

AGREEMENT

FOR SERVICES OF INDEPENDENT CONTRACTOR

BC_____

THIS AGREEMENT (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter County) and **Crestwood Behavioral Health Center, Inc.** with an address at **520 Capitol Mall, Sacramento, CA** (hereafter Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

WHEREAS, Contractor represents that it is specially trained, skilled, experienced, and competent to perform the special services required by County and County desires to continue to retain the services of Contractor pursuant to the terms, covenants, and conditions herein set forth;

NOW, THEREFORE, in consideration of the mutual covenants and conditions contained herein, the parties agree as follows:

1. DESIGNATED REPRESENTATIVE

Medical Director at phone number 805-681-5220 is the representative of County and will administer this Agreement for and on behalf of County. **Gary Zeyen** at phone number 916-471-2242 is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.

2. NOTICES

Any notice or consent required or permitted to be given under this Agreement shall be given to the respective parties in writing, by personal delivery or facsimile, or with postage prepaid by first class mail, registered or certified mail, or express courier service, as follows:

To County: Director
Santa Barbara County
Department of Behavioral Wellness
300 N. San Antonio Road
Santa Barbara, CA 93110
FAX: 805-681-5262

To Contractor: Gary Zeyen, Controller
Crestwood Behavioral Health, Inc.
520 Capitol Mall
Sacramento, CA 95814
FAX: 916-471-2212

or at such other address or to such other person that the parties may from time to time designate in accordance with this Notices section. If sent by first class mail, notices and consents under this section shall be deemed to be received five (5) days following their deposit in the U.S. mail. This Notices section shall not be construed as meaning that either party agrees to service of process except as required by applicable law.

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3. SCOPE OF SERVICES

Contractor agrees to provide services to County in accordance with EXHIBIT A attached hereto and incorporated herein by reference.

4. TERM

Contractor shall commence performance on 7/1/2017 and end performance upon completion, but no later than 6/30/2020 unless otherwise directed by County or unless earlier terminated.

5. COMPENSATION OF CONTRACTOR

In full consideration for Contractor's services, Contractor shall be paid for performance under this Agreement in accordance with the terms of EXHIBIT B attached hereto and incorporated herein by reference.

6. INDEPENDENT CONTRACTOR

It is mutually understood and agreed that Contractor (including any and all of its officers, agents, and employees), shall perform all of its services under this Agreement as an independent Contractor as to County and not as an officer, agent, servant, employee, joint venturer, partner, or associate of County. Furthermore, County shall have no right to control, supervise, or direct the manner or method by which Contractor shall perform its work and function. However, County shall retain the right to administer this Agreement so as to verify that Contractor is performing its obligations in accordance with the terms and conditions hereof. Contractor understands and acknowledges that it shall not be entitled to any of the benefits of a County employee, including but not limited to vacation, sick leave, administrative leave, health insurance, disability insurance, retirement, unemployment insurance, workers' compensation and protection of tenure. Contractor shall be solely liable and responsible for providing to, or on behalf of, its employees all legally-required employee benefits. In addition, Contractor shall be solely responsible and save County harmless from all matters relating to payment of Contractor's employees, including compliance with Social Security withholding and all other regulations governing such matters. It is acknowledged that during the term of this Agreement, Contractor may be providing services to others unrelated to the County or to this Agreement.

7. STANDARD OF PERFORMANCE

Contractor represents that it has the skills, expertise, and licenses/permits necessary to perform the services required under this Agreement. Accordingly, Contractor shall perform all such services in the manner and according to the standards observed by a competent practitioner of the same profession in which Contractor is engaged. All products of whatsoever nature, which Contractor delivers to County pursuant to this Agreement, shall be prepared in a first class and workmanlike manner and shall conform to the standards of quality normally observed by a person practicing in Contractor's profession. Contractor shall correct or revise any errors or omissions, at County's request without additional compensation. Permits and/or licenses shall be obtained and maintained by Contractor without additional compensation.

8. DEBARMENT AND SUSPENSION

Contractor certifies to County that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county government contracts. Contractor certifies that it shall not contract with a subcontractor that is so debarred or suspended.

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9. TAXES

Contractor shall pay all taxes, levies, duties, and assessments of every nature due in connection with any work under this Agreement and shall make any and all payroll deductions required by law. County shall not be responsible for paying any taxes on Contractor's behalf, and should County be required to do so by state, federal, or local taxing agencies, Contractor agrees to promptly reimburse County for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but not be limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and workers' compensation insurance.

10. CONFLICT OF INTEREST

Contractor covenants that Contractor presently has no employment or interest and shall not acquire any employment or interest, direct or indirect, including any interest in any business, property, or source of income, which would conflict in any manner or degree with the performance of services required to be performed under this Agreement. Contractor further covenants that in the performance of this Agreement, no person having any such interest shall be employed by Contractor. Contractor must promptly disclose to the County, in writing, any potential conflict of interest. County retains the right to waive a conflict of interest disclosed by Contractor if County determines it to be immaterial, and such waiver is only effective if provided by County to Contractor in writing.

11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY

County shall be the owner of the following items incidental to this Agreement upon production, whether or not completed: all data collected, all documents of any type whatsoever, all photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials, and any material necessary for the practical use of such items, from the time of collection and/or production whether or not performance under this Agreement is completed or terminated prior to completion. Contractor shall not release any of such items to other parties except after prior written approval of County. Contractor shall be the legal owner and Custodian of Records for all County client files generated pursuant to this Agreement, and shall comply with all Federal and State confidentiality laws, including Welfare and Institutions Code (WIC) § 5328; 42 United States Code (U.S.C.) § 290dd-2; and 45 CFR, Parts 160 – 164 setting forth the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Contractor shall inform all of its officers, employees, and agents of the confidentiality provision of said laws. Contractor further agrees to provide County with copies of all County client file documents resulting from this Agreement without requiring any further written release of information. Within HIPAA guidelines, County shall have the unrestricted authority to publish, disclose, distribute, and/or otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

Unless otherwise specified in Exhibit A, Contractor hereby assigns to County all copyright, patent, and other intellectual property and proprietary rights to all data, documents, reports, photos, designs, sound or audiovisual recordings, software code, inventions, technologies, and other materials prepared or provided by Contractor pursuant to this Agreement (collectively referred to as "Copyrightable Works and Inventions"). County shall have the unrestricted authority to copy, adapt, perform, display, publish, disclose, distribute, create derivative works from, and otherwise use in whole or in part, any Copyrightable Works and Inventions. Contractor agrees to take such actions and execute and deliver such documents as may be needed to validate, protect and confirm the rights and assignments provided hereunder.

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Contractor warrants that any Copyrightable Works and Inventions and other items provided under this Agreement will not infringe upon any intellectual property or proprietary rights of any third party. Contractor at its own expense shall defend, indemnify, and hold harmless County against any claim that any Copyrightable Works or Inventions or other items provided by Contractor hereunder infringe upon intellectual or other proprietary rights of a third party, and Contractor shall pay any damages, costs, settlement amounts, and fees (including attorneys' fees) that may be incurred by County in connection with any such claims. This Ownership of Documents and Intellectual Property provision shall survive expiration or termination of this Agreement.

12. NO PUBLICITY OR ENDORSEMENT

Contractor shall not use County's name or logo or any variation of such name or logo in any publicity, advertising or promotional materials. Contractor shall not use County's name or logo in any manner that would give the appearance that the County is endorsing Contractor. Contractor shall not in any way contract on behalf of or in the name of County. Contractor shall not release any informational pamphlets, notices, press releases, research reports, or similar public notices concerning the County or its projects, without obtaining the prior written approval of County.

13. COUNTY PROPERTY AND INFORMATION

All of County's property, documents, and information provided for Contractor's use in connection with the services shall remain County's property, and Contractor shall return any such items whenever requested by County and whenever required according to the Termination section of this Agreement. Contractor may use such items only in connection with providing the services. Contractor shall not disseminate any County property, documents, or information without County's prior written consent.

14. RECORDS, AUDIT, AND REVIEW

Contractor shall keep such business records pursuant to this Agreement as would be kept by a reasonably prudent practitioner of Contractor's profession and shall maintain all records until such time that the State Department of Health Care Services completes all actions associated with the final audit, including appeals, for the fiscal year(s) covered by this Agreement, or not less than four (4) years following the termination of this Agreement. All accounting records shall be kept in accordance with generally accepted accounting principles. County shall have the right to audit and review all such documents and records at any time during Contractor's regular business hours or upon reasonable notice. In addition, if this Agreement exceeds ten thousand dollars (\$10,000.00), Contractor shall be subject to the examination and audit of the California State Auditor, at the request of the County or as part of any audit of the County, for a period of three (3) years after final payment under the Agreement (Cal. Govt. Code Section 8546.7). Contractor shall participate in any audits and reviews, whether by County or the State, at no charge to County.

If federal, state or County audit exceptions are made relating to this Agreement, Contractor shall reimburse all costs incurred by federal, state, and/or County governments associated with defending against the audit exceptions or performing any audits or follow-up audits, including but not limited to: audit fees, court costs, attorneys' fees based upon a reasonable hourly amount for attorneys in the community, travel costs, penalty assessments and all other costs of whatever nature. Immediately upon notification from County, Contractor shall reimburse the amount of the audit exceptions and any other related costs directly to County as specified by

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County in the notification. The provisions of the Records, Audit, and Review section shall survive any expiration or termination of this Agreement.

15. INDEMNIFICATION AND INSURANCE

Contractor agrees to the indemnification and insurance provisions as set forth in EXHIBIT C attached hereto and incorporated herein by reference.

16. NONDISCRIMINATION

County hereby notifies Contractor that County's Unlawful Discrimination Ordinance (Article XIII of Chapter 2 of the Santa Barbara County Code) applies to this Agreement and is incorporated herein by this reference with the same force and effect as if the ordinance were specifically set out herein and Contractor agrees to comply with said ordinance.

17. NONEXCLUSIVE AGREEMENT

Contractor understands that this is not an exclusive Agreement and that County shall have the right to negotiate with and enter into contracts with others providing the same or similar services as those provided by Contractor as the County desires.

18. NON-ASSIGNMENT

Contractor shall not assign, transfer or subcontract this Agreement or any of its rights or obligations under this Agreement without the prior written consent of County and any attempt to so assign, subcontract or transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

19. TERMINATION

- A. **By County.** County may, by written notice to Contractor, terminate this Agreement in whole or in part at any time, whether for County's convenience, for nonappropriation of funds, or because of the failure of Contractor to fulfill the obligations herein.
1. **For Convenience.** County may terminate this Agreement in whole or in part upon thirty (30) days written notice. During the thirty (30) day period, Contractor shall, as directed by County, wind down and cease its services as quickly and efficiently as reasonably possible, without performing unnecessary services or activities and by minimizing negative effects on County from such winding down and cessation of services.
 2. **For Nonappropriation of Funds.**
 - A. The parties acknowledge and agree that this Agreement is dependent upon the availability of County, State, and/or federal funding. If funding to make payments in accordance with the provisions of this Agreement is not forthcoming from the County, State and/or federal governments for the Agreement, or is not allocated or allotted to County by the County, State and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments after the effective date of such non-allocation or non-funding, as provided in the notice, will cease and terminate.

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- B. As permitted by applicable State and Federal laws regarding funding sources, if funding to make payments in accordance with the provisions of this Agreement is delayed or is reduced from the County, State, and/or federal governments for the Agreement, or is not allocated or allotted in full to County by the County, State, and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of County to make payments will be delayed or be reduced accordingly or County shall have the right to terminate the Agreement. If such funding is reduced, County in its sole discretion shall determine which aspects of the Agreement shall proceed and which Services shall be performed. In these situations, County will pay Contractor for Services and Deliverables and certain of its costs. Any obligation to pay by County will not extend beyond the end of County's then-current funding period.
 - C. Contractor expressly agrees that no penalty or damages shall be applied to, or shall accrue to, County in the event that the necessary funding to pay under the terms of this Agreement is not available, not allocated, not allotted, delayed or reduced.
3. **For Cause.** Should Contractor default in the performance of this Agreement or materially breach any of its provisions, County may, at County's sole option, terminate or suspend this Agreement in whole or in part by written notice. Upon receipt of notice, Contractor shall immediately discontinue all services affected (unless the notice directs otherwise) and notify County as to the status of its performance. The date of termination shall be the date the notice is received by Contractor, unless the notice directs otherwise.
- B. **By Contractor.** Should County fail to pay Contractor all or any part of the payment set forth in EXHIBIT B, Contractor may, at Contractor's option terminate this Agreement if such failure is not remedied by County within thirty (30) days of written notice to County of such late payment.
 - C. Upon termination, Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process, except such items as County may, by written permission, permit Contractor to retain. Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for satisfactory services performed to the date of termination to include a prorated amount of compensation due hereunder less payments, if any, previously made. In no event shall Contractor be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. Contractor shall furnish to County such financial information as in the judgment of County is necessary to determine the reasonable value of the services rendered by Contractor. In the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final. The foregoing is cumulative and shall not affect any right or remedy which County may have in law or equity.

