be the basis upon which both a preliminary and a final settlement will be made between the parties to this Agreement. In the event of termination of this Contract by Contractor pursuant to Duration and Termination Article, Paragraph C, the preliminary settlement will be based upon the most updated State Medi-Cal approvals and County claims information.
 1. Upon initiation and instruction by the State, County will perform the Short-Doyle/Medi-Cal Cost Report Reconciliation and Settlement with Contractor.
 - a. Such reconciliation and settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or Federal statutes, regulations, policies, procedures, and/or other requirements pertaining to cost reporting and settlements for Title XIX and/or Title XXI and other applicable Federal and/or State programs.
 2. Contractor shall submit an annual cost report for a preliminary cost settlement. This cost report shall be submitted no later than sixty (60) days after the end of the fiscal year and it shall be based upon the actual minutes/hours/days which have been approved by DHCS up to the preliminary submission period as reported by DBH.
 3. Contractor shall submit a reconciled cost report for a final settlement. The reconciled cost report shall be submitted approximately eighteen (18) months after the fiscal year-end. The eighteen (18) month timeline is an approximation as the final reconciliation process is initiated by the DHCS. The reconciliation process allows Contractor to add additional approved Medi-Cal units and reduce disallowed or denied units that have been corrected and approved subsequent to the initial cost report submission. Contractors are not permitted to increase total services or cost during this reconciliation process.
 4. Each Annual Cost Report shall be prepared by Contractor in accordance with the Centers for Medicare and Medicaid Services' Publications #15-1 and #15-02; "The Providers Reimbursement Manual Parts 1 and 2;" the State Cost and Financial Reporting Systems (CFRS) Instruction Manual; and any other written guidelines that shall be provided to Contractor at the Cost Report Training, to be conducted by County on or before October 15 of the fiscal year for which the annual cost report is to be prepared.
 - a. Attendance by Contractor at the County's Cost Report Training is mandatory.
 - b. Failure by Contractor to attend the Cost Report Training shall be considered a breach of this Agreement.

5. Failure by Contractor to submit an annual cost report within the specified date set by the County shall constitute a breach of this Agreement. In addition to, and without limiting, any other remedy available to the County for such a breach, the County may, at its option, withhold any monetary settlements due Contractor until the cost report(s) is (are) complete.
 6. Only the Director or designee may make exception to the requirement set forth in the Annual Cost Report Settlement Article, Paragraph A above, by providing Contractor written notice of the extension of the due date.
 7. If Contractor does not submit the required cost report(s) when due and therefore no costs have been reported, the County may, at its option, request full payment of all funds paid Contractor under Provisional Payment Article of this Agreement. Contractor shall reimburse the full amount of all payments made by the County to Contractor within a period of time to be determined by the Director or designee.
 8. No claims for reimbursement will be accepted by the County after the cost report is submitted by the contractor. The total costs reported on the cost report must match the total of all the claims submitted to DBH by Contractor as of the end of the fiscal year which includes revised and/or final claims. Any variances between the total costs reported in the cost report and fiscal year claimed costs must be justified during the cost report process in order to be considered allowable.
 9. Annual Cost Report Reconciliation Settlement shall be subject to the limitations contained in this Agreement but not limited to:
 - a. Available Match Funds
 - b. Actual submitted and approved claims to those third-parties providing funds in support of specific funded programs.
- D. As part of its annual cost report settlement, County shall identify any amounts due to Contractor by the County or due from Contractor to the County.
1. Upon issuance of the County's annual cost report settlement, Contractor may, within fourteen (14) business days, submit a written request to the County for review of the annual cost report settlement.
 2. Upon receipts by the County of Contractor's written request, the County shall, within twenty (20) business days, meet with Contractor to review the annual cost report settlement and to consider any documentation or information presented by Contractor. Contractor may waive such meeting and elect to proceed based on written submission at its sole discretion.
 3. Within twenty (20) business days of the meeting specified above, the County shall issue a response to Contractor including confirming or adjusting any amounts due to Contractor by the County or due from Contractor to the County.
 4. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor is due payment from the County, the County shall initiate the payment process to Contractor before submitting the annual Cost report to DHCS or other State agencies.

5. In the event the Annual Cost Report Reconciliation Settlement indicates that Contractor owes payments to the County, Contractor shall make payment to the County in accordance with Paragraph E below (Method of Payments for Amounts Due to the County).
 6. Regardless of any other provision of this Paragraph D, reimbursement to Contractor shall not exceed the maximum financial obligation by fiscal year, funding source, and service modalities as delineated on the Schedules A and B.
- E. Method of Payments for Amounts Due to the County
1. Contractor will notify DBH-Fiscal and Compliance of overpayment within five (5) business days at the following email addresses:

DBH-Fiscal-ProviderPayments@dbh.sbcounty.gov
Compliance_questions@dbh.sbcounty.gov.
 2. Within five (5) business days after the contractor identifies overpayment or after written notification by the County to Contractor of any amount due by Contractor, Contractor shall notify the County as to which payment option will be utilized. Payment options for the amount to be recovered will be outlined in the settlement letter.
 3. Contractor is responsible for returning overpayments to the County within sixty (60) calendar days from the date the overpayment was identified regardless if instruction from DBH-Fiscal is received.
- F. Notwithstanding Final Settlement: Audit Article, Paragraph F, County shall have the option:
1. To withhold payment, or any portion thereof, pending outcome of a termination audit to be conducted by County;
 2. To withhold any sums due Contractor as a result of a preliminary and final cost settlement, pending outcome of a termination audit or similar determination regarding Contractor's indebtedness to County and to offset such withholdings as to any indebtedness to County.
- G. Preliminary and Final Cost Settlement: The cost of services rendered shall be adjusted to the lowest of the following:
1. Actual net cost (for non-Short-Doyle/Medi-Cal services);
 2. Actual and approved Short-Doyle/Medi-Cal services (Maximum allowable minutes/hours/days of time provided for each service functions for approved Short-Doyle/Medi-Cal services); or,
 3. Maximum Contract amount.

IX. Fiscal Award Monitoring

- A. County has the right to monitor the Contract during the award period to ensure accuracy of claim for reimbursement and compliance with applicable laws and regulations.

- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records and to disclose to State and County representatives all financial records necessary to review or audit Contract services and to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall attain a signed confidentiality statement from said County or State representative when access to any patient records is being requested for research and/or auditing purposes. Contractor will retain the confidentiality statement for its records.
- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor.

X. Final Settlement: Audit

- A. Contractor agrees to maintain and retain all appropriate service and financial records for a period of at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later. This is not to be construed to relieve Contractor of the obligations concerning retention of medical records as set forth in Medical Records/Protected Health Information Article.
- B. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records and to disclose to State and County representatives all financial records necessary to review or audit Contract services and to evaluate the cost, quality, appropriateness and timeliness of services. Contractor shall attain a signed confidentiality statement from said County or State representative when access to any patient record is being requested for research and/or auditing purposes. Contractor will retain the confidentiality statement for its records.
- C. If the appropriate agency of the State of California, or the County, determines that all, or any part of, the payments made by the County to Contractor pursuant hereto are not reimbursable in accordance with this Agreement, said payments will be repaid by Contractor to the County. In the event such payment is not made on demand, the County may withhold monthly payment on Contractor's claims until such disallowances are paid by Contractor, may refer for collections, and/or the County may terminate and/or indefinitely suspend this Agreement immediately upon serving written notice to the Contractor.
- D. The eligibility determination and the fees charged to, and collected from, patients whose treatment is provided for hereunder may be audited periodically by the County, DBH and the State.
- E. Contractor expressly acknowledges and will comply with all audit requirements contained in the Contract documents. These requirements include, but are not limited to, the agreement that the County or its designated representative shall have the right to audit, to review, and to copy any records and supporting documentation pertaining to the

performance of this Agreement. The Contractor shall have fourteen (14) days to provide a response and additional supporting documentation upon receipt of the draft post Contract audit report. DBH – Administration Audits will review the response(s) and supporting documentation for reasonableness and consider updating the audit information. After said time, the post Contract audit report will be final.

- F. If a post Contract audit finds that funds reimbursed to Contractor under this Agreement were in excess of actual costs or in excess of claimed costs (depending upon State of California reimbursement/audit policies) of furnishing the services, the difference shall be reimbursed on demand by Contractor to the County using one of the following methods, which shall be at the election of the County:
 - 1. Payment of total.
 - 2. Payment on a monthly schedule of reimbursement agreed upon by both the Contractor and the County.
- G. If there is a conflict between a State of California audit of this Agreement and a County audit of this Agreement, the State audit shall take precedence.
- H. In the event this Agreement is terminated, the last reimbursement claim shall be submitted within sixty (60) days after the Contractor discontinues operating under the terms of this Agreement. When such termination occurs, the County shall conduct a final audit of the Contractor within the ninety (90) day period following the termination date, and final reimbursement to the Contractor by the County shall not be made until audit results are known and all accounts are reconciled. No claims for reimbursement shall be accepted after the sixtieth (60th) day following the date of contract termination.
- I. If the Contractor has been approved by the County to submit Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-Cal claims, audit exceptions of Medi-Cal eligibility will be based on a statistically valid sample of EPSDT Medi-Cal claims by mode of service for the fiscal year projected across all EPSDT Medi-Cal claims by mode of service.

XI. Single Audit Requirement

Pursuant to CFR, Title II, Subtitle A, Chapter II, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, Contractors expending the threshold amount or more in Federal funds within the Contractor's fiscal year must have a single or program-specific audit performed in accordance with Subpart F, Audit Requirements. The audit shall comply with the following requirements:

- A. The audit shall be performed by a licensed Certified Public Accountant (CPA).
- B. The audit shall be conducted in accordance with generally accepted auditing standards and Government Auditing Standards, latest revision, issued by the Comptroller General of the United States.
- C. At the completion of the audit, the Contractor must prepare, in a separate document from the auditor's findings, a corrective action plan to address each audit finding included in the auditor's report(s). The corrective action plan must provide the name(s) of the contact person(s) responsible for corrective action, the corrective action planned,

and the anticipated completion date. If Contractor does not agree with the audit findings or believes corrective action is not required, then the corrective action plan must include an explanation and specific reasons.

- D. Contractor is responsible for follow-up on all audit findings. As part of this responsibility, the Contractor must prepare a summary schedule of prior audit findings. The summary schedule of prior audit findings must report the status of all audit findings included in the prior audit's schedule of findings and questioned costs. When audit findings were fully corrected, the summary schedule need only list the audit findings and state that corrective action was taken.
- E. Contractor must electronically submit within thirty (30) calendar days after receipt of the auditor's report(s), but no later than nine (9) months following the end of the Contractor's fiscal year, to the Federal Audit Clearinghouse (FAC) the Data Collection Form SF-SAC (available on the FAC Web site) and the reporting package which must include the following:
 - 1. Financial statements and schedule of expenditures of Federal awards
 - 2. Summary schedule of prior audit findings
 - 3. Auditor's report(s)
 - 4. Corrective action plan

Contractor must keep one copy of the data collection form and one copy of the reporting package described above on file for ten (10) years from the date of submission to the FAC or from the date of completion of any audit, whichever is later.

- F. The cost of the audit made in accordance with the provisions of Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards can be charged to applicable Federal awards. However, the following audit costs are unallowable:
 - 1. Any costs when audits required by the Single Audit Act that have not been conducted or have been conducted but not in accordance with the Single Audit requirement.
 - 2. Any costs of auditing that is exempted from having an audit conducted under the Single Audit Act and Subpart F – Audit Requirements because its expenditures under Federal awards are less than the threshold amount during the Contractor's fiscal year.

Where apportionment of the audit is necessary, such apportionment shall be made in accordance with generally accepted accounting principles, but shall not exceed the proportionate amount that the Federal funds represent of the Contractor's total revenue.

The costs of a financial statement audit of Contractor's that do not have a Federal award may be included in the indirect cost pool for a cost allocation plan or indirect cost proposal.

- G. Contractor must prepare appropriate financial statements, including Schedule of Expenditures for Federal Awards (SEFA).

- H. The work papers and the audit reports shall be retained for a minimum of ten (10) years from the date of the final audit report, and longer if the independent auditor is notified in writing by the County to extend the retention period.
- I. Audit work papers shall be made available upon request to the County, and copies shall be made as reasonable and necessary.

XII. Contract Performance Notification

- A. In the event of a problem or potential problem that will impact the quality or quantity of work or the level of performance under this Contract, Contractor shall provide notification within one (1) working day, in writing and by telephone, to DBH.
- B. Contractor shall notify DBH in writing of any change in mailing address within ten (10) calendar days of the address change.

XIII. Probationary Status

- A. In accordance with the Performance Article of this Agreement, the County may place Contractor on probationary status in an effort to allow the Contractor to correct deficiencies, improve practices, and receive technical assistance from the County.
- B. County shall give notice to Contractor of change to probationary status. The effective date of probationary status shall be five (5) business days from date of notice.
- C. The duration of probationary status is determined by the Director or designee(s).
- D. Contractor shall develop and implement a corrective action plan, to be approved by DBH, no later than ten (10) business days from date of notice to become compliant.
- E. Should the Contractor refuse to be placed on probationary status or comply with the corrective action plan within the designated timeframe, the County reserves the right to terminate this Agreement as outlined in the Duration and Termination Article.
- F. Placement on probationary status requires the Contractor disclose probationary status on any Request for Proposal responses to the County.
- G. County reserves the right to place Contractor on probationary status or to terminate this Agreement as outlined in the Duration and Termination Article.

XIV. Duration and Termination

- A. The term of this Agreement shall be from July 1, 2022 through June 30, 2027 inclusive.
- B. This Agreement may be terminated immediately by the Director at any time if:
 - 1. The appropriate office of the State of California indicates that this Agreement is not subject to reimbursement under law; or
 - 2. There are insufficient funds available to County; or
 - 3. There is evidence of fraud or misuse of funds by Contractor; or

4. There is an immediate threat to the health and safety of Medi-Cal beneficiaries; or
 5. Contractor is found not to be in compliance with any or all of the terms of the herein incorporated Articles of this Agreement or any other material terms of the Contract, including the corrective action plan; or
 6. During the course of the administration of this Agreement, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.
- C. Either the Contractor or Director may terminate this Agreement at any time for any reason or no reason by serving thirty (30) days written notice upon the other party.
- D. This Agreement may be terminated at any time by the mutual written concurrence of both the Contractor and the Director.
- E. Contractor must immediately notify DBH when a facility operated by Contractor as part of this Agreement is sold or leased to another party. In the event a facility operated by Contractor as part of this Agreement is sold or leased to another party, the Director has the option to terminate this Agreement immediately.

XV. Accountability: Revenue

- A. Total revenue collected pursuant to this Agreement from fees collected for services rendered and/or claims for reimbursement from the County cannot exceed the cost of services delivered by the Contractor. In no event shall the amount reimbursed exceed the cost of delivering services.
- B. Charges for services to either patients or other responsible persons shall be at actual costs.
- C. Under the terms and conditions of this Agreement, where billing accounts have crossover Medicare and/or Insurance along with Medi-Cal, Contractor shall first bill Medicare and/or the applicable insurance, then provide to the DBH Business Office copies of Contractor's bill and the remittance advice (RA) that show that the bill was either paid or denied. The DBH Business Office, upon receipt of these two items, will proceed to have the remainder of the claim submitted to Medi-Cal. Without these two items, the accounts with the crossover Medicare and/or Insurance along with Medi-Cal will not be billed. Projected Medicare revenue to be collected during the Contract period is zero (\$0), which is shown on Line 7 of the Schedule A. Contractor acknowledges that it is obligated to report all revenue received from any source, including Medicare revenue, in its monthly claim for reimbursement, pursuant to Provisional Payment Article, and in its cost report in accordance with Annual Cost Report Settlement Article.

XVI. Patient/Client Billing

- A. Contractor shall comply with all County, State and Federal requirements and procedures relating to:

1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with State guidelines and WIC Sections 5709 and 5710.
 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicare, private insurance, or other third-party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Contractor shall pursue and report collection of all patient/client and other revenue.
 3. Contractor shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
 4. Failure of Contractor to report in all its claims and its annual cost report all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of Medi-Cal beneficiaries receiving services hereunder shall result in:
 - a. Contractor's submission of revised claim statement showing all such non-reported revenue.
 - b. A report by the County to DHCS of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries.
 - c. Any appropriate financial adjustment to Contractor's reimbursement.
- B. Any covered services provided by Contractor or subcontractor shall not be billed to patients/clients for an amount greater than the County rate [42 C.F.R. § 438.106(c)].
- C. Consumer/Client Liability for Payment
- Pursuant to California Code of Regulations, Title 9, Section 1810.365, Contractor or subcontractor of Contractor shall not submit a claim to, or demand or otherwise collect reimbursement from the consumer/client or persons acting on behalf of the consumer/client 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. Consistent with 42 C.F.R., Section 438.106, Contractor or subcontractor of Contractor shall not hold the consumer/client liable for debts in the event that Contractor becomes insolvent for costs of covered services for which DBH does not pay Contractor; for costs of covered services for which DBH or Contractor does not pay Contractor's subcontractors; for costs of covered services provided under a contract, referral or other arrangement rather than from DBH; or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a consumer/client with an emergency psychiatric condition.

XVII. Personnel

- A. Contractor shall operate continuously throughout the term of this Agreement with at least the minimum number of staff as required by Title 9 of the California Code of Regulations for the mode(s) of service described in this Agreement. Contractor shall also satisfy any other staffing requirements necessary to participate in the Short-Doyle/Medi-Cal

program, if so funded.

- B. Contractor must follow DBH's credentialing and re-credentialing policy that is based on DHCS' uniform policy. Contractor must follow a documented process for credentialing and re-credentialing of Contractor's staff [42 C.F.R. §§ 438.12(a)(2) and 438.214(b)].
- C. Contractor shall ensure the Staff Master is updated regularly for each service provider with the current employment and license/certification/registration/waiver status in order to bill for services and determine provider network capacity. Updates to the Staff Master shall be completed, including, but not limited to, the following events: new registration number obtained, licensure obtained, licensure renewed, and employment terminated. When updating the Staff Master, provider information shall include, but not limited to, the following: employee name; professional discipline; license, registration or certification number; National Provider Identifier (NPI) number and NPI taxonomy code; County's billing and transactional database system number; date of hire; and date of termination (when applicable).
- D. Contractor shall comply with DBH's request(s) for provider information that is not readily available on the Staff Master form or the Management Information System as DBH is required by Federal regulation to update its paper and electronic provider directory, which includes contract agencies and hospitals, at least monthly.
- E. Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "County administrative official" is defined as a member of the Board of Supervisors or such officer's staff, Chief Executive Officer or member of such officer's staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.
- F. Statements of Disclosure
 - 1. Contractor shall submit a statement of disclosure of ownership, control and relationship information regarding its providers, managing employees, including agents and managing agents as required in Title 42 of the Code of Federal Regulations, Sections 455.104 and 455.105 for those having five percent (5%) or more ownership or control interest. This statement relates to the provision of information about provider business transactions and provider ownership and control and must be completed prior to entering into a contract, during certification or re-certification of the provider; within thirty-five (35) days after any change in ownership; annually; and/or upon request of the County. The disclosures to provide are as follows:
 - a. Name and address of any person (individual or corporation) with an ownership or control interest in Contractor's agency. The address for corporate entities shall include, as applicable, a primary business address, every business location and a P.O. box address;

- b. Date of birth and Social Security Number (if an individual);
 - c. Other tax identification number (if a corporation or other entity);
 - d. Whether the person (individual or corporation) with an ownership or control interest in the Contractor's agency is related to another person with ownership or control in the same or any other network provider of the Contractor as a spouse, parent, child or sibling;
 - e. The name of any other disclosing entity in which the Contractor has an ownership or control interest; and
 - f. The name, address, date of birth and Social Security Number of any managing employee of the Contractor.
- 2. Contractor shall also submit disclosures related to business transactions as follows:
 - a. Ownership of any subcontractor with whom the Contractor has had business transactions totaling more than \$25,000 during the 12-month period ending on the date of the request; and
 - b. Any significant business transactions between the Contractor and any wholly owned supplier, or between the Contractor and any subcontractor, during the five (5) year period ending on the date of a request by County.
- 3. Contractor shall submit disclosures related to persons convicted of crimes regarding the Contractor's management as follows:
 - a. The identity of any person who is a managing employee, owner or person with controlling interest of the Contractor who has been convicted of a crime related to Federal health care programs;
 - b. The identity of any person who is an agent of the Contractor who has been convicted of a crime related to Federal health care programs. Agent is described in 42 C.F.R. §455.101; and
 - c. The Contractor shall supply the disclosures before entering into a contract and at any time upon the County's request.
- G. Contractor shall confirm the identity of its providers, employees, DBH-funded network providers, contractors and any person with an ownership or controlling interest, or who is an agent or managing employee by developing and implementing a process to conduct a review of applicable Federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436. In addition to any background check or Department of Justice clearance, the Contractor shall review and verify the following databases:
 - 1. Pursuant to Title 42 of the Code of Federal Regulations, Section 455.410, all health care providers including all ordering or referring physicians or other professionals providing services, are required to be screened via the Social Security Administration's Death Master File to ensure new and current providers are not listed. Contractor shall conduct the review prior to hire and upon contract

renewal (for contractor employees not hired at the time of contract commencement).

