

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT
COVER SHEET

1. San Bernardino County ("Participant") desires to participate in the Program identified below.

Name of Program: Medi-Cal Peer Support Specialist Certification

2. California Mental Health Services Authority ("CalMHSA") and Participant acknowledge that the Program will be governed by CalMHSA's Joint Powers Agreement and its Bylaws, and by this participation agreement. The following exhibits are intended to clarify how the provisions of those documents will be applied to this particular Program.

- | | | |
|-------------------------------------|--------------|---|
| ☒ | Exhibit A | Program Description and Funding |
| ☒ | Exhibit B | General Terms and Conditions |
| ☒ | Exhibit C | County Specific Scope of Services and Funding |
| ☒ | Attachment A | Work Order Form |
| ☒ | Attachment B | Authorized Signatures |

3. **Term:** The term of the Program is January 1, 2023, through December 31, 2024.

Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): Dr. Amie Miller, Psy.D., MFT

Title: Executive Director Date: _____

Participant: SAN BERNARDINO COUNTY

Signed: _____ Name (Printed): Georgina Yoshioka, DSW, MBA, LCSW

Title: Director Date: _____

EXHIBIT A-Program Description and Funding

- I. Name of Program: Medi-Cal Peer Support Specialist Certification**
- II. Term of Program: January 1, 2023, through December 31, 2024**
- III. Program Objective and Overview:**

CalMHSA established a Medi-Cal Peer Support Specialist Certification program as required in [BHIN 21-041](#) for interested counties. This means CalMHSA developed a standardized peer certification program inclusive of:

- [Policies and procedures](#) governing the certification program
- Dedicated and all-inclusive certification website (www.CAPeerCertification.org)
- Centralized application for initial certification and biennial renewal processes
- Certification of training providers to ensure curriculum for core competency training is met for training leading to certification and in the 4 areas of specializations
- Development and administration of a state-wide examination Medi-Cal Peer Support Specialist Certification Exam
- Translation of certification exam to 16 threshold languages
- Identification of core competencies and training curriculum for the 4 areas of specializations
- Investigates complaints and takes corrective action against a certified Peer Support Specialist (includes appeals)
- Centralized data collection and state reporting (yearly submission to DHCS)
- Supervision of certified Peer Support Specialist training ([BHIN 22-018](#))
- Establish a centralized and searchable certification registry that is open to the public

Additionally, Counties have selected CalMHSA as the certifying entity, responsible for the certification, examination, and enforcement of professional standards for Medi-Cal Peer Support Specialists in California. All applicants seeking certification are required to successfully pass an exam ensuring any individual holding a certification has met the minimum educational requirements. CalMHSA investigates consumer complaints and imposes disciplinary actions against a “Certificant” who violates the [Code of Ethics](#).

General information on certification requirements is on the [CalMHSA certification](#) website.

A copy of the tentative DHCS Fee Schedule is listed below for reference:

Medi-Cal Peer Support Specialist Fee Schedule* -Bundle Costs		
Item	Description	Price
PEER SUPPORT SPECIALIST CERTIFICATION BUNDLE*	<i>Includes the cost for:</i> • Application • Certification Exam (one-time) • 80-hour core competency training for peer support specialists (A 15% administrative fee will be added to this item for counties who choose to select to purchase trainings for their staff or contracted provider network staff)	\$1,850

Medi-Cal Peer Support Specialist Fee Schedule* -Exam Certification Costs		
Item	Description	Price
Application for Exam Certification	<i>Application for Exam Certification</i> <i>This is the application to apply to become a Medi-Cal Peer Support Specialist submitted through the CalMHSA website.</i>	\$100
80-hour Core Competency Training for Medi-Cal Peer Support Specialists	<i>Potential Medi-Cal Peer Support Specialists are required to complete an 80-hour core competency training from a CalMHSA approved training provider. All approved training vendors are found at the link here. (A 15% administrative fee will be added to this item for counties who choose to select to purchase trainings for their staff or contracted provider network staff)</i>	Not to Exceed \$1,600
Family Parent Caregiver Training Specialization Course	<i>Those who have completed the Medi-Cal Peer Support Specialists training can apply to complete a Family Parent Caregiver Specialization through one of our approval specialization training vendors. (A 15% administrative fee will be added to this item for counties who choose to select to purchase trainings for their staff or contracted provider network staff) All future approved training vendors will be found at the link here.</i>	Not to Exceed \$1,600
Crisis Specialization Training Course (under development)	<i>Those who have completed the Medi-Cal Peer Support Specialists training can apply to complete the Crisis Specialization through one of our approval specialization training vendors. (A 15% administrative fee will be added to this item for counties who choose to select to purchase trainings for their staff or contracted provider network staff) All future approved training vendors will be found at the link here.</i>	Not to Exceed \$1,600
Unhoused Specialization Training Course (under development)	<i>Those who have completed the Medi-Cal Peer Support Specialists training can apply to complete the Unhoused Specialization through one of our approval specialization training vendors. (A 15% administrative fee will be added to this item for counties who choose to select to purchase trainings for their staff or contracted provider network</i>	Not to Exceed \$1,600