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20. SECTION HEADINGS

The headings of the several sections, and any Table of Contents appended hereto, shall be solely for convenience of reference and shall not affect the meaning, construction or effect hereof.

21. SEVERABILITY

If any one or more of the provisions contained herein shall for any reason be held to be invalid, illegal or unenforceable in any respect, then such provision or provisions shall be deemed severable from the remaining provisions hereof, and such invalidity, illegality or unenforceability shall not affect any other provision hereof, and this Agreement shall be construed as if such invalid, illegal or unenforceable provision had never been contained herein.

22. REMEDIES NOT EXCLUSIVE

No remedy herein conferred upon or reserved to County is intended to be exclusive of any other remedy or remedies, and each and every such remedy, to the extent permitted by law, shall be cumulative and in addition to any other remedy given hereunder or now or hereafter existing at law or in equity or otherwise.

23. TIME IS OF THE ESSENCE

Time is of the essence in this Agreement and each covenant and term is a condition herein.

24. NO WAIVER OF DEFAULT

No delay or omission of County to exercise any right or power arising upon the occurrence of any event of default shall impair any such right or power or shall be construed to be a waiver of any such default or an acquiescence therein; and every power and remedy given by this Agreement to County shall be exercised from time to time and as often as may be deemed expedient in the sole discretion of County.

25. ENTIRE AGREEMENT AND AMENDMENT

In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties and there have been no promises, representations, agreements, warranties or undertakings by any of the parties, either oral or written, of any character or nature hereafter binding except as set forth herein. This Agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to this Agreement and by no other means. Each party waives their future right to claim, contest or assert that this Agreement was modified, canceled, superseded, or changed by any oral agreements, course of conduct, waiver or estoppel. Requests for changes to the terms and conditions of this agreement after April 1 of the Fiscal Year for which the change would be applicable shall not be considered. All requests for changes shall be in writing. Changes shall be made by an amendment pursuant to this Section. Any amendments or modifications that do not materially change the terms of this Agreement (such as changes to the Designated Representative or Contractor's address for purposes of Notice) may be approved by the Director of the Department of Behavioral Wellness. The Board of Supervisors of the County of Santa Barbara must approve all other amendments and modifications.

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26. SUCCESSORS AND ASSIGNS

All representations, covenants and warranties set forth in this Agreement, by or on behalf of, or for the benefit of any or all of the parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

27. COMPLIANCE WITH LAW

Contractor shall, at its sole cost and expense, comply with all County, State and Federal ordinances and statutes now in force or which may hereafter be in force with regard to this Agreement. The judgment of any court of competent jurisdiction, or the admission of Contractor in any action or proceeding against Contractor, whether County is a party thereto or not, that Contractor has violated any such ordinance or statute, shall be conclusive of that fact as between Contractor and County.

28. CALIFORNIA LAW AND JURISDICTION

This Agreement shall be governed by the laws of the State of California. Any litigation regarding this Agreement or its contents shall be filed in the County of Santa Barbara, if in state court, or in the federal district court nearest to Santa Barbara County, if in federal court.

29. EXECUTION OF COUNTERPARTS

This Agreement may be executed in any number of counterparts and each of such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed, shall together constitute one and the same instrument.

30. AUTHORITY

All signatories and parties to this Agreement warrant and represent that they have the power and authority to enter into this Agreement in the names, titles and capacities herein stated and on behalf of any entities, persons, or firms represented or purported to be represented by such entity(ies), person(s), or firm(s) and that all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement have been fully complied with. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or conditions of any other contract or agreement to which Contractor is obligated, which breach would have a material effect hereon.

31. SURVIVAL

All provisions of this Agreement which by their nature are intended to survive the termination or expiration of this Agreement shall survive such termination or expiration.

32. PRECEDENCE

In the event of conflict between the provisions contained in the numbered sections of this Agreement and the provisions contained in the Exhibits, the provisions of the Exhibits shall prevail over those in the numbered sections.

33. COMPLIANCE WITH HIPAA

Contractor is expected to adhere to Health Insurance Portability and Accountability Act (HIPAA) regulations and to develop and maintain comprehensive patient confidentiality policies and procedures, provide annual training of all staff regarding those policies and procedures, and

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demonstrate reasonable effort to secure written and/or electronic data. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

34. COURT APPEARANCES.

Upon request, Contractor shall cooperate with County in making available necessary witnesses for court hearings and trials, including Contractor's staff that have provided treatment to a client referred by County who is the subject of a court proceeding. County shall issue Subpoenas for the required witnesses upon request of Contractor.

35. PRIOR AGREEMENTS.

Upon the effective date, this Agreement supersedes all prior agreements between County and Contractor related to the scope of work contained in this Agreement.

36. MANDATORY DISCLOSURE.

A. **Violations of Criminal Law.** Contractor must disclose, in a timely manner, in writing to the County all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting this Agreement. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. Section 75.371, including suspension or debarment. (See also 2 C.F.R. part 180 and 376, and 31 U.S.C. 3321.)

B. **Ownership or Controlling Interest.**

As required by 42 CFR sections 455.101 and 455.104, Contractor will complete a *Disclosure of Ownership or Controlling Interest* form provided by County.

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THIS AGREEMENT INCLUDES:

1. Exhibit A - Statement of Work
 - a) Exhibit A-1 – Statement of Work – Institutions for Mental Disease (IMD)
 - b) Exhibit A-2 – Statement of Work – Intensive Residential Programs
 - c) Exhibit A-3 – Statement of Work – Psychiatric Health Facilities (PHF)
 2. Attachment A – Santa Barbara County Mental Health Plan, Quality Management Standards
 3. Attachment D – Organizational Service Provider Site Certification
 4. Attachment E – Program Goals, Measures and Outcomes
- II. EXHIBIT B –
1. Financial Provisions
 2. EXHIBIT B-1 – Schedule of Rates and Contract Maximum
- III. EXHIBIT C – Standard Indemnification and Insurance Provisions

AGREEMENT

Agreement for Services of Independent Contractor between the **County of Santa Barbara** and **Crestwood Behavioral Health, Inc.**

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on July 1, 2017.

COUNTY OF SANTA BARBARA:

By: _____
JOAN HARTMANN, CHAIR
BOARD OF SUPERVISORS
Date: _____

ATTEST:

MONA MIYASATO
COUNTY EXECUTIVE OFFICER
CLERK OF THE BOARD

By: _____
Deputy Clerk
Date: _____

CONTRACTOR:

CRESTWOOD BEHAVIORAL HEALTH, INC.

By: _____
Authorized Representative
Name: _____
Title: _____
Date: _____

APPROVED AS TO FORM:

MICHAEL C. GHIZZONI
COUNTY COUNSEL

By: _____
Deputy County Counsel

APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA
AUDITOR-CONTROLLER

By: _____
Deputy

RECOMMENDED FOR APPROVAL:

ALICE GLEGHORN, PH.D., DIRECTOR
DEPARTMENT OF BEHAVIORAL WELLNESS

By: _____
Director

APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO
RISK MANAGEMENT

By: _____
Risk Management

EXHIBIT A
Statement of Work

This EXHIBIT A includes:

1. Exhibit A - Statement of Work
 - a) Exhibit A-1 – Statement of Work – Institutions for Mental Disease (IMD)
 - b) Exhibit A-2 – Statement of Work – Intensive Residential Programs
 - c) Exhibit A-3 – Statement of Work – Psychiatric Health Facilities (PHF)
2. Attachment A – Santa Barbara County Mental Health Plan, Quality Management Standards
3. Attachment D – Organizational Service Provider Site Certification
4. Attachment E – Program Goals, Measures and Outcomes

EXHIBIT A
Statement of Work

The following terms shall apply to all programs operated under this Agreement, included as Exhibits A-1 through A-3, as though separately set forth in the scope of work specific to each Program.

1. **PERFORMANCE.** Contractor shall adhere to all County requirements and all relevant provisions of law that are now in force or which may hereafter be in force, including all relevant provisions of the following:
 - A. The County Mental Health Plan, Contract 12-89394 between the County Department of Behavioral Wellness and the State Department of Health Care Services (DHCS), available at www.countyofsb.org/behavioral-wellness;
 - B. The Behavioral Wellness Steering Committee Vision and Guiding Principles, available at www.countyofsb.org/behavioral-wellness;
 - C. California Code of Regulations Title 9, Division 1.

2. **STAFF.**
 - A. **TRAINING.**
 - i. Staff shall be trained and skilled at working with persons with SMI, shall adhere to professionally recognized best practices for rehabilitation assessment, service planning, and service delivery, and shall become proficient in the principles and practices of Integrated Dual Disorders Treatment.
 - ii. Within 30 days of the date of hire, Contractor shall provide training relevant to working with high risk mental health clients.
 - B. Staff hired to work directly with clients shall have competence and experience in working with clients at high risk for acute inpatient or long-term residential care.
 - C. Contractor shall ensure that staff identified on the Centers for Medicare and Medicaid Services (CMS) Exclusions List or other applicable list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal.
 - D. All staff performing services under this Agreement with access to the Behavioral Wellness electronic medical record shall be reviewed and approved by Behavioral Wellness Quality Care Management (QCM) Division, in accordance with Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Licensing.
 - E. Contractor shall notify County of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.A. Reports Staffing herein. Contractor shall notify bwelcontractsstaff@co.santa-barbara.ca.us within one business day for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.

EXHIBIT A
Statement of Work

- F. At any time prior to or during the term of this Agreement, the County may require that Contractor staff performing work under this Agreement undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Agreement. County shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the Contractor, regardless if the Contractor's staff passes or fails the background clearance investigation.
- G. County may request that Contractor's staff be immediately removed from working on the County Agreement for good cause during the term of the Agreement.
- H. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to Contractor's staff that does not pass such investigation(s) to the satisfaction of the County, or whose conduct is incompatible with County facility access.
- I. Disqualification, if any, of Contractor staff, pursuant to this Section, shall not relieve Contractor of its obligation to complete all work in accordance with the terms and conditions of this Agreement.

3. LICENSES, PERMITS, REGISTRATIONS, ACCREDITATIONS, AND CERTIFICATES.

- A. Contractor shall obtain and maintain in effect during the term of this Agreement, all licenses, permits, registrations, accreditations, and certificates (including, but not limited to, certification as a Short-Doyle/Medi-Cal provider if Title XIX Short-Doyle/Medi-Cal services are provided hereunder), as required by all Federal, State, and local laws, ordinances, rules, regulations, manuals, guidelines, and directives, which are applicable to Contractor's facility(ies) and services under this Agreement. Contractor shall further ensure that all of its officers, employees, and agents, who perform services hereunder, shall obtain and maintain in effect during the term of this Agreement all licenses, permits, registrations, accreditations, and certificates which are applicable to their performance hereunder. A copy of such documentation shall be provided, in duplicate, to Behavioral Wellness QCM Division, upon request.
- B. In the event license status cannot be confirmed, the staff member shall be prohibited from providing services under this contract.

4. REPORTS.

- A. **Staffing.** Contractor shall submit quarterly staffing reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual staff hours worked by position and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted salary, actual salary, hire date, and if applicable, termination date. The reports shall be received by County no later than 25 calendar days following the end of the quarter being reported.
- B. **Programmatic.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than 25 calendar days following the end of the quarter being reported. Programmatic reports shall include the following:

EXHIBIT A
Statement of Work

- i. The number of active cases and the number of clients admitted/discharged;
- ii. Contractor shall state whether it is or is not progressing satisfactorily in achieving all the terms of this Agreement and if not, shall specify what steps will be taken to achieve satisfactory progress;
- iii. Contractor shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, any pertinent facts or interim findings, staff changes, status of Licenses and Certifications, changes in population served and reasons for such changes; and
- iv. The Measures described in Attachment E, Program Goals, Outcomes and Measures, as applicable, or as otherwise agreed by Contractor and Behavioral Wellness. Amendments to Attachment E do not require a formal amendment to this Agreement, but shall be agreed to in writing by the Designated Representatives or Designees. In addition, Contractor may include any other data that demonstrates the effectiveness of Contractor's programs.