2. National Plan and Provider Enumeration System (NPPES) to ensure the provider has a NPI number, confirm the NPI number belongs to the provider, verify the accuracy of the providers' information and confirm the taxonomy code selected is correct for the discipline of the provider.
 3. List of Excluded Individuals/Entities and General Services Administration's System for Award Management (SAM), the Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE), and DHCS Suspended and Ineligible Provider (S&I) List (if Medi-Cal reimbursement is received under this Contract), to ensure providers, employees, DBH-funded network providers, contractors and any person with an ownership or controlling interest, or who is an agent or managing employee are not excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs. See the Licensing, Certification and Accreditation section of this Contract for further information on Excluded and Ineligible Person checks.
- H. Contractor shall obtain records from the Department of Justice of all convictions of persons offered employment or volunteers as specified in Penal Code Section 11105.3.
- I. Contractor shall inform DBH within twenty-four (24) hours or next business day of any allegations of sexual harassment, physical abuse, etc., committed by Contractor's employees against clients served under this Contract. Contractor shall report incident as outlined in Notification of Unusual Occurrences or Incident/Injury Reports paragraph in the Administrative Procedures Article.
- J. Iran Contracting Act of 2010
- In accordance with Public Contract Code Section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code Section 2203 (https://www.dgs.ca.gov/-/media/Divisions/PD/PTCS/OPPL/SCM/Iran_Contracting_Act_Verification_Form.pdf) as a person [as defined in Public Contract Code Section 2202(e)] engaging in investment activities in Iran described in subdivision (a) of Public Contract Code Section 2202.5, or as a person described in subdivision (b) of Public Contract Code Section 2202.5, as applicable.
- Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code Section 2205.
- K. Trafficking Victims Protection Act of 2000
- In accordance with the Trafficking Victims Protection Act (TVPA) of 2000, the Contractor certifies that at the time the Contract is signed, the Contractor will remain in compliance with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). For access to the full text of the award term, go to:

<http://www.samhsa.gov/grants/grants-management/policies-regulations/additional-directives>.

The TVPA strictly prohibits any Contractor or Contractor employee from:

1. Engaging in severe forms of trafficking in persons during the duration of the Contract;
2. Procuring a commercial sex act during the duration of the Contract; and
3. Using forced labor in the performance of the Contract.

Any violation of the TVPA may result in payment withholding and/or a unilateral termination of this Contract without penalty in accordance with 2 CFR Part 175. The TVPA applies to Contractor and Contractor's employees and/or agents.

XVIII. Prohibited Affiliations

- A. Contractor shall not knowingly have any prohibited type of relationship with the following:
1. An individual or entity that is debarred, suspended, or otherwise excluded from participating in procurement activities under the Federal Acquisition Regulation or from participating in non-procurement activities under regulations issued under Executive Order No. 12549 or under guidelines implementing Executive Order No. 12549 [42 C.F.R. § 438.610(a)(1)].
 2. An individual or entity who is an affiliate, as defined in the Federal Acquisition Regulation at 48 CFR 2.101, of a person described in this section [42 C.F.R. § 438.610(a)(2)].
- B. Contractor shall not have a prohibited type of relationship by employing or contracting with providers or other individuals and entities excluded from participation in Federal health care programs (as defined in section 1128B(f) of the Social Security Act) under either Section 1128, 1128A, 1156, or 1842(j)(2) of the Social Security Act [42 C.F.R. §§ 438.214(d)(1), 438.610(b); 42 U.S.C. § 1320c-5].
- C. Contractor shall not have any types of relationships prohibited by this section with an excluded, debarred, or suspended individual, provider, or entity as follows:
1. A director, officer, agent, managing employee, or partner of the Contractor [42 U.S.C. § 1320a-7(b)(8)(A)(ii); 42 C.F.R. § 438.610(c)(1)].
 2. A subcontractor of the Contractor, as governed by 42 C.F.R. § 438.230. [42 C.F.R. § 438.610(c)(2)].
 3. A person with beneficial ownership of 5 percent (5%) or more of the Contractor's equity [(42 C.F.R. § 438.610(c)(3)].
 4. An individual convicted of crimes described in section 1128(b)(8)(B) of the Act [42 C.F.R. § 438.808(b)(2)].
 5. A network provider or person with an employment, consulting, or other arrangement with the Contractor for the provision of items and services that are significant and material to the Contractor's obligations under this Contract [42 C.F.R. § 438.610(c)(4)].

6. Contractor shall not employ or contract with, directly or indirectly, such individuals or entities for the furnishing of health care, utilization review, medical social work, administrative services, management, or provision of medical services, or the establishment of policies or provision of operational support for such services [42 C.F.R. § 438.808(b)(3)].

D. Conflict of Interest

1. Contractor shall comply with the conflict of interest safeguards described in 42 Code of Federal Regulations part 438.58 and the prohibitions described in section 1902(a)(4)(C) of the Act [42 C.F.R. § 438.3(f)(2)].
2. Contractor shall not utilize in the performance of this Contract any County officer or employee or other appointed County official unless the employment, activity, or enterprise is required as a condition of the officer's or employee's regular County employment [Pub. Con. Code § 10410; 42 C.F.R. § 438.3(f)(2)].
 - a. Contractor shall submit documentation to the County of current and former County employees who may present a conflict of interest.

XIX. Licensing, Certification and Accreditation

- A. Contractor shall operate continuously throughout the term of this Agreement with all licenses, certifications and/or permits as are necessary to the performance hereunder. Failure to maintain a required license, certification, and/or permit may result in immediate termination of this Contract.
- B. Contractor shall maintain for inpatient and residential services the necessary licensing and certification or mental health program approval throughout the term of this Contract.
- C. Contractor shall inform DBH whether it has been accredited by a private independent accrediting entity [42 C.F.R. 438.332(a)]. If Contractor has received accreditation by a private independent accrediting entity, Contractor shall authorize the private independent accrediting entity to provide the County a copy of its most recent accreditation review, including:
 1. Its accreditation status, survey type, and level (as applicable); and
 2. Accreditation results, including recommended actions or improvements, corrective action plans, and summaries of findings; and
 3. The expiration date of the accreditation [42 C.F.R. § 438.332(b)].
- D. Contractor shall be knowledgeable of and compliant with State law and DBH policy/procedure regarding Medi-Cal Certification and ensure that the head of service is a licensed mental health professional or other appropriate individual.
- E. Contractor shall ensure all service providers apply for, obtain and maintain the appropriate certification, licensure, registration or waiver prior to rendering services. Service providers must work within their scope of practice and may not render and/or claim services without a valid certification, licensure, registration or waiver. Contractor shall develop and implement a policy and procedure for all applicable staff to notify

Contractor of a change in licensure/certification/waiver status, and Contractor is responsible for notifying DBH of such change.

- F. Contractor shall develop and implement a documented process for continued employment of pre-licensed clinical therapist staff, who have not obtained licensure within six (6) years of their original date of registration. This process must be in accordance with DBH Registration and Licensure Requirements for Pre-Licensed Staff Policy (HR4012). Contractor shall be responsible for accepting, reviewing and determining whether to grant a one (1) year extensions [up to a maximum of three (3) one-year extensions], to an employee who has not obtained licensure within six (6) years following the first California Board of Behavioral Health Sciences (BBS) registration receipt date. Prior to granting said extension, Contractor must ensure the pre-licensed staff is actively pursuing licensure, and that licensure can be obtained within the determined extension period. Contractor shall ensure all licensed and pre-licensed staff maintain valid Board registration and adhere to all applicable professional regulations, including – but not limited to - clearance from ineligible/excluded status as described herein.

Contractor approved extension letters shall be submitted to DBH Office of Compliance via email to Compliance_Questions@dbh.sbcounty.gov.

- G. Contractor shall comply with applicable provisions of the:
1. California Code of Regulations, Title 9;
 2. California Business and Professions Code, Division 2; and
 3. California Code of Regulations, Title 16.
- H. Contractor shall comply with the United States Department of Health and Human Services OIG requirements related to eligibility for participation in Federal and State health care programs.
1. Ineligible Persons may include both entities and individuals and are defined as any individual or entity who:
 - a. Is currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal and State health care programs; or
 - b. 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 and State health care programs after a period of exclusion, suspension, debarment, or ineligibility.
 2. Contractor shall review the organization and all its employees, subcontractors, agents, physicians and persons having five percent (5%) or more of direct or indirect ownership or controlling interest of the Contractor for eligibility against the following databases: SAM and the OIG's LEIE respectively to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct these reviews before hire or contract start date and then no less than once a month thereafter.
 - a. SAM can be accessed at <https://www.sam.gov/SAM/>.

- b. LEIE can be accessed at <http://oig.hhs.gov/exclusions/index.asp>.
3. If Contractor receives Medi-Cal reimbursement, Contractor shall review the organization and all its employees, subcontractors, agents and physicians for eligibility against the DHCS S&I List to ensure that Ineligible Persons are not employed or retained to provide services related to this Contract. Contractor shall conduct this review before hire or contract start date and then no less than once a month thereafter.
- a. S&I List can be accessed at <https://files.medical.ca.gov/pubsdoco/SandILanding.aspx>.
4. Contractor shall certify or attest that no staff member, officer, director, partner or principal, or sub-contractor is "excluded" or "suspended" from any Federal health care program, federally funded contract, state health care program or state funded contract. This certification shall be documented by completing the Attestation Regarding Ineligible/Excluded Persons (**Attachment I**) at time of the initial contract execution and annually thereafter. Contractor shall not certify or attest any excluded person working/contracting for its agency and acknowledges that the County shall not pay the Contractor for any excluded person. The Attestation Regarding Ineligible/Excluded Persons shall be submitted to the following program and address:
- DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026
- Or send via email to: Compliance_Questions@dbh.sbcounty.gov
5. Contractor acknowledges that Ineligible Persons are precluded from employment and from providing Federal and State funded health care services by contract with County.
6. Contractor shall have a policy regarding the employment of sanctioned or excluded employees that includes the requirement for employees to notify the Contractor should the employee become sanctioned or excluded by the OIG, General Services Administration (GSA), and/or DHCS.
7. Contractor acknowledges any payment received for an excluded person may be subject to recovery and/or considered an overpayment by DBH/DHCS and/or be the basis for other sanctions by DHCS.
8. Contractor shall immediately notify DBH should an employee become sanctioned or excluded by the OIG, GSA, and/or DHCS.

XX. Health Information System

- A. Should Contractor have a health information system, it shall maintain a system that collects, analyzes, integrates, and reports data (42 C.F.R. § 438.242(a); Cal. Code Regs., tit. 9, § 1810.376.) The system shall provide information on areas including, but not limited to, utilization, claims, grievances, and appeals [42 C.F.R. § 438.242(a)]. Contractor shall comply with Section 6504(a) of the Affordable Care Act [42 C.F.R. § 438.242(b)(1)].

- B. Contractor's health information system shall, at a minimum:
 - 1. Collect data on beneficiary and Contractor characteristics as specified by the County, and on services furnished to beneficiaries as specified by the County; [42 C.F.R. § 438.242(b)(2)].
 - 2. Ensure that data received is accurate and complete by:
 - a. Verifying the accuracy and timeliness of reported data.
 - b. Screening the data for completeness, logic, and consistency.
 - c. Collecting service information in standardized formats to the extent feasible and appropriate.
- C. Contractor shall make all collected data available to DBH and, upon request, to DHCS and/or CMS [42 C.F.R. § 438.242(b)(4)].
- D. Contractor's health information system is not required to collect and analyze all elements in electronic formats [Cal. Code Regs., tit. 9, § 1810.376(c)].

XXI. Administrative Procedures

- A. Contractor agrees to adhere to all applicable provisions of:
 - 1. State Notices,
 - 2. DBH Policies and Procedures on Advance Directives, and;
 - 3. County DBH Standard Practice Manual (SPM). Both the State Notices and the DBH SPM are included as a part of this Contract by reference.
- B. Contractor shall have a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, any required State or Federal notices (Deficit Reduction Act), and procedures for reporting unusual occurrences relating to health and safety issues.
- C. All written materials for potential beneficiaries and beneficiaries with disabilities must utilize easily understood language and a format which is typically at 5th or 6th grade reading level, in a font size no smaller than 12 point, be available in alternative formats and through the provision of auxiliary aids and services, in an appropriate manner that takes into consideration the special needs of potential beneficiaries or beneficiaries with disabilities or limited English proficiency and include a large print tagline and information on how to request auxiliary aids and services, including the provision of the materials in alternative formats [42 C.F.R. 438.10(d)(6)(ii)]. The aforementioned written materials may only be provided electronically by the Contractor if all of the following conditions are met:
 - 1. The format is readily accessible;
 - 2. The information is placed in a location on the Contractor's website that is prominent and readily accessible;
 - 3. The information is provided in an electronic form which can be electronically retained and printed;

4. The information is consistent with the content and language requirements of this Attachment; and
 5. The beneficiary is informed that the information is available in paper form without charge upon request and Contractor provides it upon request within five (5) business days [42 C.F.R. 438.10(c)(6)].
- D. Contractor shall ensure its written materials are available in alternative formats, including large print, upon request of the potential beneficiary or beneficiary with disabilities at no cost. Large print means printed in a font size no smaller than 18 point [42 C.F.R. § 438.10(d)(3)].
- E. Contractor shall provide the required information in this section to each beneficiary when first receiving Specialty Mental Health Services and upon request [1915(b) Medi-Cal Specialty Mental Health Services Waiver, § (2), subd. (d), p. 26, attachments 3 and 4; Cal. Code Regs., tit. 9, § 1810.360(e)].
- F. Provider List
- Contractor shall ensure that staff is knowledgeable of and compliant with State and DBH policy/procedure regarding DBH Provider Directories. Contractor agrees to demonstrate that staff knows how to access Provider List as required by DBH.
- G. Beneficiary Informing Materials
- Contractor shall ensure that staff is knowledgeable of and compliant with State and DBH policy/procedure regarding Beneficiary Informing Materials which includes, but is not limited to the Guide to Medi-Cal Mental Health Services. Contractor shall only use the DBH and DHCS developed and approved handbooks, guides and notices.
- H. If a dispute arises between the parties to this Agreement concerning the interpretation of any State Notice or a policy/procedure within the DBH SPM, the parties agree to meet with the Director to attempt to resolve the dispute.
- I. State Notices shall take precedence in the event of conflict with the terms and conditions of this Agreement.
- J. In the event the County determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Contract or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.
- K. Grievance and Complaint Procedures
- Contractor shall ensure that staff are knowledgeable of and compliant with the San Bernardino County Beneficiary Grievance and Appeals Procedures and ensure that any complaints by recipients are referred to DBH in accordance with the procedure.
- L. Notice of Adverse Benefit Determination Procedures

Contractor shall ensure that staff is knowledgeable of and compliant with State law and DBH policy/procedure regarding the issuance of Notice of Adverse Benefit Determinations (NOABDs).

M. Notification of Unusual Occurrences or Incident/Injury Reports

1. Contractor shall notify DBH, within twenty-four (24) hours or next business day, of any unusual incident(s) or event(s) that occur while providing services under this Contract, which may result in reputational harm to either the Contractor or the County. Notice shall be made to the assigned contract oversight DBH Program Manager with a follow-up call to the applicable Deputy Director.
2. Contractor shall submit a written report to DBH within three (3) business days of occurrence on DBH Unusual Occurrence/Incident Report form or on Contractor's own form preapproved by DBH Program Manager or designee.
3. If Contractor is required to report occurrences, incidents or injuries as part of licensing requirements, Contractor shall provide DBH Program Manager or designee with a copy of report submitted to applicable State agency.
4. Written reports shall not be made via email unless encryption is used.

N. Copyright

County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under this Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of this Contract shall acknowledge San Bernardino County Department of Behavioral Health as the funding agency and Contractor as the creator of the publication. No such materials or properties produced in whole or in part under this Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of County. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to this Contract must be filed with and approved by the County prior to publication. Contractor shall receive written permission from DBH prior to publication of said training materials.

O. Release of Information

No news releases, advertisements, public announcements or photographs arising out of this Contract or Contractor's relationship with the County may be made or used without prior written approval of DBH.

P. Ownership of Documents

All documents, data, products, graphics, computer programs and reports prepared by Contractor or subcontractor pursuant to the Agreement shall be considered property of the County upon payment for services. All such items shall be delivered to DBH at the completion of work under the Agreement. Unless otherwise directed by DBH, Contractor may retain copies of such items.

Q. Equipment and Other Property

All equipment, materials, supplies or property of any kind (including vehicles, publications, copyrights, etc.) purchased with funds received under the terms of this Agreement which has a life expectancy of one (1) year or more shall be the property of DBH, unless mandated otherwise by Funding Source, and shall be subject to the provisions of this paragraph. The disposition of equipment or property of any kind shall be determined by DBH when the Agreement is terminated. Additional terms are as follows:

1. The purchase of any furniture or equipment which was not included in Contractor's approved budget, shall require the prior written approval of DBH, and shall fulfill the provisions of this Agreement which are appropriate and directly related to Contractor's services or activities under the terms of the Agreement. DBH may refuse reimbursement for any cost resulting from such items purchased, which are incurred by Contractor, if prior written approval has not been obtained from DBH.
2. Before equipment purchases made by Contractor are reimbursed by DBH, Contractor must submit paid vendor receipts identifying the purchase price, description of the item, serial numbers, model number and location where equipment will be used during the term of this Agreement.
3. All equipment purchased/reimbursed with funds from this Agreement shall only be used for performance of this Agreement.
4. Assets purchased with Medi-Cal Federal Financial Participation (FFP) funds shall be capitalized and expensed according to Medi-Cal (Centers for Medicare and Medicaid Services) regulation.
5. Contractor shall submit an inventory of equipment purchased under the terms of this Agreement as part of the monthly activity report for the month in which the equipment is purchased. Contractor must also maintain an inventory of equipment purchased that, at a minimum, includes the description of the property, serial number or other identification number, source of funding, title holder, acquisition date, cost of the equipment, location, use and condition of the property, and ultimate disposition data. A physical inventory of the property must be reconciled annually. Equipment should be adequately maintained and a control system in place to prevent loss, damage, or theft. Equipment with cost exceeding County's capitalization threshold of \$5,000 must be depreciated.
6. Upon termination of this Agreement, Contractor will provide a final inventory to DBH and shall at that time query DBH as to requirements, including the manner and method in returning equipment to DBH. Final disposition of such equipment shall be in accordance with instructions from DBH.

- R. Contractor agrees to and shall comply with all requirements and procedures established by the State, County, and Federal Governments, including those for quality improvement, and including, but not limited to, submission of periodic reports to DBH for coordination, contract compliance, and quality assurance.

S. Travel

Contractor shall adhere to the County's Travel Management Policy (8-02) when travel is pursuant to this Agreement and for which reimbursement is sought from the County. In addition, Contractor shall, to the fullest extent practicable, utilize local transportation services, including but not limited to Ontario Airport, for all such travel.

T. Political contributions and lobbying activities are not allowable costs. This includes contributions made indirectly through other individuals, committees, associations or other organizations for campaign or other political purposes. The costs of any lobbying activities however conducted, either directly or indirectly, are not allowable.

XXII. Laws and Regulations

A. Contractor agrees to comply with all relevant Federal and State laws and regulations, including, but not limited to those listed below, inclusive of future revisions, and comply with all applicable provisions of:

1. Mental Health Plan (MHP) Contract with the State;
2. California Code of Regulations, Title 9;
3. California Code of Regulations, Title 22;
4. California Welfare and Institutions Code, Division 5;
5. Code of Federal Regulations, Title 42, including, but not limited to, Parts 438 and 455;
6. Code of Federal Regulations, Title 45;
7. United States Code, Title 42, as applicable;
8. Balanced Budget Act of 1997; and
9. Applicable Medi-Cal laws, regulations, including applicable sub-regulatory guidance and contract provisions.