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	<i>staff) All future approved training vendors will be found at the link here.</i>	
Justice Involved Specialization Training Course (under development)	<i>Those who have completed the Medi-Cal Peer Support Specialists training can apply to complete the Justice-Involved Specialization through one of our approval specialization training vendors. All future approved training vendors will be found at the link here.</i>	Not to Exceed \$1,600
Medi-Cal Peer Support Specialist Certification Exam	<i>This is the state approved Certification exam required to become certified as a Medi-Cal Peer Support Specialist. Information on the examination process can be found at the link here (Covers the cost of one attempt).</i>	\$150/per attempt
Medi-Cal Peer Support Specialist Certification Exam Retake	<i>Individuals who do not pass the examination, may retake the exam up to 2 more additional times. Individuals can re-take the exam 2 additional times for a total of 3 times during the 12-month approval period.</i>	\$150/per attempt
Biennial Renewal – Certification for Medi-Cal Peer Support Specialist	<i>Medi-Cal Peer Support Specialists may renew their Medi-Cal Peer Support Specialist certification every two years from the date of issuance. Please note, Peer Support Specialists are required to have completed 20-hours of continued education (CE) credits, inclusive of 6 hours of law and ethics, from a CalMHSA approved CE training provider to renew their certification.</i>	\$80
Reinstatement of Certification for Medi-Cal Peer Support Specialist	<i>Medi-Cal Peer Support Specialists whose certification has lapsed, suspended, or revoked may apply to reinstate their certification.</i>	\$80

<u>Fee Schedule* for Training Providers seeking to become “approved training providers”</u>		
<u>Item</u>	<u>Description</u>	<u>Price</u>
Training Provider Application- Medi-Cal Peer Support Specialist Training	<i>This is the application fee for organizations/agencies that wish to receive approval from CalMHSA to provide the 80-hour core competency training course. The approval is valid for 2 years from the date of approval. Information on becoming an approved Training Provider is found at the link here.</i>	\$300
Training Provider – Specialization Training Course	<i>This is the application fee for organizations/agencies that wish to receive approval from CalMHSA to provide training course(s) in an area of specialization. The approval is valid for 2 years from the date of approval. Areas of specialization are: 1. Parent, Caregiver, Family Member Peer 2. Unhoused 3. Crisis 4. Justice Involved</i>	\$300/per specialized training
Training Provider- Continuing Education Training Application	<i>This is the application fee for organizations/agencies that wish to offer continuing education credits for certified Medi-Cal Peer Support Specialists. Please note, Peer Support Specialist are required to have completed 20-hours of continued education (CE) credits,</i>	\$300

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	<i>inclusive of 6 hours of law and ethics, from a CalMHSA approved CE training provider to renew their certification.</i>	
Training Provider – 40-Hour Refresher Training Course for Medi-Cal Peer Support Specialist (this training course is required for previously certified Medi-Cal Peer Support Specialists whose certification has lapsed for 4 years or longer. In order to receive the Medi-Cal Peer Support Specialist certification, individuals are required to take a 40-hour refresher course, which covers the core competencies, and successfully pass the exam. Please note, this fee does not include the for retaking the exam. The exam fee is separate from this.	<i>This is the application fee for organizations/agencies that wish to receive approval from CalMHSA to provide the 40-hour “refresher” training course covering the core competencies for Medi-Cal Peer Support Specialist certification. The approval is valid for 2 years from the date of approval. Information on becoming an approved Training Provider is found at the link here.</i>	\$300
Training Provider – Renewal	<i>This is the application fee for organizations/agencies who hold a CURRENT CalMHSA approval as an approved training provider. The approval is valid for 2 years from the date of each approval. Information on becoming an approved Training Provider is found at the link here.</i>	\$300
Supervisor Training	<i>There is no fee associated with this training. This training will be available on the CalMHSA learning management system at no-cost to everyone. The supervisor course is a self-paced course. Please note, CalMHSA plans to use this information to gather information on the potential number of supervisors who may take the training.</i>	\$0

*The Fee schedule is still in final review with DHCS and may be subject to change.

**Detailed information on the Medi-Cal Peer Support Specialist Certification Policies and Procedures can be found in our [online manual](#).