C. Annual Mandatory Training Report. Contractor shall submit evidence of completion of the Mandatory Trainings identified in Section 16 on an annual basis to the County Systems Training Coordinator. Training materials, competency tests and sign-in sheets shall be submitted for each training no later than June 15th of each year.

D. Service Level Reports. Contractor shall track required data elements, which include: units of service, the number of clients admitted to the Program, unique clients served, total number of clients discharged and number of clients discharged to a lower or higher level of care, and provide summary reports from other Contractor data sources, upon request from County.

E. Additional Reports. Contractor shall maintain records and make statistical reports as required by County and the State Department of Health Care Services or applicable agency, on forms provided by either agency. Upon County's request, Contractor shall make additional reports as required by County concerning Contractor's activities as they affect the services hereunder. County will be specific as to the nature of information requested and allow thirty (30) days for Contractor to respond.

5. MANDATORY DISCLOSURES.

A. Disclosure of Interests of 5% or More. As required by 42 CFR sections 455.101 and 455.104, Contractor will complete a *Disclosure of Ownership or Controlling Interest* form provided by County. In the event of change of ownership, or any person newly obtaining an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets, then the Contractor will submit an updated form within 35 days .

B. Information Related to Business Transactions (42 CFR 455.105). Contractor agrees to furnish to County or the Secretary of DHCS on request, information related to business transactions. Contractor shall submit, within 35 days of the date on a request by County or the Secretary of DHCS full and complete information about:

EXHIBIT A
Statement of Work

- i. The ownership of any subcontractor with whom the provider has had business transactions totaling more than \$ 25,000 during the 12-month period ending on the date of the request; and
- ii. Any significant business transactions between the provider and any wholly owned supplier, or between the provider and any subcontractor, during the 5-year period ending on the date of the request.

C. Denial of Federal Financial Participation (FFP) for Failure to Provide Timely Disclosures.

- i. FFP is not available in expenditures for services furnished by Contractors who fail to comply with a request made by the County or Secretary of DHCS under Section 5.A or 5.B above, or under 42 CFR §420.205 (Medicare requirements for disclosure).
- ii. FFP will be denied in expenditures for services furnished during the period beginning on the day following the date the information was due to the County or the Secretary of DHCS and ending on the day before the date on which the information was supplied.
- iii. A provider shall be required to reimburse those Medi-Cal funds received during any period for which material information was not reported, or reported falsely, to the County or DHCS (Welf. & Inst. Code § 14043.3).

D. Consent to Criminal Background Check, Fingerprinting (42 CFR 455.106, Welf. & Inst. Code § 14043.38). Contractor consents to criminal background checks, including fingerprinting when required to do so by state law. Within 30 days of a request from CMS or DHCS, Contractor, or any person with a 5% or more direct or indirect ownership interest in contractor, shall submit a set of fingerprints in a form and manner determined by DHCS.

E. Mandatory Termination. As determined by DHCS, Contractor may be subject to mandatory termination from the Medi-Cal program for any of the following reasons:

- i. Failure to cooperate with and provide accurate, timely information in response to all required Medi-Cal screening methods, including failure to submit fingerprints as required (42 CFR 455.416); or
- ii. Conviction of a criminal offense related to a person's involvement with Medi-care, Medi-Cal, or any other Title XX or XXI program in the last 10 years (42 CFR 455.416, 42 CFR 455.106).

6. MEDI-CAL VERIFICATION. Contractor shall be responsible for verifying client's Medi-Cal eligibility status and ensuring claims for reimbursement of services are submitted to the appropriate entity as described in Exhibit B.

7. SITE STANDARDS

- A. Contractor agrees to comply with Medi-Cal requirements including but not limited to those specified in Attachment A, and be approved to provide Medi-Cal services based

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on Medi-Cal site certification, per Attachment D, Organizational Service Provider Site Certification.

- B. For programs located at Contractor's offices, Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff.

- 8. **CONFIDENTIALITY.** Contractor agrees to maintain the confidentiality of patient records pursuant to Title 42 United State Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 11845.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and the Compliance with HIPAA section of this Agreement. Patient records must comply with all appropriate State and Federal requirements. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in the preceding codes.

- 9. **CLIENT AND FAMILY MEMBER EMPOWERMENT.**

- A. Contractor agrees to support active involvement of clients and their families in treatment, recovery, and policy development.
- B. Contractor shall maintain a grievance policy and procedure to address client/family satisfaction complaints.

- 10. **CULTURAL COMPETENCE.**

- A. At all times, the Contractor's Program(s) shall be staffed with personnel who can communicate in the client preferred language, or Contractor shall provide interpretation services, including American Sign Language (ASL);
- B. Contractor shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served; materials provided to the public must also be printed in Spanish.
- C. Services and programs offered in English must also be made available in Spanish, if clients identify Spanish as their preferred language, as specified in section 10.B above.

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11. REGULATORY COMPLIANCE.

Contractor shall comply with all applicable Federal Medicaid laws, regulations, and guidelines, and all applicable State statutes and regulations as related to the provision of Program Services. Contractor shall adhere to 42 United States Code (USC) Section 1395b-2. Contractor shall sign and maintain a Medi-Cal provider agreement with the State Department of Health Services. Contractor shall maintain Medi-Cal and Medicare certification, State licensure, and Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) accreditation. Contractor shall post in a conspicuous place a copy of "Notice to All Medi-Cal Beneficiaries in need of Psychiatric Inpatient Services" as required by the State of California Department of Health Care Services, and detailed in the Department of Mental Health Information Notice 95-08. Contractor agrees to adhere to ethical principles published in the Joint Commission's Code of Conduct.

12. NOTIFICATION REQUIREMENTS.

- A. Contractor shall immediately notify Behavioral Wellness QCM Division at 805-681-5113 in the event of:
- i. Known serious complaints against licensed/certified staff;
 - ii. Restrictions in practice or license/certification as stipulated by a State agency;
 - iii. Staff privileges restricted at a hospital; or
 - iv. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations).
 - v. Any event triggering Incident Reporting, as defined in Behavioral Wellness Policy and Procedure #28, Unusual Occurrences Incident Report.
- B. Contractor shall immediately contact the Behavioral Wellness Compliance Hotline (805-884-6855) should any of the following occur:
- i. Suspected or actual misappropriation of funds under Contractor's control;
 - ii. Legal Suits initiated specific to the Contractor's practice;
 - iii. Initiation of criminal investigation of the Contractor; or
 - iv. HIPAA breach.
- C. For clients receiving direct services from both Behavioral Wellness and Contractor staff, Contractor shall immediately notify client's Behavioral Wellness Case Manager or other Behavioral Wellness staff involved in the client's care, or the applicable Regional Manager should any of the following occur: side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.
- D. Contractor may contact bwelcontractsstaff@co.santa-barbara.ca.us for any contractual concerns or issues.

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- E. "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the triggering event. Contractor shall train all personnel in the use of the Behavioral Wellness Compliance Hotline (805-884-6855).

13. UTILIZATION REVIEW.

- A. Contractor agrees to abide by County Quality Management standards, provided in Attachment A, and to cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record review; client survey; and other utilization review program monitoring practices. Contractor will cooperate with these programs, and will furnish necessary assessment and Client Service Plan information, subject to Federal or State confidentiality laws, and provisions of this Agreement.

14. REVIEWS.

- A. County shall assign senior management staff as contract monitors to coordinate periodic review meetings with Contractor's staff regarding quality of clinical services, fiscal and overall performance activity. County's Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site and/or electronic reviews of Contractor's clinical documentation.
- B. The Contractor agrees to make all records pertaining to the services furnished under the terms of this contract available for inspection, examination or copying by the U.S. Department of Health and Humans Service, the Comptroller General of the United States, the DHCS, the County, and other authorized federal and state agencies, or their duly authorized representatives. Inspection shall occur at all reasonable times, at Contractors place of business, or at such other mutually agreeable location in California, in a form maintained in accordance with the general standards applicable to such book or record keeping, for a term of at least five years from the close of the state fiscal year in which the subcontract was in effect.

- 15. COLLABORATIVE MEETINGS.** Behavioral Wellness shall conduct a Collaborative Meeting at least annually, and more frequently, if needed, with Contractor to collaboratively discuss Programmatic, Fiscal, and Contract matters.

16. TRAINING REQUIREMENTS.

- A. Contractor shall ensure that all staff complete mandatory trainings per County's "Mandatory Training" policy. The following trainings must be completed at hire and annually thereafter:
- i. Code of Conduct
 - ii. Consumer and Family Culture
 - iii. Cultural Competency
 - iv. HIPAA

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17. ADDITIONAL PROVISIONS.

- A. Contractor agrees to hold harmless the State and beneficiaries in the event the County cannot or does not pay for services performed by the contractor.
- B. The Contractor will not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. §438.6(d)(3).
- C. Contractor agrees to comply with all applicable federal and state law, particularly the statutes and regulations incorporated by reference below. Contractor agrees to comply with any changes to these statutes and regulations that may occur during the contract period and any new applicable statutes or regulations, but either the County or Contractor may request consultation and discussion of new or changed statutes or regulations, including whether contract amendments may be necessary.
- D. Pursuant to Welf. & Inst. Code § 14704, a regulation or order concerning Medi-Cal specialty mental health services adopted by the State Department of Mental Health pursuant to Division 5 (commencing with Section 5000), as in effect preceding the effective date of this section, shall remain in effect and shall be fully enforceable, unless and until the reoption, amendment, or repeal of the regulation or order by the State Department of Health Care Services (DHCS), or until it expires by its own terms.
- E. The following federal law applies to this contract:
 - i. Title 42 United States Code, to the extent that these requirements are applicable;
 - ii. 42 C.F.R. to the extent that these requirements are applicable;
 - iii. 42 C.F.R. § 438 – Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHP);
 - iv. 45 C.F.R. §§ 160 and 164 to the extent that these requirements are applicable;
 - v. Title VI of the Civil Rights Act of 1964;
 - vi. Title IX of the Education Amendments of 1972;
 - vii. Age Discrimination Act of 1975;
 - viii. Rehabilitation Act of 1973;
 - ix. Titles II and III of the Americans with Disabilities Act;
 - x. Deficit Reduction Act of 2005;
 - xi. Balanced Budget Act of 1997;
 - xii. The Contractor shall comply with the provisions of the Copeland Anti- Kickback Act, which requires that all contracts and subcontracts in excess of \$2000 for construction or repair awarded by the Contractor and its subcontractors shall include a provision for compliance with the Copeland Anti-Kickback Act.

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- xiii. The Contractor shall comply with the provisions of the Davis-Bacon Act, as amended, which provides that, when required by Federal Medicaid program legislation, all construction contracts awarded by the Contractor and its subcontractors of more than \$2,000 shall include a provision for compliance with the Davis-Bacon Act as supplemented by Department of Labor regulations.
- xiv. The Contractor shall comply with the provisions of the Contract Work Hours and Safety Standards Act, as applicable, which requires that all subcontracts awarded by the Contractor in excess of \$2,000 for construction and in excess of \$2,500 for other subcontracts that involve the employment of mechanics or laborers shall include a provision for compliance with the Contract Work Hours and Safety Standards Act.

F. The following State law applies to this contract:

- i. Division 5, Welf. & Inst. Code, to the extent that these requirements are applicable to the services and functions set forth in this contract;
- ii. Welf. & Inst. Code §§ 5779-5782;
- iii. Welf. & Inst. Code §§ 14680-14685.1;
- iv. Welf. & Inst. Code §§ 14700-14726;
- v. Chapter 7, Division 9, Welf. & Inst. Code, to the extent that these requirements are applicable to the services and functions set forth in this contract;
- vi. Cal. Code Regs., tit. 9, § 1810.100 et. seq. – Medi-Cal Specialty Mental Health Services;
- vii. Cal. Code Regs., tit. 22, §§ 50951 and 50953;
- viii. Cal. Code Regs., tit. 22, §§ 51014.1 and 51014.2.

EXHIBIT A-1
Statement of Work
IMD Programs

1. **PROGRAM SUMMARY.** Contractor provides physician services, nursing, pharmaceutical services, dietary services, and an activity program in an inpatient setting, hereafter, “the Program,” to Santa Barbara County residents with serious mental illness (SMI) and serious emotional disturbances (SED). The Program shall be licensed as a Mental Health Rehabilitation Center (MHRC) or a Skilled Nursing Facility (SNF) with a Special Treatment Program (STP) certification. The Program shall be classified as an Institution for Mental Disease (IMD), defined in Title 42, Code of Federal Regulations (CFR) 435.1010, as a hospital, nursing facility, or other institution of more than 16 beds, that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services. The Program is headquartered at 520 Capitol Mall, Sacramento, California.