B. Health and Safety

Contractor shall comply with all applicable State and local health and safety requirements and clearances for each site where program services are provided under the terms of the Contract:

1. Any space owned, leased or operated by the Contractor and used for services or staff must meet local fire codes.
2. The physical plant of any site owned, leased or operated by the Contractor and used for services or staff is clean, sanitary and in good repair.
3. Contractor shall establish and implement maintenance policies for any site owned, leased or operated that is used for services or staff to ensure the safety and well-being of beneficiaries and staff.

C. Drug and Alcohol-Free Workplace

In recognition of individual rights to work in a safe, healthful and productive work place, as a material condition of this Contract, Contractor agrees that Contractor and

Contractor's employees, while performing service for the County, on County property, or while using County equipment:

1. Shall not be in any way impaired because of being under the influence of alcohol or a drug.
2. Shall not possess an open container of alcohol or consume alcohol or possess or be under the influence of any substance.
3. Shall not sell, offer, or provide alcohol or a drug to another person. This shall not be applicable to Contractor or Contractor's employees who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.
4. Contractor shall inform all employees that are performing service for the County on County property, or using County equipment, of the County's objective of a safe, healthful and productive work place and the prohibition of drug or alcohol use or impairment from same while performing such service for the County.
5. The County may terminate for default or breach of this Contract and any other contract Contractor has with County, if Contractor or Contractor's employees are determined by the County not to be in compliance with above.

D. Pro-Children Act of 1994

Contractor will comply with Public Law 103-227, Part C - Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994.

E. Privacy and Security

1. Contractor shall comply with all applicable State and Federal regulations pertaining to privacy and security of client information including but not limited to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH), as incorporated in the American Recovery and Reinvestment Act of 2009. Regulations have been promulgated governing the privacy and security of Individually Identifiable Health Information (IIHI) and/or Protected Health Information (PHI) or electronic Protected Health Information (ePHI).
2. In addition to the aforementioned protection of IIHI, PHI and e-PHI, the County requires Contractor to adhere to the protection of Personally Identifiable Information (PII) and Medi-Cal PII. PII includes any information that can be used to search for or identify individuals such as but not limited to name, social security number or date of birth. Whereas Medi-Cal PII is the information that is directly obtained in the course of performing an administrative function on behalf of Medi-Cal, such as determining or verifying eligibility that can be used alone or in conjunction with any other information to identify an individual.
3. Contractor shall comply with the HIPAA Privacy and Security Rules, which includes but is not limited to implementing administrative, physical and technical safeguards that reasonably protect the confidentiality, integrity and availability of PHI; implementing and providing a copy to DBH of reasonable and appropriate

written policies and procedures to comply with the standards; conducting a risk analysis regarding the potential risks and vulnerabilities of the confidentiality, integrity and availability of PHI; conducting privacy and security awareness and training at least annually and retain training records for at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later, and limiting access to those persons who have a business need.

4. Contractor shall comply with the data security requirements set forth by the County as referenced in **Attachment II**.

5. Reporting of Improper Access, Use or Disclosure or Breach

Contractor shall report to DBH Office of Compliance any unauthorized use, access or disclosure of unsecured Protected Health Information or any other security incident with respect to Protected Health Information no later than one (1) business day upon the discovery of a potential breach consistent with the regulations promulgated under HITECH by the United States Department of Health and Human Services, 45 CFR Part 164, Subpart D. Upon discovery of the potential breach, the Contractor shall complete the following actions:

- a. Notify DBH Office of Compliance in writing, by mail, fax, or electronically, of such incident no later than one (1) business day and provide DBH Office of Compliance with the following information to include but not limited to:
 - i. Date the potential breach occurred;
 - ii. Date the potential breach was discovered;
 - iii. Number of staff, employees, subcontractors, agents or other third parties and the titles of each person allegedly involved;
 - iv. Number of potentially affected patients/clients; and
 - v. Description of how the potential breach allegedly occurred.
- b. Provide an update of applicable information to the extent known at that time without reasonable delay and in no case later than three (3) calendar days of discovery of the potential breach.
- c. Provide completed risk assessment and investigation documentation to DBH Office of Compliance within ten (10) calendar days of discovery of the potential breach with decision whether a breach has occurred, including the following information:
 - i. The nature and extent of the PHI involved, including the types of identifiers and likelihood of re-identification;
 - ii. The unauthorized person who used PHI or to whom it was made;
 - iii. Whether the PHI was actually acquired or viewed; and
 - iv. The extent to which the risk to PHI has been mitigated.
- d. Contractor is responsible for notifying the client and for any associated costs that are not reimbursable under this Contract, if a breach has

occurred. Contractor must provide the client notification letter to DBH for review and approval prior to sending to the affected client(s).

- e. Make available to the County and governing State and Federal agencies in a time and manner designated by the County or governing State and Federal agencies, any policies, procedures, internal practices and records relating to a potential breach for the purposes of audit or should the County reserve the right to conduct its own investigation and analysis.

F. Program Integrity Requirements

1. General Requirement

As a condition for receiving payment under a Medi-Cal managed care program, Contractor shall comply with the provisions of Title 42 C.F.R. Sections 438.604, 438.606, 438.608 and 438.610. Contractor must have administrative and management processes or procedures, including a mandatory compliance plan, that are designed to detect and prevent fraud, waste or abuse.

- a. If Contractor identifies an issue or receives notification of a complaint concerning an incident of possible fraud, waste, or abuse, Contractor shall immediately notify DBH; conduct an internal investigation to determine the validity of the issue/complaint; and develop and implement corrective action if needed.
- b. If Contractor's internal investigation concludes that fraud or abuse has occurred or is suspected, the issue if egregious, or beyond the scope of the Contractor's ability to pursue, the Contractor shall immediately report to the DBH Office of Compliance for investigation, review and/or disposition.
- c. Contractor shall immediately report to DBH any overpayments identified or recovered, specifying the overpayments due to potential fraud.
- d. Contractor shall immediately report any information about changes in a beneficiary's circumstances that may affect the beneficiary's eligibility, including changes in the beneficiary's residence or the death of the beneficiary.
- e. Contractor shall immediately report any information about a change in contractor's or contractor's staff circumstances that may affect eligibility to participate in the managed care program.
- f. Contractor shall implement and maintain processes or procedures designed to detect and prevent fraud, waste or abuse that includes provisions to verify, by sampling or other methods, whether services that have been represented to have been delivered by Contractor were actually furnished to beneficiaries, demonstrate the results to DBH, and apply such verification procedures on a regular basis.
- g. Contractor understands DBH, CMS, or the HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time if there is a

reasonable possibility of fraud or similar risk.

2. Compliance Plan and Program

DBH has established an Office of Compliance for purposes of ensuring adherence to all standards, rules and regulations related to the provision of services and expenditure of funds in Federal and State health care programs. Contractor shall either adopt DBH's Compliance Plan/Program or establish its own Compliance Plan/Program and provide documentation to DBH to evaluate whether the Program is consistent with the elements of a Compliance Program as recommended by the United States Department of Health and Human Services, Office of Inspector General.

Contractor's Compliance Program must include the following elements:

- a. Designation of a compliance officer who reports directly to the Chief Executive Officer and the Contractor's Board of Directors and compliance committee comprised of senior management who are charged with overseeing the Contractor's compliance program and compliance with the requirements of this account. The committee shall be accountable to the Contractor's Board of Directors.

b. Policies and Procedures

Written policies and procedures that articulate the Contractor's commitment to comply with all applicable Federal and State standards. Contractor shall adhere to applicable DBH Policies and Procedures relating to the Compliance Program or develop its own compliance related policies and procedures.

- i. Contractor shall establish and implement procedures and a system with dedicated staff for routine internal monitoring and auditing of compliance risks, prompt response to compliance issues as they arise, investigation of potential compliance problems as identified in the course of self-evaluation and audits, correction of such problems promptly and thoroughly (or coordination of suspected criminal acts with law enforcement agencies) to reduce the potential for recurrence, and ongoing compliance with the requirements under the Contract.
- ii. Contractor shall implement and maintain written policies for all DBH funded employees, and of any contractor or agent, that provide detailed information about the False Claims Act and other Federal and State laws, including information about rights of employees to be protected as whistleblowers.
- iii. Contractor shall maintain documentation, verification or acknowledgement that the Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors are aware of these Policies and Procedures and the Compliance Program.

- iv. Contractor shall have a Compliance Plan demonstrating the seven (7) elements of a Compliance Plan. Contractor has the option to develop its own or adopt DBH's Compliance Plan. Should Contractor develop its own Plan, Contractor shall submit the Plan prior to implementation for review and approval to:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov

- c. Code of Conduct

Contractor shall either adopt the DBH Code of Conduct or develop its own Code of Conduct.

- i. Should the Contractor develop its own Code of Conduct, Contractor shall submit the Code prior to implementation to the following DBH Program for review and approval:

DBH Office of Compliance
303 East Vanderbilt Way
San Bernardino, CA 92415-0026

Or send via email to: Compliance_Questions@dbh.sbcounty.gov.

- ii. Contractor shall distribute to all Contractor's employees, subcontractors, interns, volunteers, and members of Board of Directors a copy of the Code of Conduct. Contractor shall document annually that such persons have received, read, understand and will abide by said Code.

- d. Excluded/Ineligible Persons

Contractor shall comply with Licensing, Certification and Accreditation Article in this Contract related to excluded and ineligible status in Federal and State health care programs.

- e. Internal Monitoring and Auditing

Contractor shall be responsible for conducting internal monitoring and auditing of its agency. Internal monitoring and auditing include, but are not limited to billing and coding practices, licensure/credential/registration/waiver verification and adherence to County, State and Federal regulations.

- i. Contractor shall take reasonable precaution to ensure that the coding of health care claims and billing for same are prepared and submitted in an accurate and timely manner and are consistent with Federal, State and County laws and regulations as well as DBH's policies and/or agreements with third party payers. This includes compliance with Federal and State health care program

regulations and procedures or instructions otherwise communicated by regulatory agencies including the Centers for Medicare and Medicaid Services or its agents.

- ii. Contractor shall not submit false, fraudulent, inaccurate or fictitious claims for payment or reimbursement of any kind.
 - iii. Contractor shall bill only for those eligible services actually rendered which are also fully documented. When such services are coded, Contractor shall use only correct billing codes that accurately describe the services provided.
 - iv. Contractor shall act promptly to investigate and correct any problems or errors in coding of claims and billing, if and when, any such problems or errors are identified by the County, Contractor, outside auditors, etc.
 - v. Contractor shall ensure all employees/service providers maintain current licensure/credential/registration/waiver status as required by the respective licensing Board, applicable governing State agency(ies) and Title 9 of the California Code of Regulations.
 - vi. Should Contractor identify improper procedures, actions or circumstances, including fraud/waste/abuse and/or systemic issue(s), Contractor shall take prompt steps to correct said problem(s). Contractor shall report to DBH Office of Compliance and Fiscal Administration any overpayments discovered as a result of such problems no later than five (5) business days from the date of discovery, with the appropriate documentation, and a thorough explanation of the reason for the overpayment. Prompt mitigation, corrective action and reporting shall be in accordance with the DBH Overpayment Policy (COM0954), which has been provided or will be provided to Contractor at its request.
- f. Response to Detected Offenses
- Contractor shall respond to and correct detected health care program offenses relating to this Contract promptly. Contractor shall be responsible for developing corrective action initiatives for offenses to mitigate the potential for recurrence.
- g. Compliance Training
- Contractor is responsible for ensuring its Compliance Officer, and the agency's senior management, employees and contractors attend trainings regarding Federal and State standards and requirements. The Compliance Officer must attend effective training and education related to compliance, including but not limited to, seven elements of a compliance program and fraud, waste and abuse. Contractor is responsible for conducting and tracking Compliance Training for its agency staff. Contractor is encouraged to attend DBH Compliance trainings, as offered

and available.

h. Enforcement of Standards

Contractor shall enforce compliance standards uniformly and through well-publicized disciplinary guidelines. If Contractor does not have its own standards, the County requires the Contractor utilize DBH policies and procedures as guidelines when enforcing compliance standards.

i. Communication

Contractor shall establish and maintain effective lines of communication between its Compliance Officer and Contractor's employees and subcontractors. Contractor's employees may use Contractor's approved Compliance Hotline or DBH's Compliance Hotline (800) 398-9736 to report fraud, waste, abuse or unethical practices. Contractor shall ensure its Compliance Officer establishes and maintains effective lines of communication with DBH's Compliance Officer and program.

j. Subpoena

In the event that a subpoena or other legal process commenced by a third party in any way concerning the Services provided under this Contract is served upon Contractor or County, such party agrees to notify the other party in the most expeditious fashion possible following receipt of such subpoena or other legal process. Contractor and County further agree to cooperate with the other party in any lawful effort by such other party to contest the legal validity of such subpoena or other legal process commenced by a third party as may be reasonably required and at the expense of the party to whom the legal process is directed, except as otherwise provided herein in connection with defense obligations by Contractor for County.

k. In accordance with the Termination paragraph of this Agreement, the County may terminate this Agreement upon thirty (30) days written notice if Contractor fails to perform any of the terms of this Compliance paragraph. At the County's sole discretion, Contractor may be allowed up to thirty (30) days for corrective action.

G. Sex Offender Requirements

Contractor shall ensure client registration protocols for non-DBH referrals include, a screening process to ensure clients ever convicted of a sex offense against a minor or currently registered as a sex offender with violations of CA Penal Code (PC) § 208 or 208.5, are not accepting into housing or treatment in facilities within one-half (1/2) mile (2640 feet) of any school, including any or all of kindergarten and grades 1 to 12, as required by PC § 3003, subdivision (g). Contractor shall obtain criminal history information for any client residing longer than twenty-four (24) hours, prior to rendering services.

Additionally, if Contractor's facility(ies) is a licensed community care facility and within one (1) mile of an elementary school, Contractor must seek/obtain disclosure from each

client to confirm client has not been convicted of a sex offense of a minor as described herein, and assure residence in Contractor facility (for the duration of treatment and/or housing) is not prohibited, pursuant to CA Health and Safety Code (HSC) § 1564

XXIII. Patients' Rights

Contractor shall take all appropriate steps to fully protect patients' rights, as specified in Welfare and Institutions Code Sections 5325 et seq; Title 9 California Code of Regulations (CCR), Sections 861, 862, 883, 884; and Title 22 CCR, Sections 72453 and 72527.

XXIV. Confidentiality

Contractor agrees to comply with confidentiality requirements contained in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), commencing with Subchapter C, and all State and Federal statutes and regulations regarding confidentiality, including but not limited to applicable provisions of Welfare and Institutions Code Sections 5328 et seq. and 14100.2, Title 22, California Code of Regulations Section 51009 and Title 42, Code of Federal Regulations Part 2.

- A. Contractor shall have all employees acknowledge an Oath of Confidentiality mirroring that of DBH's, including confidentiality and disclosure requirements, as well as sanctions related to non-compliance. Contractor shall have all employees sign acknowledgement of the Oath on an annual basis.
- B. Contractor shall not use or disclose PHI other than as permitted or required by law.

XXV. Admission Policies

- A. Contractor shall develop patient/client admission policies, which are in writing and available to the public.
- B. Contractor's admission policies shall adhere to policies that are compatible with Department of Behavioral Health service priorities, and Contractor shall admit clients according to procedures and time frames established by DBH.
- C. If Contractor is found not to be in compliance with the terms of Admission Policies Article, this Agreement may be subject to termination.

XXVI. Medical Records/Protected Health Information

- A. Contractor agrees to maintain and retain medical records according to the following:
 - 1. The minimum maintenance requirement of medical records is:
 - a. The information contained in the medical record shall be confidential and shall be disclosed only to authorized persons in accordance to local, State and Federal laws.
 - b. Documents contained in the medical record shall be written legibly in ink or typewritten, be capable of being photocopied and shall be kept for all clients accepted for care or admitted, if applicable.
 - c. If the medical record is electronic, the Contractor shall make the computerized records accessible for the County's review.
 - 2. The minimum contractual requirement for the retention of medical records is:

- a. For adults and emancipated minors, ten (10) years following discharge (last date of service), the final date of the contract period or from the date of completion of any audit, whichever is later;
 - b. For unemancipated minors, a minimum of ten (10) years after they have attained the age of 18, but in no event less than ten (10) years following discharge (last date of service), the final date of the contract period or from the date of completion of any audit, whichever is later.
 - c. County shall be informed within three (3) business days, in writing, if client medical records are defaced or destroyed prior to the expiration of the required retention period.
- B. Should patient/client records be misplaced and cannot be located after the Contractor has performed due diligence, the Contractor shall report to DBH as a possible breach of PHI in violation of HIPAA. Should the County and Contractor determine the chart cannot be located, all billable services shall be disallowed/rejected.
- C. Contractor shall ensure that all patient/client records are stored in a secure manner and access to records is limited to those employees of Contractor who have a business need. Security and access of records shall occur at all times, during and after business hours.
- D. Contractor agrees to furnish duly authorized representatives from the County and the State access to patient/client records.
- E. The IIHI or PHI under this Contract shall be and remain the property of the County. The Contractor agrees that it acquires no title or rights to any of the types of client information.
- F. The County shall store the medical records for all the Contractor's County funded clients when a Contract ends its designated term, a Contract is terminated, a Contractor relinquishes its contracts or if the Contractor ceases operations.
1. Contractor shall deliver to DBH all data, reports, records and other such information and materials (in electronic or hard copy format) pertaining to the medical records that may have been accumulated by Contractor or subcontractor under this Contract, whether completed, partially completed or in progress within seven (7) calendar days of said termination/end date.
 2. Contractor shall be responsible for the boxing, indexing and delivery of any and all records that will be stored by DBH Medical Records Unit. Contractor shall arrange for delivery of any and all records to DBH Medical Records Unit within seven (7) calendar days (this may be extended to thirty (30) calendar days with approval of DBH) of cessation of business operations.
 3. Should the Contractor fail to relinquish the medical records to the County, the County shall report the Contractor and its qualified professional personnel to the applicable licensing or certifying board(s).
 4. Contractor shall maintain responsibility for the medical records of non-county funded clients.

XXVII. Transfer of Care

Prior to the termination or expiration of this Contract, and upon request by the County, the Contractor shall assist the County in the orderly transfer of behavioral health care for beneficiaries in San Bernardino County. In doing this, the Contractor shall make available to DBH copies of medical records and any other pertinent information, including information maintained by any subcontractor that is necessary for efficient case management of beneficiaries. Under no circumstances will the costs for reproduction of records to the County from the Contractor be the responsibility of the client.

XXVIII. Quality Assurance/Utilization Review

- A. Contractor agrees to be in compliance with the Laws and Regulations Article of this Contract.
- B. County shall establish standards and implement processes for Contractor that will support understanding of, compliance with, documentation standards set forth by the State. The County has the right to monitor performance so that the documentation of care provided will satisfy the requirements set forth. The documentation standards for beneficiary care are minimum standards to support claims for the delivery of specialty mental health services. All documentation shall be addressed in the beneficiary record.
- C. Contractor agrees to implement a Quality Improvement Program as part of program operations. This program will be responsible for monitoring documentation, quality improvement and quality care issues. Contractor will work with DBH Quality Management Division on a regular basis, and provide any tools/documents used to evaluate Contractor's documentation, quality of care and the quality improvement process.
- D. When quality of care documentation or issues are found to exist by DBH, Contractor shall submit a plan of correction to be approved by DBH Quality Management.
- E. Contractor agrees to be part of the County Quality Improvement planning process through the annual submission of Quality Improvement Outcomes in County identified areas.

XXIX. Independent Contractor Status

Contractor understands and agrees that the services performed hereunder by its officers, agents, employees, or contracting persons or entities are performed in an independent capacity and not in the capacity of officers, agents or employees of the County.

All personnel, supplies, equipment, furniture, quarters, and operating expenses of any kind required for the performance of this Contract shall be provided by Contractor.