MODIFIED EXHIBIT B– General Terms and Conditions

I. Definitions

The following words, as used throughout this Participation Agreement, shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- B. DHCS – Department of Health Care Services.
- C. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- D. Mental Health Services Division (MHSD) – The Division of the California Department of Health Care Services responsible for mental health functions.
- E. Participant – Any County participating in the Program either as Member of CalMHSA or under a Memorandum of Understanding with CalMHSA.
- F. Program – The program identified in the Cover Sheet.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - 1. Manage funds received from Participant in a manner consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
 - 2. Act as the Fiscal and Administrative agent for the Program, including:
 - a. Oversee and administer all training vendor contracts.
 - b. Administer and score exam.
 - c. Conduct program audits, investigations, actions, and appeals.
 - d. Manage data collection and reporting to DHCS.
 - e. Administer other duties as needed.
 - 3. Manage funds provided by DHCS consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
 - 4. Provide regular reports to Participant and/or other public agencies with a right to such reports.
 - 5. Comply with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - 1. **Services Post-Contract Execution (Amendment)** - Submit a Work Order form for any additional professional service hour funding required by the Participant if identified post-contract execution.
 - 2. Provide CalMHSA with a County Staff authorized to add services as needed over the term of the initial Agreement and this Amendment One via a work order. Please identify your authorized county staff in Appendix B, with the following information:

Name

Title

Phone

Email Address

NOTE: Two people maximum.

3. Provide CalMHSA and any other parties deemed necessary with requested information and assistance in order to fulfill the purpose of the Program.
4. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
5. Provide feedback on Program performance.
6. Comply with applicable laws, regulations, guidelines, contractual agreements, JPAs, and bylaws.

III. Duration, Term, and Amendment

- A. The term of the Program is 12 months.
- B. This Agreement may be supplemented, amended, or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by authorized representatives of both parties.

IV. Withdrawal, Cancellation, and Termination

- A. A Participant may withdraw from the Program and terminate the Participation Agreement upon 30 days notice written notice. Notice shall be deemed served on the date of mailing.
- B. The withdrawal of a Participant from the Program shall not automatically terminate its responsibility for its share of the expense and liabilities of the Program. The contributions of current and past Participants are chargeable for their respective share of unavoidable expenses and liabilities arising during the period of their participation.
- C. Upon cancellation, termination, or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising from the administration of the Program shall be returned to Participant. Unused funds paid for a joint effort will be returned pro rata to Participant in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed on particular Participant. Excess funds at the conclusion of county-specific efforts will be returned to the particular County that paid them.

V. Fiscal Provisions

- A. Funding required from Participant will not exceed the amount stated in Exhibit C, County Specific Scope of Work and/or Funding minus the cost of any administrative fees incurred.
- B. Payment Terms
 1. **Administrative Fee**

Participant is subject to a 15% administrative fee not to exceed **\$4,162.50** to be paid within 30 days of agreement execution as specified in Exhibit C or upon submission of a work order form for qualifying items, including the 80-hour Core Competency Training for Medi-Cal Peer Support Specialists, either as a bundle

or standalone, and all training specialization courses are subject to the administrative fee.

2. **Additional Items**

For new added services, County shall pay the total funding amount as specified in Exhibit C in quarterly equal payments commencing thirty days after the execution of this Amendment. Funding shall be applied to service items as defined in Appendix A; however, it is understood the County will assess service needs over the course of time and will have the flexibility to allocate funding between services via a work order. These changes can only be made by the authorized staff per Exhibit B, General Terms and Conditions, Section II.

Responsibilities, B. Responsibilities of the Participant, item 2, of this Agreement.

VI. Limitation of Liability and Indemnification

- A. CalMHSA is responsible only for funds as instructed and authorized by participants. CalMHSA is not liable for damages beyond the amount of any funds which are identified on the cover page of this Agreement, without authorization or contrary to Participant's instructions.
- B. CalMHSA is not undertaking responsibility for assessments, creation of case or treatment plans, providing or arranging services, and/or selecting, contracting with, or supervising providers (collectively, "mental health services"). Participant will defend and indemnify CalMHSA for any claim, demand, disallowance, suit, or damages arising from Participant's acts or omissions in connection with the provision of mental health services.

EXHIBIT C- County Specific Scope of Services and Funding

Deliverable	Cost	Due Date/Payment Method
Medi-Cal Peer Support Specialist Item Selection (Direct Expenses Total Funding Amount)	Not to Exceed \$40,212.50	Participant will submit a Work Order Form (Appendix A) for all items purchased. CalMHSA will invoice for all items requested on a quarterly basis not exceeding the Direct Expenses Total Funding Amount.
CalMHSA Administrative Fee (15 of Direct Expenses Costs%) *	\$4,162.50	Due 30 Days after Agreement Amendment Execution, or upon submission of a work order form for qualifying items, including the 80-hour Core Competency Training for Medi-Cal Peer Support Specialists, either as a bundle or standalone, and all training specialization courses are subject to the administrative fee.
Total	\$44,375	

*Only applied to the 80-hour Core Competency Training for Medi-Cal Peer Support Specialists, either as a bundle or standalone, and all specialization training courses.