2. **SERVICES.**

A. Contractor shall provide diagnosis, treatment, or care of clients with mental diseases, including medical attention, nursing care, and related services, in one of the following program types.

i. Mental Health Rehabilitation Center (MHRC) means a 24-hour program, licensed by the California Department of Health Care Services, which provides intensive support and rehabilitation services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning, as defined in Title 9 California Code of Regulations (CCR) § 782.34. Services shall include physician, nursing, dietary, pharmaceutical services, a rehabilitation program and an activity program and shall adhere to the requirements specified in Title 9 CCR, Division 1, Chapter 3.5.

a. **MHRC LEVEL 1 – 4:** MHRC Levels 1-4 offers increasingly enhanced services for clients at higher acuity levels, with Level 1 being the lower and 4 being the highest.

b. 1:1 monitoring is a higher level of client supervision due to danger to self or other, but not meeting the level necessary for hospitalization. Contractor shall inform Behavioral Wellness Quality Care Management (QCM) within 24 hours by phone (805-681-5113) and in writing (bwellqcm@sbcbswell.org) of:

1. Initiation of 1:1; and

2. Any changes in 1:1 status (increase, decrease, or discontinuation).

Throughout the duration of the 1:1 monitoring, notes shall be emailed to QCM daily.

ii. Skilled Nursing Facility (SNF) means a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient care and, as a minimum, includes physician, skilled

EXHIBIT A-1
Statement of Work
IMD Programs

nursing, dietary, pharmaceutical services and an activity program, as defined in Title 22 CCR § 72103. Services shall adhere to the requirements specified in Title 22 CCR Division 5, Chapter 3.

SNFs provide a Special Treatment Program (STP) serving clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired. STP services are those therapeutic services, including prevocational preparation and prerelease planning, provided to mentally disordered persons having special needs in one or more of the following general areas: self-help skills, behavioral intervention training, interpersonal relationships, as defined in Title 22 CCR, §§ 72443, 72445. Services shall adhere to the requirements specified in Title 22 CCR, Division 5, Chapter 3, §§ 72443-72475.

- a. **BASIC:** Basic service levels specified in Exhibit B-1 offer the minimum amount of care required to comply with licensing requirements for Skilled Nursing Facilities (SNFs) and Mental Health Rehabilitation Centers (MHRCs).
- b. **AUGMENTED:** Augmented service levels specified in Exhibit B-1 offer a minimum amount of additional service on top of the Basic services required.
- c. **COMPLEX I-III:** Complex I-III offers increasingly enhanced services for clients at higher acuity levels, with Complex I being the lower and III being the highest.
- d. **SUB-ACUTE:** This is the highest level of care offered to clients before they must be hospitalized.

B. Transportation of clients to and from Contractor's facility will be provided or arranged by County.

3. **CLIENTS.** The services described in Section 2 shall be provided to individuals with SMI or SED (hereafter "clients") who are either:

A. Medi-Cal beneficiaries, as described in Title 22, CCR, Division 3, Subdivision 1, Chapter 2, Article 5, and Article 7. IMD Services provided by Contractor to Medi-Cal beneficiaries are covered by Medi-Cal, subject to the conditions in Title 9 CCR § 1840.312, as follows:

- i. The beneficiary is 65 years of age or older, or
- ii. The beneficiary is under 21 years of age, or
- iii. The beneficiary was receiving such services prior to his/her twenty-first birthday and the services are rendered without interruption until no longer required or his/her twenty-second birthday, whichever is earlier.
- iv. Reimbursement for covered services to these Medi-Cal beneficiaries shall be provided to Contractor directly by the State's fiscal intermediary, as described in Exhibit B;

EXHIBIT A-1
Statement of Work
IMD Programs

OR

B. Uninsured individuals, or Medi-Cal beneficiaries over the age of 21 and under 65, who are referred and authorized by Santa Barbara County to receive Program services. Reimbursement for these services will be the responsibility of the County, as described in Exhibit B.

- i. To be eligible for Mental Health Rehabilitation Center services, the client must be considered seriously and persistently mentally disabled, who otherwise would be placed in a state hospital or other mental health facility, and for whom such a setting is the least restrictive alternative available to meet their needs, as specified in Title 9 CCR § 784.26.
- ii. To be eligible for SNF-STP Program services, the client's condition should be responsive to Program services and prohibitive to placement in a SNF, as specified in Title 22 CCR § 72443.

4. REFERRAL AND ADMISSION PROCESS.

A. **POINT OF AUTHORIZATION.** The designated Point of Authorization (POA) for County is:

IMD Liaison
Santa Barbara County
Department of Behavioral Wellness
300 N. San Antonio Rd, Bldg. 3
Santa Barbara, CA 93110
Telephone: 805-681-5372
Facsimile: 805-681-5224

B. County POA shall submit a referral packet, described herein, to Contractor, requesting admission for each prospective client.

C. Contractor shall respond to referrals within five days from the date of receipt of the referral.

D. Contractor may interview any client referred by County and shall admit clients to Contractor's program unless compelling clinical circumstances exist that contraindicate admission, subject to the admission and authorization criteria described in Section 3 - Clients, or if space is not available in the Program.

E. **REFERRAL PACKET.** Prior to admission, County shall provide, and after admission, Contractor shall maintain within its files (hard copy or electronic), the following documentation for each client:

- i. A client face sheet;
- ii. A copy of the most recent comprehensive assessment and/or assessment update;

EXHIBIT A-1
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IMD Programs

- iii. A copy of the most recent medication record and health questionnaire;
- iv. A copy of the currently valid Client Service Plan (CSP) indicating the goals for client enrollment in the Program and which names Contractor as service provider.

5. DOCUMENTATION REQUIREMENTS.

I. ADMISSION REPORT

- i. For MHRCs, Contractor shall complete the following documents upon admission, pursuant to Title 9 CCR § 786.11:
 - a. Contractor shall complete an admission agreement, signed by the client or authorized representative, describing the services to be provided and the expectations and rights of the client regarding program rules, client empowerment and involvement in the program, and fees. The client shall receive a copy of the signed admission agreement.
 - b. Contractor shall prepare an initial written assessment of each client within fifteen days of admission, unless a similar assessment has been done by the referring agency within thirty days prior to admission.
 - c. Contractor shall complete a comprehensive individual mental health evaluation, signed by a licensed mental health professional, within 30 days of admission.
- ii. For SNF-STP programs, Contractor shall complete the following:
 - a. Contractor's physician shall complete a client evaluation including a written report of a physical examination within five days prior to admission or within 72 hours following admission, as described in Title 22 CCR § 72303.
 - b. Contractor's nursing staff shall complete an initial assessment commencing at the time of admission of the client and completed within seven days after admission, as described in Title 22 CCR § 72311 and § 72471.
 - c. Contractor's facility staff shall complete an initial evaluation and assessment of client's medical, nursing, dietetic, social, and physical needs within 15 days of admission unless an evaluation has been done by the referring agency within 30 days prior to admission to the facility, as described in Title 22 CCR § 72451(b).
 - d. Within 45 days of admission, each client admitted shall have a psychological evaluation and assessment by the appropriate discipline, as described in Title 22 CCR § 72451(c).
- ii. **TREATMENT PLAN.** Contractor shall complete a treatment plan, signed by a physician, for each client receiving Program services. The treatment plan shall include:
 - i. Client's strengths and personal recovery goals or recovery vision, which guides the service delivery process;
 - ii. Goals/Objectives which clearly address the mental health condition for which the client is being treated;

EXHIBIT A-1
Statement of Work
IMD Programs

- iii. Goals/Objectives which are observable and/or measureable and which are designed to increase specific skills or behaviors and/or ameliorate the impairments caused by the condition;
- iv. Interventions planned to help the client reach their goals.

6. DISCHARGE PLANNING.

- A. **DOCUMENTATION.** Contractor shall coordinate discharge planning with County's designated staff. Prior to discharge, Contractor shall prepare a written discharge summary which shall include an outline of services provided, goals accomplished, reason and plan for discharge, and referral follow-up plans, as specified in Title 9 CCR § 786.15 (f) (MHRC) and Title 22 CCR 72451(d) (SNF/STP).
- B. **MEDICATION.** Upon discharge, Contractor agrees to provide all County clients with 1) a seven (7) day supply and a prescription for a 30 day supply of all medications prescribed to client at time of discharge; 2) information on the process of obtaining future medications from the appropriate health care facility or provider; and 3) instruction on medication management.

EXHIBIT A-2
Statement of Work
Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

1. **PROGRAM SUMMARY.** Contractor operates an intensive residential program at Crestwood Bridge Program, Bakersfield (hereafter “the Program”) which provides twenty-four hour, seven days per week mental health rehabilitation services, residential care and room and board, transitional residential care and room and board to adults (aged 18 and over) with Severe Mental Illness (SMI) who are at high risk for acute inpatient or long-term residential care, for a maximum of 18 months. Crestwood – Bakersfield Bridge Program shall be licensed as an Adult Residential Facility by the California Department of Social Services Care Licensing Division (CCLD). Crestwood-Bakersfield Bridge Program is located at 6744 Eucalyptus Drive, California.

2. **PROGRAM GOALS.**
 - A. Stabilize and prepare clients, in all relevant skill areas, including education, socialization/group interactions, and entertainment/recreation, to live in less structured settings, such as room and boards, and apartments;
 - B. Maintain the client’s residential placement at the lowest appropriate level, and/or enable client to successfully move to a lower level of care;
 - C. Connect clients to social services and community resources;
 - D. Developing independent living skills; and psychological and social skills necessary for recover;
 - E. Successfully engage and stabilize clients transitioning from Institutes for Mental Diseases (IMDs), Acute Care Facilities or other residential settings;
 - F. Provide 24/7 in-person support to manage crisis.

3. **SERVICES.** Contractor shall provide twenty-four (24) hour per day, seven (7) days per week psychiatric rehabilitation, residential care and room and board for clients placed at the Program as described in Section 5, Referrals.
 - A. Contractor shall provide the following mental health services, as needed and indicated on the Client Service Plan, to Program clients:
 - i. **Crisis Intervention.** Crisis intervention is a service lasting less than 24 hours, to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit, as defined in Title 9 California Code of Regulations (CCR) Section 1810.209. Service activities include, but are not limited to: assessment, collateral and therapy. Crisis intervention is distinguished from crisis stabilization by being delivered by providers who do not meet the crisis stabilization contact, site and staffing requirements as defined in Sections 1840.338 and 1840.348 (CCR). Contractor shall be available 24 hours per day, 7 days per week to provide crisis intervention services.