XXX. Subcontractor Status

- A. If Contractor intends to subcontract any part of the services provided under this Contract to an individual, company, firm, corporation, partnership or other organization, not in the employment of or owned by Contractor who is performing services on behalf of Contractor under the Contract or under a separate contract with or on behalf of Contractor, Contractor must submit a written Memorandum of Understanding (MOU)

with that agency or agencies with original signatures to DBH. The MOU must clearly define the following:

1. The name of the subcontracting agency.
2. The amount (units, minutes, etc.) and types of services to be rendered under the MOU.
3. The amount of funding to be paid to the subcontracting agency.
4. The subcontracting agency's role and responsibilities as it relates to this Contract.
5. A detailed description of the methods by which the Contractor will insure that all subcontracting agencies meet the monitoring requirements associated with funding regulations.
6. A budget sheet outlining how the subcontracting agency will spend the allocation.
7. Additionally, each MOU shall contain the following requirements:
 - a. Subcontractor shall comply with the Right to Monitor and Audit Performance and Records requirements, as referenced in the Performance Article.
 - b. Subcontractor agrees to comply with Personnel Article related to the review of applicable Federal databases in accordance with Title 42 of the Code of Federal Regulations, Section 455.436, and applicable professional disciplines' and licensing and/or certifying boards' code of ethics and conduct.
 - c. Subcontractor shall operate continuously throughout the term of the MOU with all licenses, certifications, and/or permits as are necessary to perform services and comply with Licensing, Certification, and Accreditation Article related to excluded and ineligible status.
 - d. Subcontractor agrees to perform work under this MOU in compliance with confidentiality requirements, as referenced in the Confidentiality and Laws and Regulations Articles.
 - e. MOU is governed by, and construed in accordance with, all laws and regulations, and all contractual obligations of the Contractor under the primary contract.
 - f. Subcontractor's delegated activities and reporting responsibilities follow the Contractor's obligations in the primary contract.
 - g. Subcontractor shall be knowledgeable in and adhere to primary contractor's program integrity requirements and compliance program, as referenced in the Laws and Regulations Article.
 - h. Subcontractor agrees to not engage in unlawful discriminatory practices, as referenced in the Nondiscrimination Article.

- B. Any subcontracting agency must be approved in writing by DBH and shall be subject to all applicable provisions of this Contract. The Contractor will be fully responsible for the performance, duties and obligations of a subcontracting agency, including the determination of the subcontractor selected and the ability to comply with the requirements of this Contract. DBH will not reimburse contractor or subcontractor for any expenses rendered without DBH approval of MOU in writing in the fiscal year the subcontracting services started.
- C. At DBH's request, Contractor shall provide information regarding the subcontractor's qualifications and a listing of a subcontractor's key personnel including, if requested by DBH, resumes of proposed subcontractor personnel.
- D. Contractor shall remain directly responsible to DBH for its subcontractors and shall indemnify the County for the actions or omissions of its subcontractors under the terms and conditions specified in Indemnification and Insurance Article.
- E. Ineligible Persons
Contractor shall adhere to Prohibited Affiliations and Licensing, Certification and Accreditation Articles regarding Ineligible Persons or Excluded Parties for its subcontractors.
- F. Upon expiration or termination of this Contract for any reason, DBH will have the right to enter into direct Contracts with any of the Subcontractors. Contractor agrees that its arrangements with Subcontractors will not prohibit or restrict such Subcontractors from entering into direct Contracts with DBH.

XXXI. Attorney Costs & Fees

If any legal action is instituted to enforce any party's rights hereunder, each party shall bear its own costs and attorneys' fees, regardless of who is the prevailing party. This paragraph shall not apply to those costs and attorney fees directly arising from a third-party legal action against a party hereto and payable under Indemnification and Insurance Article, Part A.

XXXII. Indemnification and Insurance

- A. Indemnification
Contractor agrees to indemnify, defend (with counsel reasonably approved by the County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this Contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.
- B. Additional Insured
All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain endorsements naming the County and its

officers, employees, agents and volunteers as additional insured with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.11 85.

C. Waiver of Subrogation Rights

Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors, and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.

D. Policies Primary and Non-Contributory

All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.

E. Severability of Interests

Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.

F. Proof of Coverage

Contractor shall furnish Certificates of Insurance to the County Department administering the Contract evidencing the insurance coverage at the time the contract is executed. Additional endorsements, as required, shall be provided prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this Contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and all endorsements immediately upon request.

G. Acceptability of Insurance Carrier

Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A-VII".

H. Deductibles and Self-Insured Retention

Any and all deductibles or self-insured retentions in excess of \$10,000 shall be declared to and approved by Risk Management.

I. Failure to Procure Coverage

In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the Contract or obtain insurance if it deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.

J. Insurance Review

Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

K. Insurance Specifications

Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

1. Workers' Compensation/Employers Liability

A program of Workers' Compensation insurance or a State-approved, Self-Insurance Program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with \$250,000 limits, covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

If Contractor has no employees, it may certify or warrant to the County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers'

Compensation coverage will be waived by the County's Director of Risk Management.

With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

2. Commercial/General Liability Insurance

Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars (\$1,000,000), per occurrence. The policy coverage shall include:

- a. Premises operations and mobile equipment.
- b. Products and completed operations.
- c. Broad form property damage (including completed operations).
- d. Explosion, collapse and underground hazards.
- e. Personal Injury.
- f. Contractual liability.
- g. \$2,000,000 general aggregate limit.

3. Automobile Liability Insurance

Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars (\$1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars (\$2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

4. Umbrella Liability Insurance

An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

5. Cyber Liability Insurance

Cyber Liability Insurance with limits of not less than \$1,000,000 for each occurrence or event with an annual aggregate of \$2,000,000 covering claims

involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security. The policy shall protect the involved County entities and cover breach response cost as well as regulatory fines and penalties.

L. Professional Services Requirements

1. Professional Liability Insurance with limits of not less than one million (\$1,000,000) per claim or occurrence and two million (\$2,000,000) aggregate.

or

Errors and Omissions Liability Insurance with limits of not less than one million (\$1,000,000) per occurrence and two million (\$2,000,000) aggregate.

or

Directors and Officers Insurance coverage with limits of not less than one million (\$1,000,000) shall be required for contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

2. Abuse/Molestation Insurance – The Contractor shall have abuse or molestation insurance providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation, and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars (\$1,000,000) per occurrence and two million dollars (\$2,000,000) aggregate.
3. If insurance coverage is provided on a “claims made” policy, the “retroactive date” shall be shown and must be before the date of the start of the contract work. The “claims made” insurance shall be maintained or “tail” coverage provided for a minimum of five (5) years after contract completion.

XXXIII. Nondiscrimination

A. General

Contractor agrees to serve all clients without regard to race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability pursuant to the Civil Rights Act of 1964, as amended (42 U.S.C., Section 2000d), Executive Order No. 11246, September 24, 1965, as amended, Title IX of the Education Amendments of 1972, and Age Discrimination Act of 1975.

Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel, or in any other respect on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability.

B. Americans with Disabilities Act/Individuals with Disabilities

Contractor agrees to comply with the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) which prohibits discrimination on the basis of disability, as well as all applicable Federal and State laws and regulations, guidelines and interpretations issued pursuant thereto. Contractor shall report to the applicable DBH Program Manager if its offices/facilities have accommodations for people with physical disabilities, including offices, exam rooms, and equipment.

C. Employment and Civil Rights

Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program and Civil Rights Compliance requirements:

1. Equal Employment Opportunity Program

Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of San Bernardino County and rules and regulations adopted pursuant thereto: Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, and 13672; Title VII of the Civil Rights Act of 1964 (and Division 21 of the California Department of Social Services Manual of Policies and Procedures and California Welfare and Institutions Code, Section 10000); the California Fair Employment and Housing Act; and other applicable Federal, State, and County laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

During the term of the Contract, Contractor shall not discriminate against any employee, applicant for employment, or service recipient on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, political affiliation or military and veteran status.

2. Civil Rights Compliance

a. Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by State regulation. Consistent with the requirements of applicable Federal or State law, the Contractor shall not engage in any unlawful discriminatory practices in the admission of beneficiaries, assignments of accommodations, treatment, evaluation, employment of personnel or in any other respect on the basis of race, color, gender, religion, marital status, national origin, age, sexual preference or mental or physical disabilities. The Contractor shall comply with the provisions of Section 504 of the Rehabilitation Act of 1973, as amended, pertaining to the prohibition of discrimination against qualified individuals with disabilities in all federally assisted programs or activities, as detailed in regulations signed by the Secretary of the United States Department of Health and Human Services, effective June 2, 1977, and found in the Federal Register, Volume 42, No. 86, dated May 4, 1977. The Contractor shall include the nondiscrimination and compliance provisions of this Contract in all subcontracts to perform work under this

Contract. Notwithstanding other provisions of this section, the Contractor may require a determination of medical necessity pursuant to Title 9, CCR, Section 1820.205, Section 1830.205 or Section 1830.210, prior to providing covered services to a beneficiary.

- b. Contractor shall prohibit discrimination on the basis of race, color, national origin, sex, gender identity, age, disability, or limited English proficiency (LEP) in accordance with Section 1557 of the Affordable Care Act (ACA), appropriate notices, publications, and DBH Non-Discrimination-Section 1557 of the Affordable Care Act Policy (COM0953).

D. Sexual Harassment

Contractor agrees that clients have the right to be free from sexual harassment and sexual contact by all staff members and other professional affiliates.

- E. Contractor shall not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. Section 438.6(d)(3).
- F. Contractor shall not discriminate against Medi-Cal eligible individuals who require an assessment or meet medical necessity criteria for specialty mental health services on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, gender, gender identity, religion, marital status, national origin, age, sexual orientation, or mental or physical handicap or disability [42 C.F.R. § 438.3(d)(4)].

G. Policy Prohibiting Discrimination, Harassment, and Retaliation

- 1. Contractor shall adhere to the County's Policy Prohibiting Discrimination, Harassment and Retaliation (07-01). This policy prohibits discrimination, harassment, and retaliation by all persons involved in or related to the County's business operations.

The County prohibits discrimination, harassment, and/or retaliation on the basis Race, Religion, Color, National Origin, Ancestry, Disability, Sex/Gender, Gender Identity/Gender Expression/Sex Stereotype/Transgender, Sexual Orientation, Age, Military and Veteran Status. These classes and/or categories are Covered Classes covered under this policy; more information is available at www.dfeh.ca.gov/employment.

The County prohibits discrimination against any employee, job applicant, unpaid intern in hiring, promotions, assignments, termination, or any other term, condition, or privilege of employment on the basis of a Protected Class. The County prohibits verbal harassment, physical harassment, visual harassment, and sexual harassment directed to a Protected Class.

- 2. Contractor shall comply with 45 C.F.R. § 160.316 to refrain from intimidation or retaliation. Contractors may not threaten, intimidate, coerce, harass, discriminate

against, or take any other retaliatory action against any individual or other person for:

- a) Filing of a complaint
- b) Testifying, assisting, or participating in an investigation, compliance review, proceeding, or hearing
- c) Opposing any unlawful act of practice, provided the individual or person has a good faith belief that the practice opposed is unlawful, and the manner of opposition is reasonable and does not involve a disclosure of protected health information.

XXXIV. Contract Amendments

Contractor agrees that any alterations, variations, modifications, or waivers of the provisions of the Contract shall be valid only when they have been reduced to writing, duly signed by both parties and attached to the original of the Contract and approved by the required persons and organizations.

XXXV. Assignment

- A. This Agreement shall not be assigned by Contractor, either in whole or in part, without the prior written consent of the Director.
- B. This Contract and all terms, conditions and covenants hereto shall insure to the benefit of, and binding upon, the successors and assigns of the parties hereto.
- C. If the ownership of the Contractor changes, both the licensee and the applicant for the new license shall, prior to the change of ownership, provide the State and DBH with written documentation stating:
 1. That the new licensee shall have custody of the clients' records and that these records or copies shall be available to the former licensee, the new licensee and the County; or
 2. That arrangements have been made by the licensee for the safe preservation and the location of the clients' records, and that they are available to both the new and former licensees and the County; or
 3. The reason for the unavailability of such records.

XXXVI. Legality and Severability

The parties' actions under the Contract shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders. The provisions of this Contract are specifically made severable. If a provision of the Contract is terminated or held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall remain in full effect.

XXXVII. Improper Consideration

- A. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.
- B. The County, by written notice, may immediately terminate any Contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process or any solicitation for consideration was not reported. This prohibition shall apply to any amendment, extension or evaluation process once a Contract has been awarded.
- C. Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

XXXVIII. Venue

The venue of any action or claim brought by any party to the Contract will be the Superior Court of California, County of San Bernardino, San Bernardino District. Each party hereby waives any law or rule of the court, which would allow them to request or demand a change of venue. If any action or claim concerning the Contract is brought by any third-party and filed in another venue, the parties hereto agree to use their best efforts to obtain a change of venue to the Superior Court of California, County of San Bernardino, San Bernardino District.

XXXIX. Conclusion

- A. This Agreement consisting of sixty-three (63) pages, Schedules, Addenda, and Attachments inclusive is the full and complete document describing the services to be rendered by Contractor to the County, including all covenants, conditions and benefits.
- B. IN WITNESS WHEREOF, the Board of Supervisors of San Bernardino County has caused this Agreement to be subscribed by the Clerk thereof, and Contractor has caused this Agreement to be subscribed on its behalf by its duly authorized officers, the day, month, and year first above written.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

SAN BERNARDINO COUNTY



Curt Hagman, Chairman, Board of Supervisors

Dated: **MAY 24 2022**

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

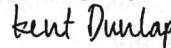
 Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By  Deputy

Valley Star Behavioral Health, Inc.

(Print or type name of corporation, company, contractor, etc.)

By



335DB7F0B291446

(Authorized signature - sign in blue ink)

Name **Kent Dunlap**

(Print or type name of person signing contract)

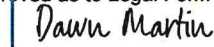
Title **President and Chief Executive Officer**

(Print or Type)

Dated: **5/4/2022**Address **1501 Hughes Way, Suite 150****Long Beach, CA 90810**

FOR COUNTY USE ONLY

Approved as to Legal Form



Dawn Martin, Deputy County Counsel

Date **5/4/2022**

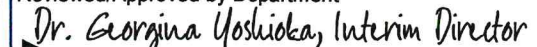
Reviewed for Contract Compliance



Natalie Kessie, Contracts Manager

Date **5/5/2022**

Reviewed/Approved by Department



Georgina Yoshioka, Interim Director

Date **5/5/2022**

ADDENDUM I

CRISIS RESIDENTIAL TREATMENT SERVICES IN THE EASTERN DESERT

PROGRAM SERVICE DESCRIPTION

Valley Star Behavioral Health, Inc.

Morongo Oasis
60805 29 Palms Hwy.
Joshua Tree, CA 92252

Note: All of the requirements noted in **RFP-DBH 21-111 Request for Proposals for Crisis Residential Treatment Services** are incorporated into this Addendum by reference.

I. BACKGROUND

- A. Historically, DBH, which is the County's MHP, and their behavioral health services contractors have provided mental health treatment services throughout San Bernardino County. This has been a seamless system of care enabling County residents to access mental health services in all regions of the County. DBH has enhanced this coordinated system of care by providing short-term (not to exceed 90 days), voluntary crisis residential treatment services in the form of a 16-bed short-term Crisis Residential Treatment (CRT) program for adults located in the East and West Valley, High Desert and Eastern Desert regions of San Bernardino County. The Investment in Mental Health Wellness Act of 2013, also known as Senate Bill (SB) 82, expanded crisis services statewide by providing capital funding to counties in California. San Bernardino County DBH utilized grant funding by the California Health Facilities Financing Authority (CHFFA) to fund the County's crisis services. The voluntary CRT program operates on the principal of choice, wellness, recovery, and resilience as defined by the participant. CRTs incorporate the tenants of recovery, resilience, peer support, and cultural linguistic competence early in the crisis stabilization process. The program embraces the recovery philosophy as a guiding framework, which provides various options and opportunities for the individuals to succeed in the community. The recovery model promotes client centered treatment, personal responsibility and independence. The program is strength-based and instills hope while engaging individuals and their families as they pursue their path to recovery. CRTs serve individuals ages 18-59 and provide culturally and linguistically competent services.

II. OBJECTIVE

- A. The Crisis Residential Treatment (CRT) program is voluntary and will operate on the principal of choice and with the Recovery, Wellness, and Resilience (RWR) approach as defined by the participant. CRTs will incorporate the tenants of recovery, resilience, peer support, and cultural linguistic competence early in the crisis stabilization process. The program will embrace the recovery philosophy as a guiding framework, which will provide various options and opportunities for the individuals to succeed in the community. The recovery model will promote consumer centered treatment, personal responsibility and independence. The program will be strength-based and will instill hope while engaging individuals and their families as they pursue their path to recovery. CRTs will serve

ADDENDUM I

individuals 18 to 59 years old and will provide culturally and linguistically competent services.

III. LICENSING AND CERTIFICATION REQUIREMENTS

- A. CRT contractors must be licensed as a Social Rehabilitation Facility by the California Department of Social Services (CDSS), as set forth in California Code of Regulations (CCR) Title 22, Division 6, and Chapter 2.
- B. The mental health program component of the CRTs must be certified by the California Department of Health Care Services (DHCS) as a Short-Term Crisis Residential Treatment Program, as set forth in the California Welfare and Institutions Code (WIC), Sections 5670, 5670.5 and 5671 and CCR Title 9, Division 1, Chapter 3, Article 3.5.
- C. The mental health program component must also be Medi-Cal certified by DHCS. CRTs must provide services 24 hours per day, 7 days per week (24/7) with a maximum capacity of 16 beds per CRT, for adults ages 18 to 59 years old provided by the Contractor under Title 9, Chapter 11, Section 1810.249, which superseded the rehabilitation option and targeted case management guidelines of July 1, 1993, and more recent guidelines as may be incorporated or referenced herein by attachment. Minimum guidelines are detailed in Section X, Paragraph A and B, "Description of Specific Services to be Provided" of this Addendum.

IV. DEFINITIONS

- A. Adult: A person 18 years of age and older.
- B. Americans with Disabilities Act (ADA): Applies to all private and state-run businesses, employment agencies and unions with more than fifteen employees. The goal of the ADA is to make sure that no qualified person with any kind of disability is turned down for a job or promotion, or refused entry to a public-access area.
- C. Adult Needs and Strength Assessment (ANSA): A comprehensive clinical tool that organizes information collected during a behavioral health assessment in a consistent manner to improve communication among those involved in planning and providing care for an adult, as well as provide information useful for performance outcomes.
- D. Assessment: Contractor will conduct necessary assessment during admission.
- E. California Code of Regulations (CCR): The official compilation and publication of the regulations adopted, amended or repealed by state agencies pursuant to the Administrative Procedure Act (APA). Properly adopted regulations that have been filed with the Secretary of State have the force of law.
- F. California Health Facilities Financing Authority (CHFFA): The California Health Facilities Financing Authority (CHFFA) was established to be the State's vehicle for providing financial assistance to public and non-profit health care providers

ADDENDUM I

through loans, grants and tax-exempt bonds.

- G. Case Management: Linkage to behavioral health supports, in home and in community settings; linkage to appropriate resources and services available in the community, based on needs to achieve community re-integration, including benefit acquisition, housing, medical care, psychiatric care, and/or self-help programs; provide advocacy support as needed; provide support in obtaining financial assistance or subsidized programs and resources that are appropriate for individual needs.
- H. Client Recovery Plan (CRP): A flexible, creative approach to plan the care/treatment for clients based on assessment of needs, resources, and family strengths with the ultimate goal of promoting the self-sufficiency of the family in dealing with their unique challenges. The plan reflects the best possible fit with the culture, values, and beliefs of the client and family/caregiver(s) and the referring agency's safety concerns.
- I. Co-Occurring Disorder: The integration of treatment and services for clients diagnosed with both a severe mental illness and a substance use disorder.
- J. Collaboration: To work jointly with others or together especially in an intellectual endeavor.
- K. Collateral: Contacts with one or more significant support persons in the life of the individual, which may include consultation and training to assist in better utilization of services and understanding of mental illness. Collateral services include, but are not limited to, helping significant support persons to understand and accept the individual's condition and involving them in service planning and implementation of service plan. Family counseling or therapy that is provided on behalf of the individual is considered collateral.
- L. Community Based Organization (CBO): A public or private nonprofit that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs.
- M. Community Care Licensing: The State of California Community Care Licensing division is responsible for the licensing and oversight of residential care facilities in California.
- N. Community Services and Supports (CSS): A Mental Health Services Act component of the Three-Year Program and Expenditure Plans that refers to service delivery systems for mental health services and support for children and youth, transition age youth, adults, and older adults. These services and supports are similar to those found in Welfare and Institutions Code Sections 5800 et. Seq. (Adult and Older Adult Systems of Care) and 5850 et. Seq. (Children's System of Care).
- O. Contractor: Organization chosen through competitive process to manage provide facility, management, and provide leadership for the program. Contractor may

ADDENDUM I

also work with DBH and sub-contractors to provide engagement activities and events.