Initial Item Selection

Item	Cost	Quantity	Total
Peer Support Specialist Certification Bundle* (covers costs of application, core competency training, and one-time exam)	\$1,850	15	\$27,750
Application for Medi-Cal Peer Support Certification	\$100		
80-hour Core Competency Training for Medi-Cal Peer Support Specialist*	Not to Exceed \$1,600		
Specialization Training – Parent, Caregiver, Family Member Peer Course	Not to Exceed \$1,600		
Specialization Training- Crisis Training Course (under development)	Not to Exceed \$1,600		
Specialization Training- Unhoused Training	Not to Exceed \$1,600		

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Item	Cost	Quantity	Total
Course (under development)			
Specialization Training - Justice-Involved Training Course (under development)	Not to Exceed \$1,600		
Medi-Cal Peer Support Specialist Certification Exam	\$150/per attempt		
Exam Retake	\$150/per attempt	40	\$6,000
Biennial Renewal for– re-certification for Medi-Cal Peer Support Specialist	\$80	25	\$2,000
Reinstatement of Certification for Medi-Cal Peer Support Specialist	\$80		
Training Providers			
Training Provider Application - Medi-Cal Peer Support Specialist Training (valid for 2 years from date of approval)	\$300		
Training Provider Application – Specialization Training Course(s) (valid for 2 years from date of approval)	\$300/per specialized course		
Training Provider Application - Continuing Education Training (valid for 2 years from date of approval)	\$300	1	\$300
Training Provider Application – 40-Hour Refresher Training Course for Medi-Cal Peer Support Specialist (valid for 2 years from date of approval)	\$300		
Training Provider Application – Renewal	\$300		

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Item	Cost	Quantity	Total
of Approval (valid for 2 years from date of re-approval)			
Supervisor Training	\$0		
Total	\$36,050.00		

TEMPLATE ONLY FOR FUTURE USE – NOT REQUIRED FOR EXECUTION

APPENDIX A – Work Order Form

MEDI-CAL PEER SUPPORT SPECIALIST WORK-ORDER FORM			
ITEM	PRICE	QUANTITY	TOTAL
Peer Support Specialist Certification Bundle* (covers costs of application, core competency training, and one-time exam)	\$1,850		
Application for Medi-Cal Peer Support Certification	\$100		
80-hour Core Competency Training for Medi-Cal Peer Support Specialist	Not to Exceed \$1600		
Parent Family Caregiver Specialization Training Course	Not to Exceed \$1600		
Crisis Specialization Training Course	Not to Exceed \$1600		
Unhoused Specialization Training Course	Not to Exceed \$1600		
Justice-Involved Specialization Training Course	Not to Exceed \$1600		
Medi-Cal Peer Support Specialist Certification Exam	\$150/per attempt		
Exam Retake	\$150/per attempt		
Biennial Renewal for– re-certification for Medi-Cal Peer Support Specialist	\$80		
Reinstatement of Certification for Medi-Cal Peer Support Specialist	\$80		

Training Provider Application - Medi-Cal Peer Support Specialist Training (valid for 2 years from date of approval)	\$300		
Training Provider Application – Specialization Training Course(s) (valid for 2 years from date of approval)	\$300/per specialization		
Training Provider Application - Continuing Education Training (valid for 2 years from date of approval)	\$300		
Training Provider Application – 40-Hour Refresher Training Course for Medi-Cal Peer Support Specialist (valid for 2 years from date of approval)	\$300		
Training Provider Application – Renewal of Approval (valid for 2 years from date of re-approval)	\$300		
Supervisor Training	\$0		
Total Direct Expenses:			
Current Funds Available:			
New Item Request Total:			
Remaining Funds Available:			
Authorized Signatory:			
Signature:			
Alternative Authorized Signatory:			
Signature:			

*****NOTE: If the Participant is in need of additional services post-contract execution, the Participant must complete and submit a work-order form to CalMHSA found in Appendix A.**

APPENDIX B – Authorized Signatures

Please identify the authorized county staff with authority to make service hour requests as needed by Participant.

Appendix A Authorized Signatory:

Name: Georgina Yoshioka, DSW, MBA, LCSW

Title: Director

Phone: 909-252-5142

Email Address: Georgina.Yoshioka@dbh.sbcounty.gov

Signature: _____

Date: _____

Appendix A Authorized Signatory (Alternate):

Name: Tan Suphavarodom

Title: Deputy Director of Administrative Services

Phone: 909-399-0826

Email Address: tan.suphavarodom@dbh.sbcounty.gov

Signature: _____

Date: _____