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Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

- a. When clients have an emergent need while at the Program, Contractor shall work to manage the client's needs to prevent crisis. If crisis assistance is needed, Contractor will work directly with the Department of Behavioral Wellness crisis service teams and/or mental health clinic staff to engage in a supported response to the client's needs.
 - b. Contractor shall ensure availability of telephone and face-to-face contact with clients 24 hours per day, seven days per week to respond to requests by Behavioral Wellness in the event that specialized knowledge from the Program is required. Response to the Department of Behavioral Wellness may be by both telephone and in person. If a physical response is required, staff shall arrive no later than 30 minutes from the time of the call.
 - ii. **Therapy.** Therapy is a service activity that is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve functional impairments, as defined in Title 9 CCR Section 1810.250. Therapy may be delivered to an individual and may include family therapy at which the client is present.
 - iii. **Rehabilitation.** Rehabilitation is defined as a service activity that includes but is not limited to, assistance in improving, maintaining or restoring a client's or a group of clients' functional skills, daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, support resources, and/or medication education, as defined in Title 9 CCR Section 1810.243.
 - iv. **Collateral.** Collateral services are delivered to a client's significant support person(s) for the purpose of meeting the needs of the client and achieving the goals of the client's Client Service Plan, as defined in Title 9 CCR Section 1810.206. A significant support person is a person who has or could have a significant role in the successful outcome of treatment, including but not limited to parents of a client, legal guardians or representatives of a client, a person living in the same household as the client, the client's spouse, and the relatives of the client. Collateral may include, but is not limited to, family counseling with the significant support person(s), consultation and training of the significant support person(s) to assist in better utilization of specialty mental health services by the client, and consultation and training of the significant support person(s) to assist in better understanding of mental illness. The client need not be present for this service activity. Consultation with other service providers is not considered a Collateral service.
 - v. **Assessment.** Assessment is designed to evaluate the current status of a client's mental, emotional or behavioral health. Assessment includes, but is not limited to, one or more of the following: mental status determination, analysis of the client's clinical history; analysis of relevant cultural issues and history; diagnosis; and use of testing procedures, as defined in Title 9 CCR Section 1810.204.
 - vi. **Plan Development.** Plan development consists of developing client plans, approving client plans, and/or monitoring the client's progress, as defined in Title 9 CCR Section 1810.232.
- B. Activities of Daily Living.** Contractor shall provide Activities of Daily Living (ADL) support, including:

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Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

- i. Assisting clients in developing and maintaining knowledge of medications skills in self administration of medication and compliance with medication treatment;
 - ii. Accessing and using laundry facilities (both in-home and coin-operated facilities);
 - iii. Maintaining clean and well-kept living quarters, this shall include assigning household chores to be completed weekly;
 - iv. Practicing good personal hygiene including physical health, such as hygiene, prevention and management of medical condition(s);
 - v. Scheduling and keeping appointments;
 - vi. Learning and practicing psychosocial skills, such as effective interpersonal communication and conflict resolution.
 - vii. Contractor shall provide a copy of the individualized plan with specific rehabilitation goals the Contractor is working on with the client to the client's Behavioral Wellness Treatment Team. The individualized plan will be developed collaboratively with Contractor, Behavioral Wellness Treatment Team, and client.
- C. **Skill Building.** Contractor shall provide skill building in social and recreational activities, including:
- i. Providing structured direction so clients learn how to engage in group activities that can provide meaningful social connections with others;
 - ii. Providing structured direction so clients learn how to engage in community activities to prepare for more independent living;
 - iii. Assisting clients to:
 - a. Identify, access and independently participate in social and/or recreational activities in the community with the goal of encouraging and promoting positive interaction with others, physical exercise and participating in health-related activities;
 - b. Develop conversational skills;
 - c. Access activities that are cost-appropriate to the client's budget.
 - iv. Instructing clients how to access necessary services for routine, urgent, or emergency needs. Contractor shall assist clients in learning how to access community services for on-going supports (i.e. alcohol and drug programs, outpatient mental health treatment services, routine medical services, etc.),

EXHIBIT A-2
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Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

CARES for psychological emergencies, and hospital emergency rooms for medical emergencies.

- v. Assist clients in developing skills to use natural supports for transportation and community recreational resources (e.g. YMCA, Adult Education, etc.) which afford clients opportunities to practice the skills they are developing and/or learning.
- vi. Contractor shall provide family psychoeducational activities such as education to the family regarding mental illness, medications, and recognizing symptoms;
- vii. Contractor shall provide work-related support services to help clients who want to find and maintain employment in community-based job sites as well as educational supports to help clients who wish to pursue the educational programs necessary for securing a desired vocation.
 - a. Program staff shall assist clients in finding employment that is part- or full-time, temporary or permanent, based on the unique interests and needs of each client. As often as possible, however, employment should be in real life, independent integrated settings with competitive wages.
 - b. Services shall include but not be limited to:
 - 1. Assessment of the effect of the client's mental illness on employment or educational learning, with identification of specific behaviors that interfere with the client's work or learning performance and development of interventions to reduce or eliminate those behaviors;
 - 2. Development of an ongoing supportive educational or employment rehabilitation plan to help each client establish the skills necessary to find and maintain a job or to remain in an educational setting;
 - 3. Individual supportive therapy to assist clients to identify and cope with symptoms of mental illness that may interfere with work performance or learning;
 - 4. Work-related supportive services, such as assistance with grooming or personal hygiene, securing of appropriate clothing, wake-up calls, transportation, etc.

D. Support Services. Contractor shall assist clients to access needed community resources, including, but not limited to:

- i. Medical and dental services (e.g. having and effectively using a personal physician and dentist);
- ii. Financial entitlements;
- iii. Social services;
- iv. Legal advocacy and representation.

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Intensive Residential Programs
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- E. **Vocational Skills.** Contractor shall assist clients in improving and enhancing their vocational skills, such as:
- i. Accessing and using public transportation;
 - ii. Accessing and using public libraries;
 - iii. Accessing and using educational and vocational resources (i.e. community colleges, Vocational Rehabilitation, etc.)
- F. **Budgeting.** Contractor shall assist client with developing individual budgets based on income and expenses and assist clients with managing finances, including bill-paying and living on fixed incomes.
- G. **Cooking and Meal Planning.** Contractor shall assist clients with developing skills related to cooking and meal planning, including:
- i. Learning and developing healthy eating habits;
 - ii. Learning to maintain a safe and sanitary kitchen;
 - iii. Shopping for and preparing meals with the assistance of Program staff.
4. **CLIENTS.** Contractor shall be reimbursed through this Agreement for the provision of the services described in Section 3 to a caseload of five (5) County clients at Crestwood – Bakersfield Bridge Program, or as otherwise approved by Behavioral Wellness in writing. The Program is designed for individuals with SMI whose symptoms of mental illness cause the most substantial levels of disability and functional impairment. Due to the severity of their symptoms and functional issues, individuals who receive these services are in the greatest need of rehabilitative services in order to live successfully in the community and achieve their personal recovery goals. Multiple barriers to successful functioning are common in this group and may include: co-occurring substance abuse or dependence, homelessness, unemployment, out-of-control illness management, frequent and persistent use of hospital emergency departments and inpatient psychiatric treatment, and problems with the legal system. Priority of the population served will include individuals with SMI who are transitioning from or at risk of placement at IMDs, Acute Inpatient facility setting or other residential living settings.
- A. Program clients should have symptoms that seriously impair their functioning in independent living community settings. Because of mental illness, the client has substantial disability and functional impairment as indicated by an assessment of level 3 or 4 on the Level of Care and Recovery Inventory (LOCRI);
 - B. Priority should be given to clients with long term psychiatric disabilities such as schizophrenia, other psychotic disorders and bipolar disorders.
 - C. County agrees that in the event individuals placed with Contractor are no longer conserved by County, contractor will be notified as to the change of Conservator status. County agrees to continue case management responsibility for any client

EXHIBIT A-2
Statement of Work
Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

whose Santa Barbara County conservatorship terminates while at Contractor's facility. County further agrees to work towards avoiding a non-conserved client leaving Contractor's facility and becoming a Kern County permanent resident. All efforts will be made to relocate such a client to County for placement.

5. REFERRALS.

- A. **POINT OF AUTHORIZATION.** The designated Point of Authorization (POA) for County is:

IMD Liaison
Santa Barbara County
Behavioral Wellness
300 N. San Antonio Rd., Bldg. 3
Santa Barbara, CA 93100
Telephone: 805-681-5200
Facsimile: 805-681-5224

- B. County POA shall submit a referral packet, described herein, to Contractor, requesting admission for each prospective client.
- C. Contractor shall respond to referrals within five days from the date of receipt of the referral.
- D. Contractor may interview any client referred by County and shall admit clients to Contractor's program unless compelling clinical circumstances exist that contraindicate admission, subject to the admission and authorization criteria described in Section 4 – Clients, or if space is not available in the Program.
- E. Contractor shall admit clients seven (7) days per week;
- F. Contractor shall admit and provide services to clients referred by County treatment teams in order for those services to be reimbursed by County.

G. ADMISSION PROCESS.

- i. Contractor shall notify County that a program slot has been vacated as described in Section 9.C.
- ii. County Regional Manager shall review open cases to determine those appropriate for placement. County Regional Manager shall send the Referral Packet, described in Section 6.A, for the selected client to Contractor.
- iii. Referrals may also require CCLD approval if there is an exception needed for admission for residential treatment.

EXHIBIT A-2
Statement of Work
Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

- iv. In the event a referral is not accepted per Section 7 (Exclusion Criteria), Contractor shall notify County of the reason for not accepting the referral.

6. REFERRAL PACKET.

- A. Contractor shall maintain a referral packet, for each client referred and treated, which shall contain the following items:
 - i. A copy of the County referral form;
 - ii. A client face sheet listing all of the County programs that the client has been admitted to over time, and is currently admitted to, including hospitalizations;
 - iii. A copy of the most recent comprehensive assessment and/or assessment update;
 - iv. A copy of the most recent medication record and health questionnaire;
 - v. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to Contractor in the initial Referral Packet; Thereafter, it will be Contractor's responsibility to verify continued Medi-Cal eligibility
 - vi. Other documents as reasonably requested by County.
- B. Behavioral Wellness will update the Coordinated Care Plan (CCP) indicating the goals for client enrollment in the Program and which names Contractor as service provider, prior to client's admission to the program;
- C. Any items that are available in the in the Behavioral Wellness Medical Record system shall be shredded by Contractor upon opening the client to the program.

- 7. EXCLUSION CRITERIA AND PROCESS.** Individuals with restricted health conditions as defined by CCLD and those who are not classified as "ambulatory" will be excluded from Program participation in accordance with licensing requirements. On a case-by-case basis, the following may be cause for client exclusion from the Program, subject to approval by the Behavioral Wellness Regional Manager or other designee in collaboration with Contractor: individual's recent history (within six (6) months) of, or facing charges of, violent crime or sexual predation; individuals with Anti-Social Personality Disorder.

8. DOCUMENTATION REQUIREMENTS.

- A. **Behavioral Wellness Client Service Plan.** The Behavioral Wellness Treatment Team shall complete a Client Service Plan in collaboration with Contractor for each client receiving Program services in accordance with the Behavioral Wellness Documentation Manual. Contractor shall verify the presence of a current, valid, active Client Service

EXHIBIT A-2
Statement of Work
Intensive Residential Programs
(Crestwood – Bakersfield Bridge Program)

Plan and ensure that the services provided by Contractor are authorized by the Client Service Plan.

- B. Contractor shall provide services as determined by each client's Coordinated Service Plan (CSP) and Action Plan. The Action Plan shall be completed within 30 days of enrollment into the Program and shall align with the overall goals of the client's CSP. Copies of clients' Action Plans shall be provided to County upon completion and upon any further updates or revisions, as applicable.
9. **DISCHARGE PLAN.** The Behavioral Wellness Treatment Team shall work closely with each client and with Program staff to establish a written discharge plan that is responsive to the client's needs and personal goals.
- A. County shall participate in the development of discharge plans, and shall provide assistance to clients in completion of their plan. Contractor and County shall collaborate in planning for discharge and transition;
 - B. Clients and their families shall be involved as much as possible in the discharge and graduation process;
 - C. Contractor shall notify County immediately of any decision to discharge or evict;
 - D. The discharge plan shall be documented in the Behavioral Wellness MIS system.
 - E. Contractor shall notify County of final discharge date immediately.
 - F. Residential clients may be discharged by Contractor according to CCLD requirements.
10. **STAFF.**
- A. Contractor shall abide by CCLD staffing requirements for 24/7 hour coverage with on-call staff as necessary for emergency situations.
 - i. Contractor shall receive a risk assessment within 24 hours of admission and will administer the risk assessment to client.

EXHIBIT A-3
Statement of Work
Psychiatric Health Facilities

1. **PROGRAM SUMMARY.** Contractor shall provide Psychiatric Inpatient Hospital Services (hereafter as used in this Exhibit A-3, "Hospital services") to clients that are referred by County. These services shall include routine hospital services and all hospital-based ancillary services.

2. **SERVICES.** Contractor shall provide the following services:
 - A. "Psychiatric Inpatient Hospital Services" which includes both acute psychiatric inpatient hospital services and administrative day services provided in a general acute psychiatric inpatient hospital, or a free-standing psychiatric hospital which are certified by Department of Health Care Services to be Medi-Cal providers or a psychiatric health facility that is licensed by the Department and certified by the Department of Health Care Services as a Medi-Cal provider of hospital services.

 - B. "Routine Services" which includes bed, board and all medical, nursing and other support services usually provided to an individual by a psychiatric inpatient hospital. Routine services do not include hospital-based ancillary services or psychiatrist or psychologist services. Rates for these services are specified in Exhibit B-1 to this Agreement.

 - C. "Hospital-Based Ancillary Services" are services that are received by an individual admitted to a Psychiatric Inpatient Hospital, other than routine services. Rates for these services are not specified in Exhibit B-1 and will be billed separately to County by the provider of the Hospital-Based Ancillary Service.

 - D. Psychiatric inpatient hospital professional services for either psychiatric or medical inpatient professional services are included in the Contractor's Per Diem Rate.

 - E. Pharmaceuticals. Contractor will provide pharmaceutical medications.