- P. Crisis: An unplanned event that results in the individual's need for immediate service intervention.
- Q. Crisis Intervention: A quick emergency response service enabling the individual, his or her family, support system and/or involved others to cope with a crisis, while maintaining the individual's status as a functioning family and/or "immediate community" member to the greatest extent possible, and in the least restrictive care as applicable. A crisis is an unplanned event that results in the individual's need for immediate service intervention. Crisis intervention services are limited to stabilization of the presenting emergency. This service does not include Crisis Stabilization, which is provided in a 24-hour health care facility outpatient program. Service activities include but are not limited to assessment, evaluation, collateral and therapy, intervention for co-occurring (Substance Use Disorder (SUD) (i.e. SUD, medical), peer support, and discharge planning (all billed as crisis intervention).
- R. Crisis Residential Treatment (CRT) Program: Therapeutic or rehabilitative services provided in a non-institutional voluntary residential setting which provides a structured program as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not have medical complications requiring nursing care. The service includes a range of activities and services that support beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The services are available 24 hours a day, seven days a week with a length of stay up to thirty (30) days with two (2) 30-day extensions upon DBH approval for a total of ninety (90) days. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, stabilization, transportation, case management, and crisis intervention.
- S. Cultural Competence: A set of congruent practice skills, knowledge, behaviors, attitudes, and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency or those professionals and consumer providers to work effectively in cross-cultural situations.
- T. Cultural Competency Plan: An adopted plan that addresses a set of congruent practice skills, behaviors, attitudes and policies that come together in a system, agency, or among consumer providers and professionals that enables that system, agency, or those professionals and consumer providers to work effectively in cross-cultural situations.
- U. Department of Behavioral Health (DBH): The Department of Behavioral Health (DBH), under state law, provides behavioral health and substance use disorder treatment and prevention services to County residents. In order to maintain a

ADDENDUM I

continuum of care, DBH operates or contracts for the provision of: 24-hour care, day treatment, outpatient services, and case management, and crisis and referral services. Community services are provided in all major County metropolitan areas and are readily accessible to most County residents.

- V. Department of Health Care Services (DHCS): The California Department of Health Care Services provides oversight of statewide public mental health services through the Mental Health Services Division. Its responsibilities include: providing leadership for local county mental health departments; evaluation and monitoring of public mental health programs; administration of federal funds for mental health programs and services; care and treatment of people with mental illness; and oversight of Mental Health Services Act service implementation.
- W. East Valley Region: East Valley Region consists of the following communities: Bloomington, Colton, Fontana, Grand Terrance, Highland, Loma Linda, Lytle Creek, Mentone, San Bernardino, Redlands, Rialto and Yucaipa.
- X. Eastern Desert Region: Eastern Desert Region consists of the following communities: Amboy, Cima, Joshua Tree, Landers, Morongo Valley, Needles, Parker Dam, Pioneertown, Twentynine Palms, Vidal, Yucca Valley and surrounding communities.
- Y. Evaluation: An appraisal of the participant's developmental, social, emotional, and behavioral functioning in several areas including living situation, daily activities, social support systems, and health status. Cultural issues are to be addressed where appropriate.
- Z. Health Insurance Portability and Accountability Act of 1996 (HIPAA): Legislative Act that protects the privacy of individually identifiable health information.
- AA. High Desert Region: High Desert Region consists of the following communities: Adelanto, Apple Valley, Baker, Barstow, Daggett, Earp, Essex, Fort Irwin, Helendale, Hesperia, Hinkley, Lucerne Valley, Ludlow, Mountain Pass, Newberry Springs, Nipton, Oro Grande, Phelan, Pinon Hills, Trona, Victorville, Yermo, and surrounding communities.
- BB. Inappropriately Served: An individual or group that fails to receive fitting, timely or suitable services when that individual or group is eligible and in need of services.
- CC. Investment in Mental Health Wellness Act of 2013 (Senate Bill 82): The Investment in Mental Health Wellness Act of 2013 established a competitive grant program to disburse funds to California counties or to their nonprofit or public agency designates for the purpose of developing mental health crisis support programs. Specifically, funds will "increase capacity for client assistance and services in crisis intervention, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams." The grants from the California Health Facilities Financing Authority (CHFFA) support capital improvement, expansion and limited startup costs.
- DD. Local Managed Care Mental Health Plan (MHP): An entity contracting with the

ADDENDUM I

State Department of Health Care Services to provide specialty mental health services to enrolled beneficiaries under Chapter 7, commencing with Section 14000, or Chapter 8, commencing with Section 14200, of Division 9, Part 3 of the Welfare and Institutions Code; in this instance, the MHP would be DBH.

EE. Medi-Cal: California's Medicaid health care program. This program pays for a variety of medical services for children, adolescents, and adults with limited income and resources.

FF. Medical Necessity: Criteria outlined in [1], [2], and [3] below to be eligible for services:

1. Be diagnosed by the MHP with one of the following diagnoses in the Diagnostic and Statistical Manual, Fifth Edition (DSM-5), and International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM).

- a. Pervasive Developmental Disorders, except Autistic Disorders
- b. Disruptive Behavior and Attention Deficit Disorders
- c. Elimination Disorders
- d. Schizophrenia and other Psychotic Disorders
- e. Mood Disorders
- f. Anxiety Disorders
- g. Somatoform Disorders
- h. Factitious Disorders
- i. Dissociative Disorders
- j. Gender Identity Disorder
- k. Eating Disorders
- l. Impulse Control Disorders Not Elsewhere Classified
- m. Adjustment Disorders
- n. Personality Disorders, excluding Antisocial Personality Disorder
- o. Medication-Induced Movement Disorders related to other included diagnoses

2. Must have at least one of the following impairments as a result of the mental disorder(s) listed in subdivision [1] above:

- a. A significant impairment in an important area of life functioning.
- b. A probability of significant deterioration in an important area of life functioning.

3. Must meet each of the intervention criteria listed below:

ADDENDUM I

- a. The focus of the proposed intervention is to address the condition identified in [2] above.
 - b. The expectation is that the proposed intervention will:
 - 1) Significantly diminish the impairment, or
 - 2) Prevent significant deterioration in an important area of life functioning, or the condition would not be responsive to physical health care based treatment.
 - 3) The condition would not be responsive to physical health care based treatment.
- GG. Medication Support Services: Includes the prescribing, administering, dispensing and monitoring of psychiatric medications to alleviate the symptoms of mental illness that are provided by a staff person, within the scope of his/her profession. This service includes the evaluation of the need for medication, evaluation of clinical effectiveness and side effects of medication, obtaining informed consent or court order, medication education (including discussing risks, benefits and alternatives with the individual, family or significant support persons), and plan development related to the delivery of these services.
- HH. Mental Health Services Act (MHSA): Proposition 63 (MHSA) was passed in November 2004 and provides funding for planned programs operated by the county MHP. It imposes a tax on personal income in excess of \$1 million to provide increased funding, personnel and other resources needed to expand and transform mental health services provided by California counties.
- II. Mental Health Services Activities: Individual or group therapies and interventions that are designed to provide reduction of mental disability and restoration, improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.
- JJ. Objective Arts: A secured, proprietary, web-based data collection and reporting system that allows DBH and DBH contractors to provide regular periodic assessments to measure treatment outcomes of clients as they participate in various mental health programs. The system includes immediate access to multiple providers, an online measurement tool, individual and collective data sharing, and the ability for users to access/monitor client information while complying with Health Insurance Portability and Accountability Act (HIPAA) of 1996 requirements.
- KK. Other Support Services: As the client becomes self-sufficient, the support services process, prior to discharge, should include client reaching self-sufficiency in self-administered medication, self-monitoring of health indicators,

ADDENDUM I

daily hygiene; coordination of care for medical and psychiatric disorders; developed skills pertaining to independent living, daily life activities, social skills, budgeting, vocational support, transportation for education purposes, etc.; provide advocacy support as needed; family involved reconciliation activities and regularly scheduled case conferences with relevant support system; referrals and linkage to other DBH resources, such as alcohol and drug services, CCRT, Crisis Walk-In Clinic (CWIC), outpatient behavioral health clinics and primary care providers. Links to all community re-integration resources for each individual as needed including behavioral health treatment and case management to ensure a higher level of re-integration success.

- LL. Outreach and Engagement: The service category of the Community Services and Supports component of the Three-Year Program and Expenditure Plan under which the County may fund activities to reach, identify, and engage unserved individuals and communities in the mental health system and reduce disparities identified by the County.
- MM. Plan Development: A service activity that consists of development of consumer plans, approval of consumer plans, and/or monitoring and recording of an individual's progress.
- NN. Recovery, Wellness, and Resilience (RWR) Mental Health Services: Mental Health RWR is an approach to helping the individual to live a healthy, satisfying, and hopeful life according to his or her own values and cultural framework despite limitations and/or continuing effects caused by his or her mental illness. RWR focuses on consumer strengths, skills and possibilities, rather than on illness, deficits, and limitations, in order to encourage hope (in staff and consumers) and progress toward the life the consumer desires. RWR involves collaboration with consumers and their families, support systems and involved others to help take control of major life decisions and consumer care. RWR encourages involvement or re-involvement of consumers in family, social, and community roles that are consistent with their values, culture, and predominate language; it facilitates hope and empowerment with the goal of counteracting internal and external "stigma," it improves self-esteem; it encourages consumer self-management of his/her life and the making of his/her own choices and decisions, it re-integrates the consumer back into his/her community as a contributing member; and it achieves a satisfying and fulfilling life for the individual. It is believed that all consumers can recover, even if that recovery is not complete. This may at times involve risks as consumers move to new levels of functioning. The individual is ultimately responsible for his or her own recovery choices.
- OO. Rehabilitation: A service activity that includes, but is not limited to, the following: assistance in improving, restoring or maintaining an individual's or group of individual's functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, obtaining support resources and/or medication education. It may include age-appropriate counseling or medication support of

ADDENDUM I

the individual and/or for the family/support systems, or training in leisure activities needed to achieve the individual's goals.

- PP. Self-Disclosure: An individual who has voluntarily disclosed the fact that they have experienced the County system either as a consumer or as a family member of a consumer of services.
- QQ. Severely Mentally Ill (SMI): Severely Mentally Ill (SMI) refers to individuals who have a mental disorder as identified in the Diagnostic and Statistical Manual of Mental Disorders-IVTR, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate according to expected developmental norms. Members of this target population shall meet one or more of the following criteria: (A) As a result of the mental disorder the individual has substantial impairment in at least two of the following areas: self-care, family relationships, or ability to function in the community; and the mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment. (B) The individual displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- RR. Short-Doyle Medi-Cal: A federally mandated Medicaid option that requires states to provide screening, diagnostic and treatment services to persons ages 0 through 64 who have met necessary medical criteria by having a qualifying mental health diagnosis and functional impairment that is not responsive to treatment by a healthcare-based provider.
- SS. Stigma: An identifying mark, characteristic, negative judgment or label associated with a condition that is perceived to be contrary to cultural norms; the shame or disgrace attached to something regarded as socially unacceptable.
- TT. Subcontractor: Individuals or organizations approved by DBH to provide services on Contractor's behalf.
- UU. Therapy: Treatment activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to an individual or group of clients and may include family therapy at which the client is present. Short-term psychotherapy shall be provided by licensed, registered, or waived staff practicing within their scope of practice up to and including master level interns supervised by licensed personnel. A service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments. Therapy may be delivered to individuals, and may include family therapy at which the individual is present.
- VV. Transportation: Provide transportation to appointments and social rehabilitative activities (including community-based activities), and transitional supportive services, all for which meet educational, vocational, and personal wellbeing development, with supervision by staff. This includes assistance with learning to access the public transportation in the form of bus passes or arranging

ADDENDUM I

transportation with family or supportive entities if clinically appropriate, as needed for consumers who are returning to their previous domicile, needing acute psychiatric hospitalization, medical treatment or are being placed from the CSU for continued self-reliance. This includes also providing transportation to locations if current setting is determined to not be a suitable level of care, which may be a higher or lower level of care as identified by the contracted treatment provider.

- WW. Transitional Age Youth (TAY): Individuals who are 16-25 years of age. Due to state regulations. TAY individuals under the age of 18 cannot receive residential treatment services in the same location as individuals age 18 and over. Therefore, the TAY population for purposes of this contract is age 18-25.
- XX. Underserved: Consumers who have been diagnosed with a SMI and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness, and/or resilience. These consumers include, but are not limited to, "individuals who are at-risk of homelessness, chronically homeless, or literally homeless and living with a serious mental illness, including substance use disorders", institutionalization, incarceration, or other serious consequences; members of ethnic/racial, cultural, and linguistic populations who do not have access to mental health programs due to barriers such as poor identification of their mental health needs, poor engagement and outreach, limited language access, and lack of culturally competent services; and those in rural areas, Native American Rancherias and/or reservations who are not receiving sufficient services.
- YY. Unservd: Individuals who have SMI and are not receiving mental health services or who may have had only emergency or crisis-oriented services.
- ZZ. Welfare and Institutions Code (WIC): A series of statutes in California that includes programs and services designed to provide protection, support, or care of individuals. The purpose of these statutes is to provide protective services to the fullest extent deemed necessary by the juvenile court, probation department, or other public agencies designated by the Board of Supervisors to perform the duties prescribed to ensure that the rights or physical, mental, or moral welfare of children and adolescents are not violated or threatened by their present circumstances or environment.
- AAA. West Valley Region: West Valley Region consist of the following communities: Chino, Chino Hills, Fontana, Montclair, Ontario, Rancho Cucamonga, and Upland.

V. PERSONS TO BE SERVED

- A. The CRT provides voluntary services in San Bernardino County for adult residents, 18 to 59 years old, experiencing a mental health crisis who will benefit from voluntary short-term crisis residential treatment services as an alternative to hospitalization for up to 90 days. The goal of the program is to provide voluntary crisis treatment services to San Bernardino County residents who are at risk of

ADDENDUM I

danger to self and/or others, and who need a higher level of care than a board and care residential, but lower level of care than psychiatric hospitalization. This program shall provide unserved, underserved and inappropriately served populations and seek to reduce unnecessary hospitalization, reduce recidivism and mitigate expenditures of local law enforcement and hospital emergency department. The CRT will have capacity to serve 16 adult consumers at any given time.

Priority populations will include the following:

1. Individuals being considered for psychiatric hospitalization.
 2. Individuals presenting with a psychiatric crisis who have come to the attention of Law Enforcement as an alternative to incarceration.
 3. Individuals who have had a high utilization of inpatient hospitalization and/or crisis services.
 4. Individuals on conservatorship shall not be excluded.
- B. DBH is also emphasizing services to unserved and underserved Individuals. It is further expected that the consumer population will be reflective of the social, economic and ethnic characteristics of the communities served by the contractor.
- C. Provider Adequacy (If Applicable)
Contractor shall submit to DBH documentation verifying it has the capacity to serve the expected enrollment in its service area in accordance with the network adequacy standards developed by DHCS. Documentation shall be submitted no less frequently than the following:
1. At the time it enters into this Contract with the County;
 2. On an annual basis; and
 3. At any time there has been a significant change, as defined by DBH, in the Contractor's operations that would affect the adequacy capacity of services, including the following:
 - a) A decrease of twenty-five percent (25%) or more in services or providers available to beneficiaries;
 - b) Changes in benefits;
 - c) Changes in geographic service area; and
 - d) Details regarding the change and Contractor's plans to ensure beneficiaries continue to have access to adequate services and providers.

VI. PROGRAM DESCRIPTION

Contractor shall be designated by the County to provide therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing a mental health crisis who do not present medical complications requiring nursing care for up to 90 days. The service supports beneficiaries in their efforts to

ADDENDUM I

restore, maintain, and apply interpersonal and independent living skills, and to access community support systems. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

If the consumer is in need of additional higher level treatment, Contractor will establish a protocol and procedure for transporting the consumer to a safe environment where he or she can receive treatment. The protocol and procedure must be approved by the Director of DBH or designee. The CRT shall provide follow-up medication services, as needed, to bridge any gaps between the CRT service and ongoing outpatient medication appointment at an applicable behavioral health treatment program.

VII. REFERRALS

Referrals will be generated from DBH clinics and programs, law enforcement, hospital emergency rooms, and mental health assessment teams, and may include referrals of consumers who do not meet hospital admission criteria, but will benefit from this level of care.

The contractor will accept referrals from, but not limited to, the following:

- A. Local Law Enforcement
- B. Local Hospital Emergency Departments
- C. Local Psychiatric Hospitals
- D. DBH Community Crisis Response Team and Triage, Engagement and Support Team
- E. Community Emergency Responders (Local Fire and Rescue, EMS, and Ambulance Providers)
- F. DBH Programs and Outpatient Clinics, including Full Service Partnerships
- G. Other County Medical Clinics
- H. Other Contracted Programs
- I. Other County Departments

VIII. ADMISSION AND DISCHARGE PROCESSES

Admissions:

Contractor shall follow California Code of Regulations, Title 9, Subchapter 3, Article 3.5, and Section 532.3 and have an admission agreement, signed upon entry by the consumer or an authorized representative and program representative, describing the services to be provided and the expectations and rights of the consumer regarding house rules, consumer involvement in the program, and fees. The consumer shall receive a copy of the signed admission agreement. The following information shall be included:

- A. Admission and discharge criteria of all programs shall be written and consistent with program goals.
- B. The program's exclusionary criteria shall be written and clearly defined and must align with Title 22 of the California Code of Regulations, Sections 81091 and 81902.

ADDENDUM I

1. Clients who require health services or have a health condition including, but not limited to, those specified below shall not be admitted or retained.
 - a) Naso-gastric and naso-duodenal tubes.
 - b) Active, communicable TB.
 - c) Conditions that require 24-hour nursing care and/or monitoring.
 - d) Stage 3 and 4 dermal ulcers.
 - e) Any other condition or care requirements which would require the facility to be licensed as a health facility as defined by Sections 1202 and 1250 of the Health and Safety Code.
2. Contractor may admit or retain clients who have the conditions listed in this section only if all requirements of Title 22, Division 6, Chapter 2, Subchapter 1, Article 8 are met. Care for the following health conditions must be provided only as specified below.
 - a) Use of inhalation-assistive devices as specified in Section 81092.3.
 - b) Colostomy/ileostomies as specified in Section 81092.4.
 - c) Requirement for fecal impaction removal, enemas, suppositories only as specified in Section 81092.5.
 - d) Use of catheters as specified in Section 81092.6.
 - e) Staph or other serious, communicable infections as specified in Section 81092.7.
 - f) Insulin-dependent Diabetes as specified in Section 81092.8.
 - g) Stage 1 and 2 dermal ulcers as specified in Section 1092.9.
 - h) Wounds as specified in Section 81092.9.
 - i) Gastrostomies as specified in Section 81092.10.
 - j) Tracheostomies as specified in Section 81092.11.(3)
3. Individuals presenting with health conditions outlined in subsection (2) above may be evaluated on a case-by-case basis to determine program ability to comply with the associated regulation, as specified, and consumer's ability to manage symptoms and/or equipment.
 - Any cases where an individual is denied admission into the CRT on the basis of a health condition represented in subsection (2) above must be communicated to DBH Program Manager or designee, in writing, within 24 hours of the incident, with rationale for non-admittance.
4. Individuals who have been convicted of a sexual offense against a minor, pursuant to the California Health and Safety Code (HSC), 1564(c) may not be admitted.

ADDENDUM I

- Prior to admission and/or if a potential treatment participant has not been referred with accompanying sexual offense conviction attestation paperwork, Contractor shall follow DBH protocol regarding disclosure of sexual offense convictions or lack thereof. This protocol may be obtained from DBH Compliance.
5. Exclusionary criteria not outlined in Title 22, Sections 81091 and 81092 must be submitted, in writing, to DBH, and must be approved by DBH prior to enforcement. Justification for additional exclusionary criteria may be requested.
- C. The program shall have written policies and procedures for orienting new consumers to the service.
 - D. The range of services provided shall be discussed prior to admission with the prospective consumer or an authorized representative so that the program's services are clearly understood.
 - E. Admission and grievance policy and procedure language shall align with and reflect restrictions required pursuant to HSC 1564 as it applies to individuals with specified criminal convictions. Individuals with convictions not excluded by HSC 1564 shall not be denied admission on the basis of their conviction.