3. **CLIENTS.** Contractor shall provide the services described in Section 2 to Medi-Cal beneficiaries over the age of 18, as defined in California Code of Regulations (CCR) Title 22, Division 3, Subdivision 1, Chapter 2, Article 5, and Article 7, who meet all of the following criteria:
 - A. Have Santa Barbara County named as the County of responsibility in the State of California Medi-Cal Eligibility Data System (MEDS);

 - B. Meet medical necessity criteria for Psychiatric Inpatient Hospital Services, as described in CCR Title 9, §1820.205;

 - AND

 - C. Are referred by County subject to the admission and authorization criteria described in Section 4.

EXHIBIT A-3
Statement of Work
Psychiatric Health Facilities

4. AUTHORIZATION PROCESS.

- A. Authorization for Emergency Admissions. An Emergency Admission is an admission to Contractor's facility for Hospital services due to an individual's emergency psychiatric condition.
- i. For Medi-Cal covered Psychiatric Inpatient Hospital Services provided to clients referred by County:
 - a. The client meets the criteria for medical necessity in CCR Title 9 §1820.205 and due to a mental disorder, is:
 - 1. A danger to self or others, or
 - 2. Immediately unable to provide for, or utilize food, shelter or clothing;
 - b. County shall provide documentation demonstrating medical necessity that is approved by County's Utilization Review Staff for the first 24 hours of admission.
 - ii. For Medi-Cal covered Psychiatric Inpatient Hospital Services for clients that present to Contractor without referral from County:
 - a. Prior to admission, Contractor shall ensure that the client meets the criteria for medical necessity in CCR Title 9 §1820.205 and due to a mental disorder, is:
 - 1. A danger to self or others, or
 - 2. Immediately unable to provide for, or utilize food, shelter or clothing,
 - b. Contractor shall notify County within 10 days from the client's presentation for emergency services. Claim Forms may be denied for failure of timely notification if the notification is provided more than 10 calendar days from the presentation for emergency services.
 - iii. Contractor shall provide County with written documentation certifying that the client met the criteria specified in this Section 4 at the time of admission and on the day of admission (CCR Title 9 §1820.225).
- B. Authorization for Continued Stay Services. Continued Stay Services are Psychiatric Inpatient Hospital Services which occur after admission. Contractor shall provide County with written documentation of the following circumstances in order to obtain authorization for client's continued stay:
- i. Continued presence of impairments that meet the medical necessity criteria described in CCR Title 9 §1820.205(a);
 - ii. Serious adverse reaction to medication, procedures, or therapies requiring continued hospitalization;

EXHIBIT A-3
Statement of Work
Psychiatric Health Facilities

- iii. Presence of new impairments that meet the medical necessity criteria described in CCR Title 9 §1820.205(a);
- iv. Need for continued medical evaluation or treatment that can only be provided if the client remains in a Psychiatric Inpatient Hospital unit.

C. Authorization for Administrative Day Services. Administrative Day Services are those authorized by the Point of Authorization (POA,) described in Section 4.C.iv below, for an individual residing in a Psychiatric Inpatient Hospital when, due to a lack of residential placement options at appropriate, non-acute treatment facilities as identified by County, the individual's stay at the Psychiatric Inpatient Hospital must be continued beyond the individual's need for Psychiatric Inpatient Hospital Services. To ensure proper payment authorization for Administrative Day Services, Contractor shall provide County with 24-hours advance notice and written documentation of the following:

- i. During the hospital stay, the client has met medical necessity criteria for reimbursement of Psychiatric Inpatient Hospital Services;
- ii. An order by the attending psychiatrist placing the patient on administrative status on the order sheet of the medical record;
- iii. There is no appropriate non-acute facility in a reasonable geographic area and Contractor documents contacts with a minimum of five (5) appropriate facilities per week. QCM may waive the requirements if there are less than five (5) appropriate, non-acute treatment facilities available as placement options for the client. In no case shall there be less than one (1) contact per week. The documentation must include the status of the placement option, the date of contact, and the signature of the person making the contact, and an order by the attending physician.
- iv. The County's POA for services described in this Exhibit A-3 is:

Quality Care Management (QCM)
Santa Barbara County
Department of Behavioral Wellness
315 Camino del Remedio #257
Santa Barbara, CA 93110
Telephone: 805-681-5113
Facsimile: 805-681-5117

D. Authorization for Planned Admissions. A Planned Admission is an admission to Contractor's facility for Hospital services for the purpose of providing medically necessary treatment that cannot be provided in another setting or a lower level of care and is not an emergency admission. To ensure proper payment authorization for Planned Admissions, Contractor shall provide County with 24-hours advance notice, timely notification, and written documentation of the following:

- i. The client requires medically necessary treatment that cannot be provided in another setting at a lower level of care but which does not constitute an emergency admission;

EXHIBIT A-3
Statement of Work
Psychiatric Health Facilities

- ii. Pre-authorization by County through submission of a Claim Form demonstrating medical necessity that is approved by County's Utilization Review Staff for the first 24 hours of admission;
- iii. Authorization for payment for the remaining hospital stay shall be determined retroactively by QCM.

5. DISCHARGE PLANNING.

- A. Contractor will coordinate transportation for clients from Contractor's facility to their home/placement, at the time of discharge from Contractor's facility. In the event that private transportation cannot be arranged, County will advise Contractor of approved alternate transportation methods and will be responsible for payment for those services.
- B. Contractor will coordinate aftercare follow-up for all clients with client, Contractor staff, County and significant other(s), including family members and other treating professional staff, as appropriate. County will designate staff to serve as primary contact for discharge planning purposes and provide updated information regarding appropriate resources available for clients being discharged.
- C. Medications.
 - i. Upon discharge, Contractor agrees to provide all County clients with 1) a seven (7) day supply and a prescription for a 30 day supply of all medications prescribed to client at time of discharge; 2) information on the process of obtaining future medications from the appropriate health care facility or provider; and 3) instruction on medication management.
 - ii. At time of discharge, Contractor and County's QCM liaison will review any cases of uncovered medications and determine the appropriate method to provide them, such as alternate resources for filling discharge medications or written prescriptions.

ATTACHMENT A

SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS

The Santa Barbara County Department of Behavioral Wellness is Santa Barbara County's Medi-Cal Mental Health Plan (MHP) and has established the following standards for all organizational, individual, and group providers furnishing Specialty Mental Health Services. This Attachment A provides minimum standards for all services provided under this Agreement, unless a stricter standard is provided in Exhibit A(s) to this Agreement.

A. Assessment

- i. Initial Assessment: Each individual anticipated to be served for 60 days or more shall have a comprehensive assessment performed and documented by the 61st day of service. To allow time for review and correction, Contractors should complete the assessment by the 45th day of service. This assessment shall address areas detailed in the MHP's Agreement with the California Department of Health Care Services. The Assessment must be completed in the format designated by the MHP and must be completed and signed by a Licensed Practitioner of the Healing Arts (LPHA) (i.e. physician, psychologist, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, or Registered Nurse) and the client and/or guardian.
- ii. Assessment Update: A reevaluation/reassessment of key indicators will be performed and documented within the chart on an annual basis with reassessment of required clinical symptoms, impairments and functioning. The time frame for this update is within 60 days prior to the anniversary date of the previous assessment.

B. Plan of Care

- i. Client Service Plan (CSP): The plan of care shall be completed by the Contractor when designated by the MHP. Contractor will coordinate with the MHP Clinic Team to determine responsibility for development of the CSP.
- ii. Frequency: The CSP shall be completed by the 61st day in all cases in which services will exceed 60 days. At minimum, the CSP must be updated annually, within 60 days prior to the anniversary date of the previous CSP.
- iii. Content of CSPs:
 - a. Specific, observable or quantifiable goals.
 - b. Proposed type(s) of intervention to address each of the functional impairments identified in the Assessment.
 - c. Proposed duration of intervention(s).
 - d. Documentation of the client's participation in and agreement with the plan. This includes client signature on the plan and/or reference to client's participation and agreement in progress notes.
- iv. Signature (or electronic equivalent) by a LPHA (the LPHA must be a physician for Medicare clients) and the client. CSPs shall be consistent with the diagnoses and the focus of intervention will be consistent with the CSP goals.
- v. Contractor will offer a copy of the CSP to the client and will document such on the client plan.

C. Progress Notes and Billing Records. Services must meet the following criteria, as specified in the MHP's Agreement with the California Department of Health Care Services:

ATTACHMENT A

- i. All service entries will include the date services were provided.
- ii. The client record will contain timely documentation of care. Services delivered will be recorded in the client record as expeditiously as possible, but no later than 72 hours after service delivery.
- iii. Contractor will document client encounters, and relevant aspects of client care, including relevant clinical decisions and interventions, in the client record.
- iv. All entries will include the exact number of minutes of service provided and the type of service, the reason for the service, the corresponding client plan goal, the clinical intervention provided, the signature of the person providing the service (or electronic equivalent); the person's professional degree, licensure or job title; and the relevant identification number.
- v. The record will be legible.
- vi. The client record will document referrals to community resources and other agencies, when appropriate.
- vii. The client record will document follow-up care or, as appropriate, a discharge summary.
- viii. Timeliness/Frequency of Progress Notes
 - a. Progress Notes shall be prepared for every Service Contact including:
 1. Mental Health Services (Assessment, Evaluation, Collateral, Individual/Group/Family Therapy, Individual/Group/Family Rehabilitation);
 2. Medication Support Services;
 3. Crisis Intervention;
 4. Targeted Case Management (billable or non-billable).
 - b. Progress Notes shall be prepared daily for clients in the following treatment settings:
 1. Crisis Residential;
 2. Crisis Stabilization (1x/23hr);
 3. Day Treatment Intensive.
 - c. Progress Notes shall be prepared weekly for clients in the following treatment settings:
 1. Day Treatment Intensive for Clinical Summary;
 2. Day Rehabilitation;
 3. Adult Residential.
 - d. Progress notes shall be prepared at each shift change for Acute Psychiatric Inpatient and other inpatient settings.

D. Additional Requirements

- A. Contractor shall display Medi-Cal Member Services Brochures in English and Spanish in their offices. In addition, Contractors shall post grievance and appeal process notices in a visible location in their waiting rooms along with copies of English and Spanish grievance and appeal forms with MHP self-addressed envelopes to be used to send grievances or appeals to Behavioral Wellness Quality Care Management department.

ATTACHMENT A

- B. Contractor shall be knowledgeable of and adhere to MHP policies on Beneficiary Rights as outlined in the Medi-Cal Member Services Brochures.
- C. Contractor shall ensure that direct service staff attend one cultural competency training per fiscal year and shall submit evidence of completed trainings – including a training summary and attendance sheets – for the purpose of reporting to the Behavioral Wellness Systems Training Coordinator.
- D. Contractor staff performing services under this Agreement shall receive formal training on the Medi-Cal documentation process prior to providing any services under this Agreement. Contractor shall ensure that each staff member providing clinical services under this contract receives initial and annual training as specified in the Behavioral Wellness Mandatory Trainings Policy and Procedure #31.
- E. Contractor shall establish a process by which Spanish speaking staff who provide direct services in Spanish or interpretive services are tested for proficiency in speaking, reading, and writing Spanish language.
- F. Contractor shall provide timely access to care and service delivery in the following areas as required by the State MHP standards:
 - i. Where applicable, 24 hours per day, 7 days per week access to “urgent” services (within 24 hours) and “emergency” services (same day);
 - ii. Access to routine appointments (1st appointment within 10 business days. When not feasible, Contractor shall give the client the option to re-contact the Access team and request another provider who may be able to serve the client within the 10 business day standard).

The MHP Quality Assurance/Utilization Management team of Santa Barbara County shall monitor clinical documentation and timeliness of service delivery.

- G. Contractor shall not create, support or otherwise sanction any policies or procedures that discriminate against Medi-Cal beneficiaries. Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or, in the alternative, Contractor shall offer hours of operation that are comparable to those hours offered to Medicaid fee-for-service clients, if the provider serves only Medicaid beneficiaries.
- H. Contractor shall be notified of possible corrective actions to be taken when the Contractor does not adhere to MHP established standards or respond to corrective actions. The process for ensuring compliance and implementing corrective actions is as follows, as described in Behavioral Wellness’ Policy and Procedure #24:
 - i. If Contractor is identified as operating outside of the compliance standards, Contractor shall be notified of lack of compliance with Federal and State standards and shall be asked to rectify the areas in which they have been out of compliance. A copy of this notification shall be placed in the provider file. Contractors are expected to complete all corrections within 90 calendar days from the date of notice. This will be considered the Period of Review. The specific nature of the documentation to show evidence of compliance will be based on the infraction.
 - ii. Following the 90 day Period of Review, should Contractor be unable to fulfill contractual obligations regarding compliance, Contractor shall meet with the Quality Care Manager within 30 calendar days to identify barriers to compliance. If an agreement is reached, the Contractor shall have not more than 30 calendar days to provide proof of compliance. If an agreement is not forthcoming, the issue will be

ATTACHMENT A

referred to the Executive Management Team which will review the issue and make a determination of appropriate action. Such action may include, but are not limited to: suspension of referrals to the individual or organizational provider, decision to de-certify or termination of Agreement, or other measures.

Reference: The County Mental Health Plan, Contract 12-89394, between the State of California, Department of Health Care Services and Department of Behavioral Wellness, available at <https://www.countyofsb.org/behavioral-wellness>.

ATTACHMENT D

ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION

COMPLIANCE REQUIREMENTS

1. In order to obtain site certification as a Medi-Cal provider, Contractor must be able to demonstrate compliance with the following requirements:
 - A. Contractor is currently, and for the duration of this Agreement shall remain, licensed in accordance with all local, State, and Federal licensure requirements as a provider of its kind.
 - B. The space owned, leased, or operated by the Contractor and used for services or staff meets all local fire codes. Contractor shall provide a copy of fire clearance to Quality Care Management.
 - C. The physical plant of the site owned, occupied, or leased by the Contractor and used for services or staff is clean, sanitary, and in good repair.
 - D. Contractor establishes and implements maintenance policies for the site owned, occupied, or leased by the Contractor and used for services or staff, to ensure the safety and well-being of clients and staff.
 - E. Contractor has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
 - F. The Contractor maintains client records in a manner that meets the requirements of the County pursuant to the latest edition of the California State Mental Health Plan, Contract 12-89394 between Behavioral Wellness and DHCS, and applicable state and federal standards.
 - G. Contractor has staffing adequate to allow the County to claim federal financial participation for the services the Contractor delivers to Medi-Cal beneficiaries.
 - H. Contractor has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
 - I. Contractor has, as a head of service, a licensed mental health professional or rehabilitation specialist, in accordance with Title 9 California Code of Regulations Sections 622-630.
 - J. For Contractors that provide or store medications, the Contractor stores and dispenses medications in compliance with all pertinent State and Federal standards, specifically:
 - i. All drugs obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels may be altered only by authorized personnel.
 - ii. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
 - iii. All drugs are stored at proper temperatures. Room temperature drugs should be stored at 59 – 86 degrees Fahrenheit, and refrigerated drugs must be stored at 36 –

ATTACHMENT D

46 degrees Fahrenheit. Any room or refrigerator used to store drugs must be equipped with a thermometer.

- iv. Drugs are stored in a locked area with access limited only to those medical personnel authorized to prescribe, dispense, or administer medication.
 - v. Drugs are not retained after the expiration date. IM (Intramuscular) multi-dose vials are to be dated and initialed when opened.
 - vi. A drug log is to be maintained to ensure the Contractor disposes of expired, contaminated, deteriorated, and abandoned drugs in a manner consistent with State and Federal laws.
 - vii. Contractor's Policies and Procedures manual addresses the issues of dispensing, administration and storage of all medications.
2. **CERTIFICATION** - On-site certification is required every three (3) years. Additional certification reviews may be necessary if:
- A. The Contractor makes major staffing changes.
 - B. The Contractor makes organizational and/or corporate structural changes (i.e., conversion from non-profit status).
 - C. The Contractor adds Day Treatment or Medication Support services requiring medications to be administered or dispensed from Contractor's site.
 - D. There are significant changes in the physical plant of the provider site (some physical plant changes could require new fire clearance).
 - E. There is a change of ownership or location.
 - F. There are complaints regarding the Contractor.
 - G. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

On-site certification is not required for hospital outpatient departments which are operating under the license of the hospital. Services provided by hospital outpatient departments may be provided either on the premises or offsite.

**ATTACHMENT E
PROGRAM GOALS, OUTCOMES AND MEASURES**

Adult Program Evaluation IMD Services Exhibits A1 - A3		
Program Goal	Outcome	Crestwood
❖ Reduce mental health and substance abuse symptoms resulting in reduced utilization of involuntary care and emergency rooms for mental health and physical health problems	Maintain the average quarterly percentage of acute psychiatric inpatient admissions at X% or less.	10%
	Maintain the percent of clients hospitalized for physical health reasons per quarter at X% or less.	10%
	Maintain the percentage of clients transitioning to a higher level of care (i.e., State Hospital, locked IMD or long-term stabilization on inpatient unit) due to psychiatric conditions at X% or lower.	10%

**EXHIBIT B
FINANCIAL PROVISIONS**

This EXHIBIT B includes the following –

1. Financial Provisions
2. EXHIBIT B-1 – Schedule of Rates and Contract Maximum

EXHIBIT B FINANCIAL PROVISIONS

(With attached Schedule of Rates, Exhibit B-1)

This Agreement provides for reimbursement for Services up to the Maximum Contract Amount reflected in Section II below and Exhibit B-1. For Medi-Cal and all other services provided under this Agreement, Contractor will comply with all applicable requirements necessary for reimbursement in accordance with Welfare and Institutions Code (WIC) §§ 14705-14711, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

1. PAYMENT FOR SERVICES.

- A. Performance of Services. Contractor shall be compensated for provision of Units of Service (UOS) at the Per Diem Rates established in Exhibit B-1 based on satisfactory provision of the Services described in the Exhibit A(s).
- B. Medi-Cal Services. The services provided by Contractor's Program described in the Exhibit A(s) may be covered by the Medi-Cal Program and will be reimbursed directly by the State's fiscal intermediary, Electronic Data Systems (hereafter "EDS"), subject to the limitations described in the Exhibit A(s) and this Exhibit B. Funds for these services are not included within the Maximum Contract Amount.
- C. Non Medi-Cal Billable Services. County recognizes that some of the services provided by Contractor's Program described in the Exhibit A(s) may not be reimbursable by Medi-Cal and such services may be reimbursed by other County, State, and Federal funds to the extent specified in Exhibit B-1. Funds for these services are included within the Maximum Contract Amount, and are subject to the same requirements as funds for services provided pursuant to the Medi-Cal program.
- D. Limitations on Use of Funds Received Pursuant to this Agreement. Contractor shall use the funds provided by County exclusively for the purposes of performing the services described in the Exhibit A(s) to this Agreement. Expenses shall comply with the requirements established in OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and all other applicable regulations. Violation of this provision or use of County funds for purposes other than those described in the Exhibit A(s) shall constitute a material breach of this Agreement.

2. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount of this Agreement shall not exceed **\$850,000** per fiscal year for FY 17-20, for a total maximum contract not to exceed **\$2,550,000** during the term of this agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder without a properly executed amendment.

3. PER DIEM RATE.

County agrees to reimburse Contractor at a Per Diem Rate during the term of this Agreement, as specified in Exhibit B-1. "Per Diem Rate" means a daily rate paid for reimbursable Program Services, for Intensive Residential services, or Psychiatric Health Facility services for a client for the day of admission and each day that services are provided excluding the day of discharge.

EXHIBIT B FINANCIAL PROVISIONS

The Per Diem Rate shall be inclusive of all services defined in this Agreement, except for transportation services on the day of admission and discharge to and from Contractor's facility, physician services, pharmacy, and other ancillary medical services. Other rates for special circumstances, besides those listed in Exhibit B-1, may be agreed to in writing by the ADMHS Director and the individual program's administrator.

For licensed Skilled Nursing Facilities, except as approved by the California Department of Health Care Services pursuant to Title 9 CCR § 1810.438, the rate for the services described herein shall be the rate established by the State Department of Health Care Services, plus the "Enhanced Rate" if specified in Exhibit B-1, and in accordance with Title 22 CCR, §§ 51510, 51511, and 51511.1, 51535, and 51535.1.

Contractor shall be reimbursed for a day of service, at the Per Diem rate, when the client meets admission and/or continued stay criteria, documentation requirements, treatment and discharge planning requirements, as described in the Exhibit A(s), and occupies a bed at 12:00 midnight. A day of service may also be reimbursed by County if the client is admitted and discharged during the same 24-hour period provided that such admission and discharge is not within 24 hours of a prior discharge, as approved by County.

Except as approved by the California Department of Health Care Services pursuant to Title 9 CCR § 1810.438, the rate for the services described herein shall be the rate established by the State Department of Health Care Services in accordance with Title 22 CCR, §§ 51510, 51511, 51511.1, 51535, and 51535.1.

4. ACCOUNTING FOR REVENUES.

A. Accounting for Revenues. Contractor shall comply with all County, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) §§ 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP) (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder.

B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor shall pursue payment from all potential sources in sequential order, with County as payor of last resort. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by Contractor only for the delivery of service units specified in the Exhibit A(s) to this Agreement.

5. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS.

A. Submission of Claims.

financecbo@sbcbswell.org
Santa Barbara County Behavioral Wellness
ATTN: Accounts Payable
429 North San Antonio Road

EXHIBIT B FINANCIAL PROVISIONS

Santa Barbara, CA 93110 –1316

Contractor shall submit the client's medical chart along with the claim, if requested by County. Contractor agrees that it shall be solely liable and responsible for all data and information submitted by Contractor.

Contractor shall submit a claim for services to County only after exhausting all other reimbursement mechanisms, as described in Section 4.

- B. The IMD Liaison identified in Exhibit A-1, Section 4.A shall review all service utilization and claims for payment submitted by Contractor for compliance with the terms of this agreement and State, Federal and local requirements. County shall make provisional payment for approved claims within thirty (30) calendar days of the receipt of said claim(s) by County subject to the contractual limitations set forth herein.

Contractor agrees that it shall be solely liable and responsible for all data and information submitted to the County and submitted by the County to the State on behalf of Contractor.

- C. Contractor shall submit a written invoice within 10 calendar days of the end of the month in which services are delivered that at a minimum details the UOS provided for the month ii) states the amount owed by County and iii) depicts any share of cost or other payments and iv) includes the Agreement number and signature of Contractor's authorized representative.

- D. Withholding of Payment for Unsatisfactory Clinical Documentation. Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and County written standards.

- E. Claims Submission Restrictions.

- i. Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims and client's medical chart, if requested by County, for eligible individual persons under this Agreement must be received by County within 30 days from the date of service to avoid denial for late billing.
- ii. No Payment for Services Provided Following Expiration/ Termination of Agreement. Contractor shall have no claim against County for payment of any funds or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Should Contractor receive any such payment, it shall immediately notify County and shall immediately repay all such funds to County. Payment by County for services rendered after expiration/termination of this Agreement shall not constitute a waiver of County's right to recover such payment from Contractor. This provision shall survive the expiration or other termination of this Agreement.

EXHIBIT B
FINANCIAL PROVISIONS

iii. Payment in Full.

1. For Services described in this Agreement, the rate established per Section III, less third party liability and client share of cost, shall be considered payment in full for the scope of services described herein.
2. Contractor shall not submit a claim to demand, or otherwise collect reimbursement from the client or persons acting on behalf of the client for services provided except to collect other third party revenue as described in Section IV.

F. Claims Certification and Program Integrity. Contractor shall certify that all UOS entered by Contractor into MIS for any payor sources covered by this Agreement are true and accurate to the best of Contractor's knowledge.

G. Overpayments: Any overpayments of contractual amounts must be returned via direct payment within 30 days to the County. County may withhold amounts from future payments due to Contractor under this Agreement or any subsequent agreement if Contractor fails to make direct payment within required timeframe.

6. COST REPORT

A. Submission of Cost Report. Within three weeks of the release of the cost report template by the Department of Health Care Services (DHCS), but no sooner than 30 days after the end of the fiscal year, Contractor shall provide County with an accurate and complete Annual Cost Report (original cost report) with a statement of expenses and revenue and other supporting schedules for the applicable prior fiscal year. The Annual Cost Report shall be prepared by Contractor in accordance with all applicable Federal, State and County requirements and generally accepted accounting principles. Contractor shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by Contractor shall be reported in its annual Cost Report, and shall be used to offset gross cost. Contractor shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to Behavioral Wellness Director or Designee upon reasonable notice.