Discharges:

This level of planning shall begin at the point of admission to the CRT program. Staff members are responsible for assisting/coordinating placement of participants upon discharge from the program. Staff will coordinate discharge linkage with appropriate levels of care and providers in collaboration with DBH designated staff, and other community partners. Contractor shall connect consumers with continued outpatient treatment upon planned discharge to facilitate optimal coordination of care.

IX. GENERAL PERFORMANCE CONDITIONS

Contractor shall adhere to the following criteria:

- A. Contractor shall adopt the recovery principle of "do whatever it takes" in order to stabilize consumers and keep them within the community where they will have family and social support. This will be a core value of the program.
- B. Contractor shall adhere to the applicable requirements of the Lanterman – Petris – Short (LPS) Act as defined in W&I Code 5000 et. seq. This includes adherence to W&I Code admission criteria which includes danger to self, danger to others and grave disability, as a result of mental illness and shall maintain staff designated by DBH medical director, to be authorized to write WIC 5150s.
- C. Contractor shall provide a secure, respectful environment that ensures the consumer's privacy, confidentiality and safety.
- D. Contractor shall provide a plan to assure that clients have medical clearance prior to mental health services being provided. "Medically cleared" is defined as a condition in which the client is medically stable and able to participate in

ADDENDUM I

treatment.

- E. Contractor shall comply with the Health Insurance Portability and Accountability Act (HIPAA), Quality Management, State, Federal and County monitoring requirements.
- F. Contractor shall comply with Federal, State and County Patient's Rights regulations.
- G. Contractor shall provide discharge planning which includes referral services to appropriate community resources.
- H. Contractor shall initiate referrals to DBH outpatient, contracted and community-based services.
- I. Contractor shall participate in regional collaborative system of care meetings, including forums facilitated by DBH.
- J. Contractor shall provide extensive and ongoing outreach presentations to stakeholders to ensure the community becomes aware of these resources.
- K. Contractor shall provide outreach to law enforcement, and other parties in the criminal justice system, and establish protocols for CRT to be an alternative destination for these entities when they encounter a SMI individual in crisis in the community
- L. Contractor shall provide outreach to local hospital emergency departments and establish protocols to be an alternative destination for transfer from emergency departments when they encounter a SMI individual.
- M. Contractor shall maintain, collect and provide data for reports pertaining to performance outcomes, critical incidents, and other Federal, State and County required information.
- N. Contractor shall maintain sufficient staff during all hours of operation to ensure client information is provided to DBH Financial Interviewers, as arranged with DBH, in order to secure medication services.
- O. For purposes of this contract, Contractor shall provide a prescription(s) for a minimum of fourteen (14) days to consumers upon discharge and for consumers who are seen and released. If consumer has no access to fill prescription, Contractor shall provide medication for a minimum of fourteen (14) days.
- P. Contractor shall assess, stabilize, and refer out-of-county clients back to county of origin along with providing linkage to applicable behavioral health resources near the residence of the consumer for that county.
- Q. Contractor shall conduct financial evaluations using Uniform Method to Determine Ability to Pay (UMDAP) in order to obtain Medi-Cal, Medicare, and other third party reimbursement.
- R. Contractor shall complete Medi-Cal and other medical aid applications on all San Bernardino County indigent clients.

ADDENDUM I

- S. To the extent permitted by law, Contractor shall use its best efforts to ensure that individuals from San Bernardino County are granted priority. The Contractor shall use its best effort to ensure that 90% of services rendered are for San Bernardino County Medi-Cal, Medicare and Indigent beneficiaries.
- T. Contractor shall develop a Client Recovery Plan (CRP) for all consumers within twenty-four (24) hours of admission into the program.
- U. Contractor shall ensure all clients meet admission criteria of medically necessary Specialty Mental Health Services as specified in Title 9 § 1830.205, and § 1830.210.
- V. Contractor shall ensure all clients meet discharge criteria, which is when client reaches the maximum therapeutic benefit of medically necessary Specialty Mental Health Services as specified in Title 9 § 1830.205, § 1830.210, and § 1840.105.
- W. Contractor shall provide co-occurring assessments (i.e. SUD, medical) with the appropriate dispositions and referrals.
- X. Contractor shall work staffing with DBH and other County departments on discharge planning for all clients in the facility, as needed.
- Y. Contractor shall comply with requirements as outlined in the County Mental Health Plan contract with the State.
- Z. Contractor shall provide transportation or assistance with transportation in the form of bus passes or arranging transportation with family or supportive entities if clinically appropriate, as needed for consumers who are returning to their previous domicile, needing acute psychiatric hospitalization, medical treatment or are being placed from the CSU. This includes also providing transportation to locations if current setting is determined to not be a suitable level of care, which may be a higher or lower level of care as identified by the contracted treatment provider.
- AA. Contractor must have the ability to provide medical, psychiatric, laboratory, pharmacy, medication, nursing, occupational therapy, social work, and mental health services.
- BB. Families and the natural support systems of clients are an essential aspect of their recovery. Families and friends of clients will be included in the crisis resolution process. Education and support will be provided in order to assist family members and friends in better intervening and supporting the clients in the community.

X. DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED

- A. Contractor will provide voluntary crisis residential services 24/7 for SMI persons ages 18 to 59 years old. It is recognized that there is a high occurrence of substance abuse with mental illness and this program will provide integrated substance use disorder treatment services for co-occurring clients. This program

ADDENDUM I

will offer urgent mental health services to the acute and sub-acute mentally ill individuals, including crisis intervention, crisis risk assessments, medication evaluations, substance use disorder counseling, case management, referrals to DBH regional and specialty clinics, DBH contracted mental health clinics, family and peer support and education, transportation, and when required WIC 5150 applications. The staff will provide direct linkage to Full Service Partnerships (FSPs), Wraparound services, residential drug/alcohol programs for co-occurring persons, DBH and DBH contracted mental health clinics, and housing and employment programs. All services are to be provided in a culturally, linguistically, and developmentally competent manner.

The goals for this program are soundly based in recovery principles by using less restrictive settings, client driven treatment delivery, and client support systems.

The goals are to:

1. Maintain residency of mentally ill persons within in the community where they will have family and social support.
2. Reduce utilization of emergency rooms by mentally ill persons for mental health needs.
3. Reduce hospitalizations, incarcerations, and residential placements.
4. Increase awareness of crisis mental health and substance use disorder services to underserved persons through the use of outreach presentations to community stakeholders.
5. Enhance and promote the San Bernardino Countywide vision of capitalizing on the diversity of its people, its geography and its economy and Behavioral Health's vision to promote a county where all persons have the opportunity to enjoy optimum wellness whether they have experienced a mental illness or substance use disorder.

B. The CRT will provide:

1. Residential services to San Bernardino County residents, ages 18 to 59, for stays up to 90 days.
2. A temporary community-based treatment option for people experiencing a serious psychiatric crisis.
3. Residents to practice real-world recovery by participating in the day-to-day activities of running a household, including learning basic living skills, social/interpersonal skills and coping and symptom management skills necessary to remain stable.
4. Psychiatrist evaluation and medication, if needed
5. Voluntary peer-to-peer enriched engagement and support
6. Integrated substance use disorder services
7. Case management

ADDENDUM I

8. Therapeutic interventions
 9. Referral and linkage to culturally and linguistically appropriate services
- C. Program staff will provide mental health services, as described in a client's recovery plan, which is in accordance with, but not limited to the requirements as described in State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2 and California Code of Regulations, Title 9, Subchapter 3, Article 3.5, Sections 531 - 533 mental health services may include but are not limited to:
1. Individual and group therapy
 2. Individual and group counseling
 3. Crisis intervention
 4. Planned Social rehabilitation and recovery activities
 5. Counseling, with available members of the client's family, when indicated in the client's treatment/rehabilitation plan
 6. Medication support services
 7. The development of community support systems for clients to maximize their utilization of non-mental health community resources
 8. Pre-vocational or vocational counseling
 9. Client advocacy, including assisting clients to develop their own advocacy skills
 10. Prevention of involuntary services such as hospitalization and incarceration whenever possible
 11. An activity program that encourages socialization within the program and general community, and which links the client to resources which are available after leaving the program
 12. Use of the residential environment to assist clients in the acquisition, testing, and/or refinement of community living and interpersonal skills
 13. Use of formal and informal services provided by professionals and non-professionals in the provision of services
 14. Services which emphasize the development of vocational skills, and linkages to services offering transitional employment or job placement
 15. Provide transportation to appointments and social rehabilitative activities (including community-based activities), and transitional supportive services, all for which meet educational, vocational, and personal wellbeing development, with supervision by staff. This includes assistance with learning to access the public transportation system for continued self-reliance. This also includes providing transportation to locations if current setting is determined to not be a suitable level of care, which may be a higher or lower level of care as identified by the contracted treatment provider

ADDENDUM I

16. Active participation in discharge planning to a lower level of care
- E. Coordination of Care (If Applicable)
- Contractor shall deliver care to and coordinate services for all of its beneficiaries by doing the following [42 C.F.R. § 438.208(b)]:
1. Ensure that each beneficiary has an ongoing source of care appropriate to his or her needs and a person or entity formally designated as primarily responsible for coordinating the services accessed by the beneficiary. The beneficiary shall be provided information on how to contact their designated person or entity [42 C.F.R. § 438.208(b)(1)].
 2. Coordinate the services Contractor furnishes to the beneficiary between settings of care, including appropriate discharge planning for short term and long-term hospital and institutional stays. Coordinate the services Contractor furnishes to the beneficiary with the services the beneficiary receives from any other managed care organization, in FFS Medicaid, from community and social support providers, and other human services agencies used by its beneficiaries (42 C.F.R. § 438.208(b)(2)(i)-(iv), CCR Title 9 § 1810.415)

XI. DETAILED DESCRIPTION OF SPECIFIC SERVICES TO BE PROVIDED – CRISIS RESIDENTIAL (Mode of Service 5, Adult Crisis Residential, SFC 40-49)

- A. Detailed Services: The following services listed above are inclusive, such as, evaluation of community functioning, short-term psychotherapy, crisis intervention, psychosocial rehabilitation, psychoeducation intervention, job retention services and mental health case management to ensure that clients will have appropriate services, and activities to learn, develop and have an enhanced self-sufficiency.
1. Assessment

Individuals admitted to the program shall receive an assessment by CRT staff within 24 hours of admission, which includes but is not limited to:

 - a. Health and psychiatric histories
 - b. Psychosocial skills
 - c. Social support skills
 - d. Current psychological, educational, vocational and other functional limitations
 - e. Medical needs, as reported
 - f. Meal planning, shopping and budgeting skills
 - g. Evaluation/Plan Development
 - h. ANSA
 - 1) The contractor shall utilize the ANSA tool as part of the clinical assessment within Objective Arts at minimum upon admission and discharge for each client.

ADDENDUM I

- 2) In accordance with DBH policy, the initial ANSA shall be completed concurrently with the clinical assessment, no later than thirty (30) days from admission.
- 3) An initial ANSA assessment is not required if:
 - i. The consumer is determined not to meet program eligibility, or
 - ii. The consumer voluntarily discontinues treatment immediately after admission, and
 - iii. There is not sufficient information available to complete the assessment.
- 4) Any significant change to the level of need or strength exhibited by the client throughout treatment may also warrant an updated ANSA, to be determined at the discretion of the treatment team. Any updates will need to be entered into the Objective Arts database.
- 5) At discharge, an ANSA must be completed unless one has been completed within 30 days and there are no additional changes in the scores.

2. Client Recovery Plan

Within 24 hours after admission, program staff shall complete a Client Recovery Plan, which requires performance of, but is not limited to the following: Contractor and consumer shall develop together a written treatment/rehabilitation plan specifying goals and objectives and the staff and consumer's responsibilities for their achievement. Consumers shall be involved in an on-going review of progress towards reaching established goals and be involved in the planning and evaluation of their treatment goals. The plan shall contain at least the following elements:

- a. Statement of specific treatment needs and goals
- b. Description of specific services to address identified treatment needs
- c. Documentation of reviews by staff and consumer of the treatment/rehabilitation plan
- d. Anticipated length of stay consumers need to accomplish identified goals, and methods to evaluate the achievement of these goals

3. Treatment/Rehabilitation Plan

For treatment/rehabilitation plan and documentation requirements contractor shall follow CCR Title 9, Subchapter 3, Article 3.5, and Section § 532.2. Treatment documentation will be in accordance with DBH charting standards and requirements and shall include the following:

ADDENDUM I

- a. If an individual treatment/rehabilitation plan requires services to be provided by another program or agency, there shall be documented evidence in the consumer's case record of communication between all persons responsible for carrying out specific aspects of the treatment/rehabilitation plan.
 - b. Program staff shall arrange for consumers to attend community programs when needs are identified in the treatment/rehabilitation plan, which cannot be met by the facility, but can be met in the community, and the contractor is responsible for transportation to such programs.
 - c. There shall be a written discharge summary prepared by staff and consumer, which includes an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans.
 - d. The admission, assessment, treatment/rehabilitation plan, and discharge summary shall be prepared by staff members who have received training in the development and preparation of these documents.
4. Training
- In accordance with Title 22, Division 6, Chapter 2, Section 81065 (Personnel Requirements), training required to be provided by the facility shall include:
- a. A minimum of one hour of instruction on the development and preparation of the admission assessment.
 - b. A minimum of one hour of instruction on the development and preparation of the treatment/rehabilitation plan.
 - c. A minimum of one hour of instruction on the development and preparation of the discharge summary.
 - d. Subject matter for all training provided for in this subsection shall include the expected content of documentation, methods used to prepare the document, timeframes for completion of documentation, and consultative sources to be utilized in preparing the document.
 - e. Training provided for in this subsection shall consist of one or more of the following presentation methods:
 - 1) Formal classroom instruction
 - 2) Oral presentation
 - 3) Videotape, film, or audiovisual presentation
 - 4) Audiotape presentation
 - 5) Performing the duties, on the job, under the direct supervision of the instructor

ADDENDUM I

In additional to the trainings listed above, DBH requires the following training:

- f. DBH also requires that contractor staff participate in Listen, Empathize, Agree, Partner (LEAP) training, which is available through DBH Workforce Education and Training (WET). LEAP training must be completed within six (6) months of hire for new employees, or within six (6) months of contract execution for existing employees.

5. Therapy

Program staff will provide assessment, psychiatric medication, individual, group and family counseling and case management as appropriate. Staff will provide a full range of interventions and recovery based treatment options. Experienced, licensed or licensed waived mental health providers will be expected to provide individual and group therapy as clinically indicated and in accordance with the individual's recovery plan. Evidence based treatment interventions and strategies shall be employed.

- a. Rehabilitation/Recovery Services
- b. CRT staff will provide substance use disorder rehabilitation services as appropriate.
- c. CRT staff will provide rehabilitation services (1:1, group sessions, psycho-education groups) as dictated by consumer need.

6. Community Support

Consumers will be connected and linked to community resources upon the first day of admission into the program, which is when the discharge planning process will officially begin. Additionally, consumers will be provided information regarding peer driven and operated Clubhouses in the local area, information on supportive, transitional and permanent housing, in collaboration with the Housing Authority of the County of San Bernardino (HACSB), 211-Continuum of Care, other housing providers, Veterans Programs and services, faith based community support resources and recreational facilities in the area (including local community centers, Peer & Family Resource Centers, cultural specific programs and other resources) that will assist and benefit the consumer during their recovery process as they stabilize and prepare for discharge into the community. All non-mental health services will be aimed towards obtaining and sustaining integrated wellness and recovery in the community, which will assist the consumer upon discharge.

7. Residential Environment

The CRT will be designed to create an environment with a rich recovery culture that values, encourages and nurtures relationships and development of interpersonal skills. A homelike, non-institutional

ADDENDUM I

environment will be established that will specifically be warm, friendly and include amenities that will provide comfort for living. Design elements for the program will include spaces to allow for relaxation, recreation, a computer room for employment information and resource area. The facility will have areas that are conducive to conversation and social interaction. The kitchen will have space and will incorporate cooking classes on site as well as healthy meal planning/preparation. Group rooms can be used as comfort or quiet rooms while not in use for group therapy. The outdoor living area will allow for space for socialization and a garden area will be designated for the residents.

8. Family Inclusion

Recognizing that family plays a vital role in the consumer's recovery, the program will encourage family involvement and participation as clinically indicated. A licensed or licensed waived clinician will be available to provide family therapy as clinically indicated. Social interaction and visitation with family members at the CRT will be welcomed and encouraged. The family therapy services will work towards strengthening the family system and their ability to provide care for their loved one. If a consumer refuses family involvement, his/her wishes will be respected; however, the clinician will continue to encourage the family participation if appropriate and not detrimental to the consumer's recovery.

9. Vocational Counseling

The Program will emphasize the development of vocational skills and linkages to services offering transitional employment or job placement.

10. Consumer Advocacy

The program will employ Peer and Family Advocates (PFAs) who will bring the valuable lived experiences and use their experiences to transform the lives of others. They will advocate for consumers and assist them to develop their own advocacy skills as they navigate through the system of care.

11. Activity Programs

The program will provide a robust activity program that will foster social interaction and include exercise/wellness activities, art, cooking, music and gardening. A calendar of activities will be accessible and available for all individuals. Consumers will also be linked to recreational/socialization programs upon discharge.

12. Comprehensive Community Based Services

- a. Comprehensive services will include, but may not be limited to Medication evaluation and medication support by a psychiatrist.
- b. Provide mental health treatment /services as written in treatment plan.

ADDENDUM I

- c. Provide consumers with crisis de-escalation, crisis intervention and supportive services to prevent inpatient hospitalizations.
- d. Therapeutic counseling and social rehabilitation individual and/or group interventions shall include but not be limited to:
 - 1) Assistance with Activities of Daily Living (ADLs) - Staff shall assist and/or monitor consumers with grooming, hygiene, care of personal belongings, laundry, and keeping clean their personal and community rooms.
 - 2) Symptom Monitoring - Program staff shall determine specific signs of decomposition for each consumer and implement a recovery plan that empowers consumer to prevent or minimize relapse. The relapse prevention plan will be mutually developed between consumer and staff. CRT staff shall educate consumers in recognizing early signs of relapse, and methods of relapse prevention. Staff shall train and encourage consumers to use appropriate coping mechanisms to prevent relapse. The avoidance of alcohol and drugs will be emphasized as a significant part of relapse prevention.
 - 3) Client Safety - CRT staff shall provide close supervision and insure the safety of all consumers at all times. Staff will develop a plan to effectively manage consumers who express thoughts of harming themselves.
 - 4) Reassurance and Structure - CRT staff will ensure consumer's safety and positively reinforce consumer progress and improvement.
 - 5) Budgeting Assistance - CRT staff shall assist consumers in managing their money and teach money management skills.
 - 6) Daily exercise activities will be incorporated to enhance consumers' physical wellbeing.
 - 7) Health education, including instruction regarding nutrition and weight management, personal hygiene, contraception, AIDS / STD awareness and prevention.
 - 8) Encourage family support when appropriate.
 - 9) Provide substance use disorder services, when appropriate, and provide linkage and transportation to substance use disorder programs, either on-site, or in the community (e.g., Alcohol Anonymous, Narcotics Anonymous and County Alcohol and Drug Services). Co-occurring disorders will be identified and treatment for these disorders will be provided.

ADDENDUM I

- 10) Socialization skill building will be provided.
 - 11) Assist consumers in developing prevocational and vocational plans as appropriate with the goal of constructive use of leisure time.
13. Crisis Intervention

CRT staff will have a 24/7 rapid and flexible response to client crisis. Staff will be trained in crisis de-escalation.
14. Medication Support Services
 - a. Medical requirements will be in accordance with, but not be limited to the requirements as described in, State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2, Section 81069. Contractor shall follow California Code of Regulations, Title 9, Subchapter 3, Article 3.5, and Section 532.1.
 - 1) The medical and psychiatric policies and practices of the program shall be in writing and shall include, but not be limited to:
 - (a) A plan for the monitoring of medications by a person licensed to prescribe or dispense prescription drugs, which will include but not be limited to the name and qualifications of the person or persons who will conduct the monitoring, its frequency and procedures.
 - (b) Screening for medical complications which may contribute to disability conducted by a physician, nurse practitioner or physician's assistant and a plan for follow-up. The screening for medical complications shall occur within 30 calendar days prior to, or after admission. If a consumer refuses a screening for medical complications, the program shall document the refusal in the consumer case record.
 - (c) Consumer education, provided by program staff or consultants, about the role of medications and their potential side effects, with the goal of enabling the consumer to become responsible for his or her own medication.
 - (d) Entries in consumer case records indicating all prescribed and non-prescribed medications.
 - (e) Provisions for program staff to discuss medication issues with a person licensed to prescribe or dispense prescription drugs.