B. Penalties. In addition, failure of Contractor to submit accurate and complete Annual Cost Report(s) by 45 days after the due date set in Section 6.A above or the expiration or termination date of this Agreement shall result in:

- i. A Late Penalty of ONE HUNDRED DOLLARS (\$100) for each day that the accurate and complete Annual Cost Report(s) is (are) not submitted. The Late Penalty shall be assessed separately on each outstanding Annual Cost Report. The Late Penalty shall commence on the forty-sixth (46th) day after the deadline or the expiration or termination date of this Agreement. The late fee will be invoiced separately or deducted from future payments due to Contractor under this Agreement or a subsequent agreement.
- ii. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred and fifth (105th) day after the due date set in Section 6.A or the expiration or termination date of this Agreement, then all amounts paid by County to Contractor in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by Contractor to County. Further, County may terminate any current

EXHIBIT B FINANCIAL PROVISIONS

contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.

- C. Audited Financial Reports: Each year of the Agreement, the Contractor shall submit to County a copy of their audited annual financial statement, including management comments. This report shall be submitted within thirty (30) days after the report is received by Contractor.
- D. Single Audit Report: If Contractor is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

7. AUDITS, AUDIT APPEALS AND POST-AUDIT MEDI-CAL FINAL SETTLEMENT:

- A. Audit by Responsible Auditing Party. At any time during the term of this Agreement or after the expiration or termination of this Agreement, in accordance with State and Federal law including but not limited to WIC Sections 14170 et seq., authorized representatives from the County, State or Federal governments (Responsible Auditing Party) may conduct an audit or site review of Contractor regarding the mental health services/activities provided under this Agreement.
- B. Settlement. Settlement of the audit findings will be conducted according to the Responsible Auditing Party's procedures in place. In the case of a State Medi-Cal audit, the State and County will perform a post-audit Medi-Cal settlement that is based on State audit findings. Such settlement will take place when the State initiates its settlement action which customarily is after the issuance of the audit report by the State and before the State's audit appeal process. However, if the Responsible Auditing Party stays its collection of any amounts due or payable because of the audit findings, County will also stay its settlement of the same amounts due or payable until the Responsible Auditing Party initiates its settlement action with County. If an audit adjustment is appealed then the County may, at its own discretion, notify Contractor but stay collection of amounts due until resolution of the State administrative appeals process.
- C. Invoice for Amounts Due. County shall issue an invoice to Contractor for any amount due to the County after the Responsible Auditing Party issues an audit report. The amount on the County invoice is due by Contractor to County thirty (30) calendar days from the date of the invoice.
- D. Appeal. Contractor may appeal any such audit findings in accordance with the audit appeal process established by the Responsible Auditing Party performing the audit.

EXHIBIT B-1

EXHIBIT B-1				
DEPARTMENT OF BEHAVIORAL WELLNESS				
SCHEDULE OF RATES AND CONTRACT MAXIMUM				
(this table applicable to services described in Exhibit A-1, IMD Services)				
CONTRACTOR NAME:	Crestwood Behavioral Health	FISCAL YEAR:	2017-18, 2018-19, 2019-20	
Facility	Service Level	Basic*	Enhanced	Maximum Daily Rate
Redding	SNF-STP Augmented	\$198.82	\$21.00	\$219.82
	SNF-STP Complex I **	\$198.82	\$42.00	\$240.82
	SNF-STP Complex II **	\$198.82	\$53.00	\$251.82
	SNF-STP Complex III **	\$198.82	\$105.00	\$303.82
Vallejo	SNF-STP Augmented	\$185.60	\$17.00	\$302.00
	SNF-STP Complex I **	\$185.60	\$30.00	\$257.00
	SNF-STP Complex II **	\$185.60	\$50.00	\$228.00
	SNF-STP Complex III **	\$185.60	\$80.00	\$214.00
Stockton	SNF-STP Augmented		\$32.00	\$32.00
	SNF-STP Complex I **		\$34.00	\$34.00
	SNF-STP Complex II **		\$53.00	\$53.00
	SNF-STP Complex III **		\$79.00	\$79.00
	SNF-STP Sub-Acute		Negotiated on a case-by-case basis	
	SNF-STP Non-Medi-Cal	\$185.60	\$15.00	\$200.60
Modesto	SNF-STP Augmented		\$37.00	\$37.00
	SNF-STP Complex I **		\$53.00	\$53.00
	SNF-STP Complex II **		\$79.00	\$79.00
	SNF-STP Complex III **		\$105.00	\$105.00
	SNF-STP Sub-Acute		Negotiated on a case-by-case basis	
	SNF-STP Non-Medi-Cal	\$192.10	\$15.00	\$206.10
	Non Medi-Cal	\$222.79	\$124.00	\$346.79
Fremont GTC	Neuro-Behavioral		\$124.00	\$124.00
	Conversion			\$270.20
Crestwood Manor Freemont	SNF-STP Augmented		\$29.00	\$29.00
	SNF-STP Complex I **		\$53.00	\$53.00
	SNF-STP Complex II **		\$84.00	\$84.00
	SNF-STP Complex III **		\$124.00	\$124.00

*Or as otherwise published by the State Department of Healthcare Services (DHCS) annually. Upon notification of updated rates from DHCS, Contractor shall notify County of the new rates and its intent to adopt the new rates.
 ** As authorized in writing by County, prior to admission.

EXHIBIT B-1

EXHIBIT B-1			
DEPARTMENT OF BEHAVIORAL WELLNESS			
SCHEDULE OF RATES AND CONTRACT MAXIMUM			
(this table applicable to services described in Exhibit A-1, IMD Services)			
CONTRACTOR NAME:		Crestwood Behavioral Health	FISCAL YEAR: 2017-18, 2018-19, 2019-20
Facility	Service Level	Maximum Daily Rate	
San Jose	MHRC Level 1	\$262.00	
	MHRC Pregnant	\$273.00	
San Diego*	MHRC Standard	\$398.00	
	MHRC Special Needs	\$342.00	
	MHRC Special Needs Plus	\$285.00	
	MHRC Bed Hold**	\$277.00	
Bakersfield	MHRC Level 1	\$265.00	
	MHRC Level 2 (1:1 Supervision)	\$588.00	
Sacramento	MHRC	\$219.00	
	MHRC Sub Acute	\$265.00	
Vallejo	MHRC Level 1	\$324.00	
	MHRC Level 2	\$275.00	
	MHRC Level 3	\$244.00	
	MHRC Level 4	\$229.00	
Angwin	MHRC Level 1	\$314.00	
	MHRC Level 2	\$250.00	
	MHRC Level 3	\$204.00	
Eureka	MHRC	\$276.00	
<p style="color: red;">*Plus \$28 per day for ancillary costs (pharmaceuticals, x-rays, laboratory, routine medical services, dental visits, and podiatry)</p> <p style="color: red;">**Less Raw Food cost, estimated at \$5 per day</p>			

EXHIBIT B-1

EXHIBIT B-1			
DEPARTMENT OF BEHAVIORAL WELLNESS			
SCHEDULE OF RATES AND CONTRACT MAXIMUM			
(this table is applicable to services described in Exhibit A-3 Psychiatric Health Facility)			
CONTRACTOR NAME:	Crestwood Behavioral Health	FISCAL YEAR:	2017-18, 2018-19, 2019-20
Facility	Service Level	Maximum Daily Rate	
SACRAMENTO	PHF	\$817.61	
SAN JOSE	PHF	\$960.00	
	Indigent	\$1,069.00	
SOLANO	PHF	\$887.00	
KERN	PHF	\$984.00	
AMERICAN RIVER	PHF	\$811.13	

EXHIBIT B-1

EXHIBIT B-1		
DEPARTMENT OF BEHAVIORAL WELLNESS		
SCHEDULE OF RATES AND CONTRACT MAXIMUM		
(this table applicable to services described in Exhibit A-2 Intensive Residential)		
CONTRACTOR NAME:	Crestwood Behavioral Health	FISCAL YEAR: 2017-18, 2018-19, 2019-20
Facility	Service Level	Maximum Daily Rate
Bakersfield Bridge - Kern	Community Care Center/CCLD	\$185.00
Bridgehouse - Eureka	Community Care Center/CCLD: Pathway	\$176.00
	Residential Care Facility for Elderly	\$158.00
Our House	Community Care Center/CCLD	\$116.00
American River Residential	Community Care Center/CCLD	\$122.00
Pleasant Hill Bridge	Community Care Center/CCLD	\$122.00
Pleasant Hill Pathways	Community Care Center/CCLD	\$180.00
Fresno	Community Care Center/CCLD	\$185.00
Vallejo Residential Care Facility for Elderly	Community Care Center/CCLD	\$127.00
EXHIBIT B-1		
DEPARTMENT OF BEHAVIORAL WELLNESS		
SCHEDULE OF RATES AND CONTRACT MAXIMUM		
CONTRACTOR NAME:	Crestwood Behavioral Health	FISCAL YEAR: 2017-18, 2018-19, 2019-20
Maximum Contract Amount FY 17-18		\$850,000
Maximum Contract Amount FY 18-19		\$850,000
Maximum Contract Amount FY 19-20		\$850,000
Total Contract Maximum July 1, 2017 through June 30, 2020		\$2,550,000
CONTRACTOR SIGNATURE:		
STAFF ANALYST SIGNATURE:		
FISCAL SERVICES SIGNATURE:		

EXHIBIT C
INDEMNIFICATION AND INSURANCE REQUIREMENTS
(FOR PROFESSIONAL CONTRACTS)

1. INDEMNIFICATION

Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless County and its officers, officials, employees, agents and volunteers from and against any and all claims, actions, losses, damages, judgements and/or liability arising out of this Agreement, from any cause whatsoever, including the acts, errors or omissions of any person or entity and for any costs or expenses (including but not limited to attorneys' fees) incurred by County on account of any claim except where such indemnification is prohibited by law. Contractor's indemnification obligation applies to County's active as well as passive negligence but does not apply to County's sole negligence or willful misconduct.

2. NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS

Contractor shall notify County immediately in the event of any accident or injury arising out of or in connection with this Agreement. The indemnification provisions in this Agreement shall survive any expiration or termination of this Agreement.

3. INSURANCE

Contractor shall procure and maintain for the duration of this Agreement insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder and the results of that work by the Contractor, its agents, representatives, employees or subcontractors.

A. Minimum Scope of Insurance

Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office (ISO) Form CG 00 01 covering CGL on an "occurrence" basis, including products-completed operations, personal & advertising injury, with limits no less than \$1,000,000 per occurrence and \$2,000,000 in the aggregate.
2. **Automobile Liability:** ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limit no less than \$1,000,000 per accident for bodily injury and property damage.
3. **Workers' Compensation:** as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than \$1,000,000 per accident for bodily injury or disease.
4. **Professional Liability** (Errors and Omissions) Insurance appropriate to the Contractor's profession, with limit of no less than \$1,000,000 per occurrence or claim, \$2,000,000 aggregate.

If the Contractor maintains higher limits than the minimums shown above, the County requires and shall be entitled to coverage for the higher limits maintained by the Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

EXHIBIT C
INDEMNIFICATION AND INSURANCE REQUIREMENTS
(FOR PROFESSIONAL CONTRACTS)

B. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions:

1. **Additional Insured** – County, its officers, officials, employees, agents and volunteers are to be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the Contractor's insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used).
2. **Primary Coverage** – For any claims related to this Agreement, the Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees, agents and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, agents or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
3. **Notice of Cancellation** – Each insurance policy required above shall provide that coverage shall not be canceled, except with notice to the County.
4. **Waiver of Subrogation Rights** – Contractor hereby grants to County a waiver of any right to subrogation which any insurer of said Contractor may acquire against the County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.
5. **Deductibles and Self-Insured Retention** – Any deductibles or self-insured retentions must be declared to and approved by the County. The County may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.
6. **Acceptability of Insurers** – 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 A.M. Best's Insurance Guide rating of "A- VII".
7. **Verification of Coverage** – Contractor shall furnish the County with proof of insurance, original certificates and amendatory endorsements as required by this Agreement. The proof of insurance, certificates and endorsements are to be received and approved by the County before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The Contractor shall furnish evidence of renewal of coverage throughout the term of the Agreement. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
8. **Failure to Procure Coverage** – In the event that any policy of insurance required under this Agreement does not comply with the requirements, is not procured, or is

EXHIBIT C
INDEMNIFICATION AND INSURANCE REQUIREMENTS
(FOR PROFESSIONAL CONTRACTS)

canceled and not replaced, County has the right but not the obligation or duty to terminate the Agreement. Maintenance of required insurance coverage is a material element of the Agreement and failure to maintain or renew such coverage or to provide evidence of renewal may be treated by County as a material breach of contract.

9. **Subcontractors** – Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors.

10. **Claims Made Policies** – If any of the required policies provide coverage on a claims-made basis:
 - i. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
 - ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
 - iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of contract work.

11. **Special Risks or Circumstances** – County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

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

Any failure, actual or alleged, on the part of 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 County.