ADDENDUM I

- (f) Encouragement to consumers, when part of the treatment/rehabilitation plan, to be personally responsible for holding, managing and safeguarding all of their medications.
- 2) CRT medication support staff shall operate within acceptable guidelines and provide the following:
 - (a) A licensed physician to evaluate and prescribe all medications.
 - (b) Licensed nursing personnel may receive physician's orders over the telephone. All physicians' orders received over the telephone shall be accurately and clearly written in the consumer's chart and signed by the person receiving the orders. All telephone orders shall be countersigned by a licensed physician within seven (7) days from the time the telephone orders are issued.
 - (c) Prior to the administration of medication, staff authorized to dispense medication shall review the physician's orders to ensure the correct name of consumer and medication, proper dosage, route of administration, and time of administration.
 - (d) Licensed staff dispensing medication shall document in the patient's record the name of the medication, dosage, route of administration, and time of administration.
 - (e) Licensed staff authorized to dispense medication shall also document in the consumer's record their response to the medication and any side effects associated with it. The prescribing physician shall be notified immediately if any side effects occurred in response to medication.
 - (f) All medications shall be securely locked in a designated storage area.
 - (g) All Schedule II - V medications (controlled substance prescriptions) shall be securely stored under a double lock system to prevent access by unauthorized personnel. Schedule II - V medications shall be counted at the end of each shift. At least two (2) staff, one (1) from each shift, will sign a Schedule II - V medications log verifying the accuracy of the count. CRT staff shall develop procedures to prevent and address any misuse or

ADDENDUM I

unexplained disappearance of Schedule II - V medications. Furthermore, CRT staff shall notify DBH within 24 hours after discovering any misuse or disappearance of Schedule II - V medications.

- (h) CRT staff shall make arrangements with a local pharmacy to receive verbal and written medication orders from the physician(s) who has been designated to provide psychiatric services to the patients in the facility.
- (i) CRT staff shall store medications in single unit doses if possible. CRT staff shall ensure that sufficient medications are always available to meet the needs of patients. At least a two-week supply of medication shall be available for each consumer.
- (j) For purposes of this contract, Contractor shall provide a prescription(s) for a minimum of fourteen (14) days to consumers upon discharge and for consumers who are seen and released. If consumer has no access to fill prescription, CRT staff shall provide a minimum of fourteen (14) days of medications at discharge (unless discharge medications are contra-indicated).

15. Case Management/Transportation

CRT staff shall provide a wide range of case management services to assist consumers including, but not necessarily limited to:

- a. Provide transportation to meet consumer needs. It is the expectation of DBH that providers who assess an individual at the CRT and determine that they do not meet medical necessity for that level of care are to appropriately, successfully and safely transport them to a more appropriate level of care including, but not limited to a voluntary CSU to acquire psychiatric stabilization, an LPS setting for a WIC 5150, evaluation community housing (i.e. family, shelters with program linkage), SUD treatment facilities if criteria met, or other services.
- b. Assistance with Applications for Entitlement Services.
- c. Access to medical, psychiatric and court appointments for all consumers.
- d. Assistance with obtaining housing for consumers discharged from the CRT program, or arrange for appropriate placement in collaboration with DBH staff and or community housing resources.

XII. BILLING UNIT

ADDENDUM I

- A. The billing unit for Crisis Residential Treatment (Mode 5) is based on calendar days (CCR Title 9 § 1840.320). A day shall be billed for each calendar day in which the beneficiary receives face-to-face services and the beneficiary has been admitted to the program. Services may not be billed for days the beneficiary is not present.
 - 1. Board and care costs are not included in the claiming rate.
 - 2. The day of admission may be billed but not the day of discharge.
- B. The billing unit for Case Management and Medication Support Services (Mode 15) is based on minutes of time (CCR Title 9 § 1840.316).
 - 1. The exact number of minutes used by persons providing a reimbursable service shall be reported and billed. In no case shall more than 60 units of time be reported or claimed for any one person during a one-hour period. In no case shall the units of time reported or claimed for any one person exceed the hours worked.
 - 2. When a person provides service to or on behalf of more than one beneficiary at the same time, the person's time must be prorated to each beneficiary. When more than one person provides a service to more than one beneficiary at the same time, the time utilized by all those providing the service shall be added together to yield the total claimable services. The total time claimed shall not exceed the actual time utilized for claimable services.
 - 3. The time required for documentation is reimbursable when the documentation is a component of a reimbursable service activity, whether or not the time is on the same day as the reimbursable service activity.
- C. Treatment documentation will be in accordance with DBH charting standards and requirements, diagnoses must be documented in both DSM-5 and ICD-10-CM. ICD-10-CM codes will be used for billing.
- D. Contractor shall determine the eligibility of patients/clients for Short-Doyle/Medical, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. Contractor shall pursue and report collection of all patient/client and other revenue.
- E. Contractor may collect revenues for the provision of services described in this Contract. Such revenues may include, but are not limited to, fees for service, private monthly contributions, grants, or other funds. All revenues received by the contractor shall be reported on monthly claims and in the annual Cost Report, and shall be used to offset gross costs.
- F. Contractor shall bill the County in arrears based upon approved authorization and timeline submitted for the delivery of services.

ADDENDUM I

- G. Contractor shall bill the County monthly in arrears on claim forms provided by the County, or in a format acceptable by the County.
- H. Contractor shall bill the County according to appropriate funding source. Schedules A and B will be prepared for each funding source.
- I. County shall have the option to withhold payment, or any portion thereof, if contractor does not make reasonable progress in meeting the goal of serving number of unduplicated consumers specified in Schedules A and B.
- J. Reimbursement for services provided shall occur on a monthly basis for approved expenses incurred and claimed by contractor. No later than 10 calendar days following the month of service, the contractor shall submit a claim for payment for the reporting month, in a format acceptable by DBH. The monthly claim will be sent to:

Department of Behavioral Health
Attention: Fiscal Services
303 East Vanderbilt Way
San Bernardino, CA 92415

XIII. FACILITY LOCATION

Valley Star Behavioral Health, Inc.

Morongo Oasis Center
60805 29 Palms Hwy.
Joshua Tree, CA 92252

- A. The facility listed above is County-owned and the Contractor will enter into a lease with the County. The facility will be fully furnished and equipped with items necessary to prepare food, utilize laundry facilities, and provide services. The Contractor will need to provide computers and other necessary equipment to provide services.
- B. The facility will meet the physical environment requirements as described in the State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2, along with compliance of Title 22, Division 6, Chapter 1, Title 9, Division 1, Chapter 3 of California Code of Regulations, and state/federal ADA regulations to meet the needs of clients being served.
- C. County shall provide on-site security guard(s) during the day and night, 24 hours a day, 7 days a week. Coverage will be specific to industry standards for treatment programs, which shall include providing building security as deemed suitable by the County.
- D. Contractor shall maintain the facility in the same condition as when the contractor took custody of the facility. The contractor shall receive written approval from DBH and/or the appropriate San Bernardino County entity prior to any repairs.

ADDENDUM I

- E. Contractor shall be responsible for assuring that the location is maintained in a safe, secure, clean and attractive manner that ensures client's privacy, confidentiality, and safety.
- F. DBH will have access to three stand-alone offices at the Eastern Desert CRT. DBH personnel along with other collaborative community partners designated by DBH to offer collaborative discharge planning and linkage to community resources with the contracted treatment provider will occupy these offices. The lease will reflect the pro-rated cost differential.
- G. The contractor will comply with requirements set forth by the State DHCS and CDSS to obtain and maintain all licenses and certifications necessary for the operation of the facility. Short-Doyle contractors must notify DBH at least sixty (60) days prior to change of ownership or notice of assignment of a contract.
- H. Facility Hours of Operation: Services will be provided 24 hours a day, seven (7) days a week, 365 days a year. The facility hours of operation shall be sufficient to cover the needs of the target population. The facility will be available for admissions 24 hours a day, 7 days a week to provide direct client services. The selected contractor must offer appropriate support services during normal business hours (40 hours a week) to accommodate the varying needs of the staff, the clients and resource providers who they serve.
- I. County shall repair or replace any damaged equipment or damage to the building up to \$50,000 per fiscal year, per facility, resulting directly from client actions, abuse or willful neglect related to client's mental illness and high acuity. Contractor will be responsible for any cost, repair, and replacement of any damaged equipment or damage to the building over the \$50,000 per fiscal year paid by the County, resulting directly from client actions, abuse or willful neglect related to client's mental illness and high acuity. Contractor must submit written notification of damages to County for each occurrence, regardless of payer, to DBH Administrative Services and Deputy Director/Senior Program Manager or designee overseeing the program services contract, within 10 days of any required repairs or replacements. A case by case evaluation will be completed by the County for each occurrence.
- J. All repairs or replacements must be approved by the County in writing, prior to the Contractor's commencement of repairs or replacement of reported damaged items.
- K. Contractor shall provide adequate furnishings and clinical supplies to provide residential therapy in a clinically effective manner.
- L. Contractor shall maintain a current fire clearance (i.e., annually or bi-annually, depending on city ordinances) and have adequate fire extinguishers and smoke alarms, as well as a fire safety plan.
- M. Contractor shall maintain a fire safety plan.
- N. Contractor shall have clinic pamphlets identifying the clinic and its services, in threshold languages, for distribution in the community.

ADDENDUM I

- O. If applicable, Contractor shall have hours of operation posted at the facility and visible to consumers/customers that match the hours listed in the Contract. Contractor is responsible for notifying DBH of any changes in hours or availability. Notice of change in hours must be provided in writing to the DBH Access Unit at fax number 909-890-0353, as well as the DBH program contact overseeing the Contract.
- P. Contractor staff and all associated individuals shall adhere to all local, State, and/or Federal requirements regarding smoking in the workplace and on the premises of public buildings, to include, but not be limited to, California Government Code [7597], California Labor Code [6404.5] and the DBH Smoking and Tobacco Use Policy [HR 4020].

XIV. RESIDENTIAL SERVICES

- A. Contractor shall comply with requirements as described in State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2, along with compliance of Title 22, Division 6, Chapter 1, Title 9, Division 1, Chapter 3, Article 3.5 Section 532.5 of California Code of Regulations, and State/Federal ADA regulations to meet the needs of consumers being served.
 - 1. Food Services: CRT staff will provide menus and meals in consultation with a dietitian. Staff working in Food Services shall retain a valid Food Handlers Card.
 - 2. Laundry Facilities: CRT staff will ensure access to laundry facilities and supplies for consumers.
 - 3. Access to phones/outside communications: CRT staff will ensure access to a phone for consumers use.
 - 4. Healthcare/personal services (medical or dental needs): CRT staff will provide consumers access to meet their medical needs and coordinate care as appropriate with Medi-Cal Managed Care plans or treating physical health or specialty providers.
 - 5. Consumer Activities: CRT staff will develop and provide consumer social and rehabilitation activities. Schedule of Weekly activities shall be posted in well visible locations within the facility for client review.

B. Bed Utilization

Bed utilization targets shall be determined as a percentage of maximum capacity for each facility. At 100% bed utilization, a 16-bed CRT has the potential to reach a maximum of 5,840 bed days per FY. Contractor shall optimize bed utilization to meet a minimum of 90% of potential bed days each fiscal year for the duration of the contract.

XV. STAFFING GUIDELINES

- A. All staff shall be employed by, or contracted for, by the Contractor. The staff described will work the designated number of hours per week in full time

ADDENDUM I

equivalents (FTE's), perform the job functions specified and shall meet the California Code of Regulations requirements. Staffing should be comprised of personnel with the appropriate background and education to legally and effectively implement the service design. Contractor shall describe the staffing pattern and job descriptions; including qualifications, degrees and a detailed description of roles and responsibilities for each anticipated position and shall provide adequate staff to manage the program.

- B. Staff shall be available 24 hours a day, 7 days a week.
- C. The program may include offsite or out of facility treatment and rehabilitation activity for individuals. At no time shall there be fewer staff at the facility than is needed to attend to the needs of clients and to meet program requirements. Scheduling of staff will provide for the maximum number of staff to be present during the times when clients are engaged in structured activities. At least two direct care service staff will be on the premises 24 hours a day, seven (7) days per week. There shall be a staffing ratio of at least one (1) full-time equivalent direct service staff for each 1.6 clients onsite. "Direct service staff" shall mean employees whose duties include the treatment, training, care and/or supervision of the program clients.
- D. Staffing patterns will reflect, to the maximum extent feasible, at all levels, the cultural, linguistic, ethnic, sexual and other social characteristics of the client base the program serves. Programs will be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic and treatment needs of the clients.
- E. Specific Descriptions of staff qualifications and job functions: The facility will have a Program Director/Administrator that meets, but not be limited to all the requirements of Department of Social Services Community Care Licensing Division; State of California; Welfare and Institutions Code; Title 9 of California; and as described State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2.
- F. Staff Characteristics, Qualifications and Duty Requirements: Contractor shall meet requirements as described State Of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2, and Title 9, Division 1, Chapter 3, Article 3.5 Section 532.6 of California Code of Regulations. The CRT will include staff from various disciplines to meet regulatory requirements. Specifically, staffing will include but not be limited to the following:
 - 1. A Licensed Psychiatrist will be available 24/7 to provide medical screenings, prescribe, dispense and provide education for medications.
 - 2. Clinical/Program Director:

ADDENDUM I

- a. Minimum qualifications and duties of Clinical/Program Director must follow requirements found in State of California, Manual of Policies and Procedures, Community Care Licensing Division, Social Rehabilitation Facilities, Title 22, Division 6, Chapter 2 and Title 9 Medi Cal requirements.
- b. This person will also serve as Head of Service in accordance with CCR Title 9, Medi Cal requirements:
 - 1) The short-term residential therapeutic program shall have a head of service employed forty hours per week and responsible for managing the short-term residential therapeutic program in compliance with this protocol and applicable laws and regulations.
 - 2) The head of service may also serve as the administrator of a short-term residential therapeutic program, but may not serve as the head of service or administrator for more than one short-term residential therapeutic program.
 - 3) The head of service shall meet the requirements of one of the professional disciplines in Sections 623 through 630 of Title 9 of the California Code of Regulations.
- c. This individual will supervise the operation of the CRT program, including but not limited to mental health services.
- d. A Clinical/Program Director must be licensed by the State of California as a Marriage and Family Therapist, Clinical Social Worker or a Psychologist.
- e. The duties of the Clinical/Program Director include supervision of mental health and other support staff, and planning and coordination of the daily operation of the program. This position will have the responsibility for oversight of program delivery of services. The Clinical/Program Director shall also act as a resource for therapists on issues related to treatment on specific cases or types of cases, review treatment plans and therapeutic techniques utilized, ensure that therapists provide treatment within the scope of license, provide comprehensive psychotherapeutic treatment services for the most severely disturbed consumers, perform diagnostic evaluations, and develop and implement treatment plans and conduct therapy within the scope of the license. This person will provide clinical supervision to pre-licensed Clinical Therapists per Board of Behavioral Sciences (BBS) requirements. In addition, the Clinical/Program Director shall be located on the premises during normal business hours to manage and administer the program and will adhere to all

ADDENDUM I

applicable laws/regulations unless otherwise directed by the DBH Program Manager or designee.

3. Licensed or license-waivered mental health clinicians will be available on site 7 days a week to provide individual, group, and family therapy. Clinical supervision will be provided to unlicensed clinicians according to BBS requirements.
 4. A Mental Health Registered Nurse to provide medical screenings and supervision of medical services will be on duty 5 days a week.
 5. Licensed Psychiatric Technicians or Licensed Vocational Nurse will be on duty 24 hours a day, 7 days a week to provide direct services, which may include, but are not limited to: dispense medications, provide medication education and provide medical screenings.
 6. An Alcohol or Other Drug (AOD) counselor will be available 5 days a week to provide SUD education. Certification by the National Commission for Certifying Agencies (NCCA) is preferred.
 7. A Peer and Family Advocates (PFA) will be on site 7 days a week. A PFA is an individual with lived experiences within the mental health system. Staff will provide services and design activities 5 days a week.
 8. Physicians/Clinicians/Professional Staff: Medical staff shall have valid California licenses and training according to industry standards. Clinical staff will be licensed or licensed eligible according to their discipline.
 9. Direct care staff: All direct care staff will have the required education and experience that meets, but not be limited to all the requirements of Title 22, Division 6, Chapter 2, Section 81065 and in California Code of Regulations, Title 9, Subchapter 3, Article 3.5, Sections 532.6(h) and (i).
 10. Licensure/Certification requirements: CRT staff will possess and maintain appropriate licenses and certificates in accordance with applicable statutes and regulations.
- G. Background checks, criminal record reviews, DOJ and FBI clearances shall be obtained and maintained in accordance with Federal, State and County rules and regulations.
 - H. Staff schedules and other staff documentation required must be appropriate to provide necessary residential and treatment needs; ensuring 1:1.6 ratio for applicable direct care staff on site. Employee schedules must be available for review.
 - I. Contractor shall utilize paraprofessionals and persons who have been clients of mental health services in the program when consistent with the program design and services provided.
 - J. Clinical supervision and program management will be provided by a Program Director.

ADDENDUM I

K. The program will be designed to use appropriate multidisciplinary professional consultation and staff to meet the specific diagnostic and treatment needs of those they serve.

L. Training:

1. The Clinical/Program Director must provide and document a specific plan of supervision and at least 20 hours of in-service training per year for the employee to ensure the ongoing qualifications of the individual to perform the job. Training shall be in compliance with DBH rules and regulations and follow Title 22, Division 6, Chapter 2, Section 81065 (1) and (2) in California Code of Regulations.

In addition, the plan shall describe how the staff will receive ongoing training in the following areas:

- a. An extensive initial orientation to the program, including a description of the goals of the program, review of policies and procedures, emergency procedures, and treatment services.
- b. Training that meets the requirements of the State of California Department of Social Services CCL regulations (e.g. CPR, First Aid, Emergency/Disaster Planning).
- c. Non-violent crisis intervention, de-escalation of agitation and potential violence, and procedures to protect both staff and the consumers from violent behavior.
- d. Basic assessment, problem-solving and counseling skills.
- e. Cultural competency in serving consumers from diverse ethnic and cultural backgrounds including age, gender, sexual orientation, physical disabilities and consumer cultures.
- f. Contractor's licensed clinical staff will attend WIC 5150 certification training, and Contractor shall maintain certification for qualified staff, specific to the CRT at which the certified employee is stationed.
 - 1) Certified staff may only provide 5150 evaluations at the site at which they are certified unless explicitly authorized by DBH.
 - 2) All 5150 applications completed by certified staff must be submitted either via email to DBH-5150Forms@dbh.sbcounty.gov or by fax to (909) 421-9436.
 - 3) Upon termination or departure of 5150-certified staff from the CRT, Contractor shall notify DBH at DBH-5150Cert@dbh.sbcounty.gov to ensure the individual is removed from the list of certified individuals for the site.

ADDENDUM I

- M. Contractor shall have staff fluent in other languages. It is expected that bilingual staff be available for monolingual Spanish-speaking clients and ASL staff be available for the hearing and speech impaired.

XVI. ADMINISTRATIVE REQUIREMENTS

Contractor Shall:

- A. Maintain compliance with DBH Outpatient Chart Manual, Scope of Practice and Billing Guide, Standard Practice Manual, and all applicable local, State, and Federal regulations, ensuring that the most stringent requirement applies.
- B. Operate facilities 24 hours per day and have appropriate staff oversight.
- C. Maintain client records in compliance with all regulations set forth by the State and provide access to clinical records by DBH staff.
- D. Maintain ongoing compliance and record keeping requirements. The Contractor will participate in on-going contract related audits by the State. A copy of the plan of correction regarding deficiencies will be forwarded to DBH.
- E. Maintain high standards of quality of care for the units of service which it has committed to provide.
- F. Hold regular case conferences to evaluate the effects of treatment and the need for continued treatment.
- G. Have the primary responsibility to provide the full range of mental health services, as defined, to clients referred to Contractor.
- H. Participate in DBH's annual evaluations of the services and shall make required changes in areas of deficiency.
- I. Ensure that there are adequate budgeted funds to pay for all necessary treatment staff, supplies and tools.
- J. Maintain a separate and clear audit trail reflecting expenditure of funds under this Agreement.
- K. Maintain computer and internet access to send and receive documentation and communicate with DBH and other agencies electronically.
- L. Keep a supply of the "Behavioral Health Directory of Services" brochure available and other relevant brochures/documents available for consumers and visitors.
- M. Provide necessary leadership required to maintain a positive, respectful and community atmosphere.
- N. Obtain the appropriate business license, Conditional Use Permit and /or Fire clearances required by applicable City, County, State and Federal regulations.
- O. Maintain an active membership in San Bernardino County Behavioral Health Cultural Competence Advisory Committee (CCAC).

ADDENDUM I

- P. Submit a tentative detailed suggested schedule, work plan, and timeline for the planning, hiring and eventual delivery of services and activities of the CRT. Include cost of services in the suggested schedule, work plan, and timeline. The schedule must be submitted within 30 days of receiving the contract. Written approval must be obtained from DBH.
- Q. Have final approval from DBH when utilizing any marketing materials or items developed as result of this program. These items included but are not limited to the following:
1. Reports
 2. Studies
 3. Brochures
 4. Flyers
 5. Information
 6. Data
 7. Statistics
 8. Forms
 9. Designs
 10. Plans
 11. Procedures
 12. Systems
 13. any other materials
 14. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to this Contract must be filed with County prior to publication.
 15. Video recordings and advertisements
- R. Contractor must obtain final approval from DBH in writing prior to any printing or distribution of materials developed in conjunction with program, including video recordings. Materials must be submitted in English. The material must be submitted 30 days prior to any use of the material and be approved in writing by DBH.
- S. The Contractor shall make available to the DBH Program Manager and/or designee responsible for oversight of this contract, copies of all administrative policies and procedures utilized and developed for service location(s) and shall maintain ongoing communication with the Program Manager regarding those policies and procedures.

ADDENDUM I

- T. Contractor shall design, develop and manage procedures related to the following and in compliance with California Code of Regulations, Title 9, Subchapter 3, Article 3.5, Sections 531-533.
1. Administrator and Program Director Qualification and Duties
 2. Personnel Requirements
 3. Day Staff-Client ratio
 4. Night Supervision
 5. Admission Procedure, Criteria and Agreement
 6. Programs shall have written procedures for accessing emergency psychiatric and health services on a 24-hour basis
 7. Needs and Service Plan Assessment
 8. Mental Health Assessment
 9. Risk Assessment and certification to write 5150 holds
 10. Client Medical Assessment
 11. Treatment Plan
 12. Medication Support Services
 13. Case Management
 14. Discharge Planning
 15. Client Records
 16. Patient Rights
- U. The Contractor shall submit additional reports as required by DBH as requested.
- V. The Contractor's Director or designee must attend regional meetings as scheduled at the recommendation of DBH.
- W. The Contractor understands that compliance with all standards listed is required by the State and San Bernardino County. Failure to comply with any of the above requirements or Special Provisions below may result in reimbursement checks being withheld until the Contractor is in full compliance.
- X. Contractor agrees not to disclose, to a third party, any drawings, illustrations, models, plans or other technical information obtained from San Bernardino County or prepared or created by the procurement or subsequent contract, without prior written approval from DBH. Contractor shall prohibit all employees (contracted, regular, or volunteers) and representatives from disclosing Confidential Information either directly or indirectly, to any third party without prior written approval from an authorized member of the DBH Management Team.
- Y. Contractor shall participate in regional collaborative system of care meetings, including forums facilitated by DBH.

ADDENDUM I

- Z. Contractor shall provide outreach to stakeholders to ensure the community becomes aware of these resources.
- AA. Contractor shall provide outreach to law enforcement, and other parties in the criminal justice system, and establish protocols for CRT to be an alternative destination for these entities when they encounter a SMI individual in crisis in the community
- BB. Contractor shall provide outreach to local hospital emergency departments and establish protocols for CRT to be an alternative destination for transfer from emergency departments when they encounter a SMI individual and when the level of care is appropriate.
- CC. If applicable, Contractor shall have written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
- DD.

XVII. COUNTY DEPARTMENT OF BEHAVIORAL HEALTH RESPONSIBILITIES

- A. DBH shall provide technical assistance to the Contractor in regard to EPSDT/Medi-Cal requirements, as well as charting and Utilization Review requirements.
- B. DBH shall participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities.
- C. DBH shall monitor the Contractor on a regular basis in regard to compliance with all of the above requirements.
- D. DBH shall provide linkages with the total Behavioral Health system to assist Contractor in meeting the needs of its clients.

XVIII. SPECIAL PROVISIONS

- A. A review of productivity of the Contractor shall be conducted after the end of each quarter of each fiscal year.
- B. The Contractor and DBH will work jointly to monitor outcome measures.
- C. The Contractor and DBH will participate in evaluating the progress of the overall program in regard to responding to the mental health needs of local communities (e.g., Annual Program Review, quarterly site reviews, audits).
- D. The Contractor must comply with California Vehicle Restraint Laws.

XIX. REPORTING REQUIREMENTS

The reporting requirements below shall apply to the entire contract, including all modules unless instructed to do otherwise in writing by DBH staff member, or designee.

Reporting Requirements:

- A. Monthly Report:

ADDENDUM I

1. A monthly report containing relevant data (statistical and anecdotal) including participant demographic and service data shall be submitted to DBH Program Manager or designee. DBH will provide the format for the monthly report. Monthly reports are due to DBH no later than the fifth day of the month following the last day of the month of service.
- B. Transformational Collaborative Outcomes Measurement (TCOM)
- Contractor will administer TCOM measurement tool (ANSA) and input data into Objective Arts system as directed by DBH.
- C. Incident Reports
- Contractor shall report any unusual occurrence to include but not be limited to:
1. Disturbance/destruction of property
 2. Dangerous behavior to self
 3. Dangerous behavior to others
 4. Victimization
 5. Sexual behavior
 6. Medical/injury incidents
 7. Death
 8. Other (specify).
- Contractor shall complete a written incident report within 48 hours of the occurrence and submit to the DBH Program Manager or their designee. Pursuant to DBH policy, death of a client shall be reported within 24 hours.
- D. Contractor shall notify DBH Program Manager or designee immediately of any foreseen or unforeseen circumstances that may affect ability to admit or otherwise provide services to potential CRT consumers. Written notification and supporting documentation, if applicable, must be submitted within 24 hours.
- E. Audit Requirement
- Contractor agrees to a quarterly, semi-annual, and/or annual on-site review(s) by the DBH, or its designees. All materials to be audited must be available in the contractor's office located within San Bernardino County or a location bordering San Bernardino County.
- F. Internal Audit Requirement
- In addition to internal auditing criteria outlined in Section XXII (Laws and Regulations), subsection F(2)(e) of the contract, Contractor shall develop policies and procedures on, and regularly conduct, internal auditing to ensure fidelity of chart documentation and service coding. Internal audit results will be submitted to DBH as part of monthly reporting requirements.

XX. OUTCOME MEASURES AND DATA REPORTING REQUIREMENTS

ADDENDUM I

- A. **Outcome Data Requirements:** Contractor shall be responsible for collecting and entering data via the data collection instrument developed by County and the State on all clients referred to the agency. Contractor shall ensure the data is entered electronically at network sites and downloaded at the County centralized database (Integrated System). In addition to the below performance-based criteria, data collection shall include demographic data, the number of case openings, the number of case closings, and the services provided. DBH may base future funding for Contractor upon positive performance outcomes, which DBH will monitor throughout the year. Contractor shall collect data in a timely manner and submit it to DBH.

DATA INSTRUMENT	DATA SUBMISSION/TIMELINE
County's billing and transactional database system	All consumer treatment clients, episode, and service-related data shall be entered into the County's billing and transactional database system, in a timely manner.

- B. **Performance-Based Criteria:** DBH shall evaluate Contractor on process and outcomes criteria related to program services and operational measures indicative of quality mental health services. These criteria are consistent with the MHSA Plan.

1. The process-based criteria which shall be achieved are as follows:

PROCESS BASED CRITERIA	METHOD OF DATA COLLECTION	PERFORMANCE TARGETS
a) Contractor has ethnic parity of staff to clients served	Review of staffing pattern and personnel records	Staff shall be hired in direct percentage to the percent of ethnic minority clients served in Service Area and surrounding area
b) Contractor has linguistic capability sufficient to meet the needs of clients to be served	Review of staffing pattern, personnel records, and interpreter services invoices	Staff or interpreter services shall be available to meet the linguistic needs of clients in Service Area and surrounding area
c) Contractor offers immediate access to Mental Health Services for clients	Client satisfaction survey	100% of clients entering for services are seen in a timely fashion, ensuring client satisfaction as measured by self-reports that are included in a voluntary client satisfaction survey
d) Contractor identifies clients with co-occurring mental health and substance use disorders and provides appropriate	Information Systems (IS) report	100% of clients entering for services are screened for co-occurring mental health and substance use disorders.

ADDENDUM I

services		
e) Contractor provides (or arranges access to) peer support and self-help groups	Sample review of client records	All clients will be referred to peer support and self-help groups
f) Contractor have paid staff who are consumers and/or peer advocates	Review of personnel records	Peer counselor/family advocate staff will be hired
g) Contractor has sufficient WIC 5150 designated staff to serve clients	Review of staffing records Annual reporting	WIC 5150 designated staff on each shift
h) Contractor provides adequate utilization of beds	Annual reporting	Utilization rate of at least 90% per fiscal year

Exceptions are to be negotiated between Contractor and DBH.

2. The outcomes-based criteria which shall be achieved are as follows:

MHSA GOALS	KEY OUTCOMES
Reduce the subjective suffering from serious mental illness for adults and serious emotional disorders for children and youth	<ul style="list-style-type: none"> • Decrease hopelessness/increased hope. • Increased resiliency. • Decreased impairment in general areas of life functioning (e.g., health/self-care/housing, occupation/education, legal, managing money, interpersonal/social).
Reduce unnecessary psychiatric hospitalizations	<ul style="list-style-type: none"> • Reduced administrative hospital days • Increased use of alternative interventions (e.g., CWIC, CCRT, CSU) • Increase in number of individuals diverted from hospitalization

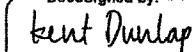
ATTESTATION REGARDING INELIGIBLE/EXCLUDED PERSONS**Valley Star Behavioral Health, Inc. shall:**

To the extent consistent with the provisions of this Agreement, comply with regulations found in Title 42 Code of Federal Regulations (CFR), Parts 1001 and 1002, et al regarding exclusion from participation in Federal and State funded programs, which provide in pertinent part:

1. Contractor certifies to the following:
 - a. it is not presently excluded from participation in Federal and State funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a Federal or State agency which is likely to result in exclusion from any Federal or State funded health care program, and/or
 - c. unlikely to be found by a Federal and State agency to be ineligible to provide goods or services.
2. As the official responsible for the administration of Contractor, the signatory certifies the following:
 - a. all of its officers, employees, agents, sub-contractors and/or persons having five percent (5%) or more of direct or indirect ownership or control interest of the Contractor are not presently excluded from participation in any Federal or State funded health care programs,
 - b. there is not an investigation currently being conducted, presently pending or recently concluded by a Federal or State agency of any such officers, employees, agents and/or sub-contractors which is likely to result in an exclusion from any Federal and State funded health care program, and/or
 - c. its officers, employees, agents and/or sub-contractors are otherwise unlikely to be found by a Federal or State agency to be ineligible to provide goods or services.
3. Contractor certifies it has reviewed, at minimum prior to hire or contract start date and monthly thereafter, the following lists in determining the organization nor its officers, employees, agents, sub-contractors and/or persons having five percent (5%) or more of direct or indirect ownership or control interest of the Contractor are not presently excluded from participation in any Federal or State funded health care programs:
 - a. OIG's List of Excluded Individuals/Entities (LEIE).
 - b. United States General Services Administration's System for Award Management (SAM).
 - c. California Department of Health Care Services Suspended and Ineligible Provider (S&I) List, if receives Medi-Cal reimbursement.
4. Contractor certifies that it shall notify DBH immediately (within 24 hours) by phone and in writing within ten (10) business days of being notified of:
 - a. Any event, including an investigation, that would require Contractor or any of its officers, employees, agents and/or sub-contractors exclusion or suspension under Federal or State funded health care programs, or
 - b. Any suspension or exclusionary action taken by an agency of the Federal or State government against Contractor, or one or more of its officers, employees, agents and/or sub-contractors, barring it or its officers, employees, agents and/or sub-contractors from providing goods or services for which Federal or State funded health care program payment may be made.

Kent Dunlap

Printed name of authorized official



Signature of authorized official

5/4/2022

Date

DATA SECURITY REQUIREMENTS

Pursuant to its contract with the State Department of Health Care Services, the Department of Behavioral Health (DBH) requires Contractor adhere to the following data security requirements:

A. Personnel Controls

1. Employee Training. All workforce members who assist in the performance of functions or activities on behalf of DBH, or access or disclose DBH Protected Health Information (PHI) or Personal Information (PI) must complete information privacy and security training, at least annually, at Contractor's expense. Each workforce member who receives information privacy and security training must sign a certification, indicating the member's name and the date on which the training was completed. These certifications must be retained for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.
2. Employee Discipline. Appropriate sanctions must be applied against workforce members who fail to comply with privacy policies and procedures or any provisions of these requirements, including termination of employment where appropriate.
3. Confidentiality Statement. All persons that will be working with DBH PHI or PI must sign a confidentiality statement that includes, at a minimum, General Use, Security and Privacy Safeguards, Unacceptable Use, and Enforcement Policies. The Statement must be signed by the workforce member prior to accessing DBH PHI or PI. The statement must be renewed annually. The Contractor shall retain each person's written confidentiality statement for DBH inspection for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.
4. Background Check. Before a member of the workforce may access DBH PHI or PI, a background screening of that worker must be conducted. The screening should be commensurate with the risk and magnitude of harm the employee could cause, with more thorough screening being done for those employees who are authorized to bypass significant technical and operational security controls. The Contractor shall retain each workforce member's background check documentation for a period of ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.

B. Technical Security Controls

1. Workstation/Laptop Encryption. All workstations and laptops that store DBH PHI or PI either directly or temporarily must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as Advanced Encryption Standard (AES). The encryption solution must be full disk unless approved in writing by DBH's Office of Information Technology.
2. Server Security. Servers containing unencrypted DBH PHI or PI must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.
3. Minimum Necessary. Only the minimum necessary amount of DBH PHI or PI required to perform necessary business functions may be copied, downloaded, or exported.
4. Removable Media Devices. All electronic files that contain DBH PHI or PI data must be encrypted when stored on any removable media or portable device (i.e. USB thumb drives, floppies, CD/DVD, Blackberry, backup tapes, etc.). Encryption must be a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES.
5. Antivirus / Malware Software. All workstations, laptops and other systems that process and/or store DBH PHI or PI must install and actively use comprehensive anti-virus software / Antimalware software solution with automatic updates scheduled at least daily.

ATTACHMENT II

6. Patch Management. All workstations, laptops and other systems that process and/or store DBH PHI or PI must have all critical security patches applied with system reboot if necessary. There must be a documented patch management process which determines installation timeframe based on risk assessment and vendor recommendations. At a maximum, all applicable patches must be installed within thirty (30) days of vendor release. Applications and systems that cannot be patched within this time frame due to significant operational reasons must have compensatory controls implemented to minimize risk until the patches can be installed. Application and systems that cannot be patched must have compensatory controls implemented to minimize risk, where possible.
7. User IDs and Password Controls. All users must be issued a unique user name for accessing DBH PHI or PI. Username must be promptly disabled, deleted, or the password changed upon the transfer or termination of an employee with knowledge of the password. Passwords are not to be shared. Passwords must be at least eight characters and must be a non-dictionary word. Passwords must not be stored in readable format on the computer. Passwords must be changed at least every ninety (90) days, preferably every sixty (60) days. Passwords must be changed if revealed or compromised. Passwords must be composed of characters from at least three of the following four groups from the standard keyboard:
 - a. Upper case letters (A-Z)
 - b. Lower case letters (a-z)
 - c. Arabic numerals (0-9)
 - d. Non-alphanumeric characters (special characters)
8. Data Destruction. When no longer needed, all DBH PHI or PI must be wiped using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88. Other methods require prior written permission of DBH's Office of Information Technology.
9. System Timeout. The system providing access to DBH PHI or PI must provide an automatic timeout, requiring re-authentication of the user session after no more than twenty (20) minutes of inactivity.
10. Warning Banners. All systems providing access to DBH PHI or PI must display a warning banner stating that data is confidential, systems are logged, and system use is for business purposes only by authorized users. User must be directed to log off the system if they do not agree with these requirements.
11. System Logging. The system must maintain an automated audit trail which can identify the user or system process which initiates a request for DBH PHI or PI, or which alters DBH PHI or PI. The audit trail must be date and time stamped, must log both successful and failed accesses, must be read only, and must be restricted to authorized users. If DBH PHI or PI is stored in a database, database logging functionality must be enabled. Audit trail data must be archived for at least ten (10) years from the final date of the contract period or from the date of completion of any audit, whichever is later.
12. Access Controls. The system providing access to DBH PHI or PI must use role based access controls for all user authentications, enforcing the principle of least privilege.
13. Transmission Encryption. All data transmissions of DBH PHI or PI outside the secure internal network must be encrypted using a FIPS 140-2 certified algorithm which is 128bit or higher, such as AES. Encryption can be end to end at the network level, or the data files containing DBH PHI can be encrypted. This requirement pertains to any type of DBH PHI or PI in motion such as website access, file transfer, and E-Mail.
14. Intrusion Detection. All systems involved in accessing, holding, transporting, and protecting DBH PHI or PI that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

C. Audit Controls

1. System Security Review. Contractor must ensure audit control mechanisms that record and examine system activity are in place. All systems processing and/or storing DBH PHI or PI must have at least an annual system risk assessment/security review which provides assurance that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection. Reviews should include vulnerability scanning tools.
2. Log Review. All systems processing and/or storing DBH PHI or PI must have a routine procedure in place to review system logs for unauthorized access.
3. Change Control. All systems processing and/or storing DBH PHI or PI must have a documented change control procedure that ensures separation of duties and protects the confidentiality, integrity and availability of data.

D. Business Continuity/Disaster Recovery Controls

1. Emergency Mode Operation Plan. Contractor must establish a documented plan to enable continuation of critical business processes and protection of the security of DBH PHI or PI held in an electronic format in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this Agreement for more than 24 hours.
2. Data Backup Plan. Contractor must have established documented procedures to backup DBH PHI to maintain retrievable exact copies of DBH PHI or PI. The plan must include a regular schedule for making backups, storing backups offsite, an inventory of backup media, and an estimate of the amount of time needed to restore DBH PHI or PI should it be lost. At a minimum, the schedule must be a weekly full backup and monthly offsite storage of DBH data.

E. Paper Document Controls

1. Supervision of Data. DBH PHI or PI in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an employee authorized to access the information. DBH PHI or PI in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.
2. Escorting Visitors. Visitors to areas where DBH PHI or PI is contained shall be escorted and DBH PHI or PI shall be kept out of sight while visitors are in the area.
3. Confidential Destruction. DBH PHI or PI must be disposed of through confidential means, such as cross cut shredding and pulverizing.
4. Removal of Data. Only the minimum necessary DBH PHI or PI may be removed from the premises of Contractor except with express written permission of DBH. DBH PHI or PI shall not be considered "removed from the premises" if it is only being transported from one of Contractor's locations to another of Contractor's locations.
5. Faxing. Faxes containing DBH PHI or PI shall not be left unattended and fax machines shall be in secure areas. Faxes shall contain a confidentiality statement notifying persons receiving faxes in error to destroy them. Fax numbers shall be verified with the intended recipient before sending the fax.
6. Mailing. Mailings containing DBH PHI or PI shall be sealed and secured from damage or inappropriate viewing of such PHI or PI to the extent possible.

Mailings which include 500 or more individually identifiable records of DBH PHI or PI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of DBH to use another method is obtained.