

**AGREEMENT  
FOR SERVICES OF INDEPENDENT CONTRACTOR**

BC\_09-014

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 Telecare Corporation, having its principal place of business at Alameda, California (hereafter Contractor) wherein Contractor agrees to provide and County agrees to accept the services specified herein.

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

1. **DESIGNATED REPRESENTATIVE:** Assistant Director – Administration (telephone 805.681.5220) is the representative of County and will administer this Agreement for and on behalf of County. Marshall Langfeld (telephone number 8053481850) is the authorized representative for Contractor. Changes in designated representatives shall be made only after advance written notice to the other party.
  
2. **NOTICES.** Whenever it shall become necessary for either party to serve notice on the other respecting the Agreement, such notice shall be in writing and shall be served by Registered or Certified Mail, Return Receipt Requested, addressed as follows:
  - A. To County: Director  
Santa Barbara County  
Alcohol, Drug, and Mental Health Services  
300 N. San Antonio Road  
Santa Barbara, CA 93110
  
  - To Contractor: Marshall Langfeld, CFO/Vice President  
Telecare Corporation  
1080 Marina Village Parkway, Suite 100  
Alameda, CA 94501

B. Any such notice so mailed shall be deemed to have been served upon and received by the addressee five (5) days after deposit in the mail. Either party shall have the right to change the place or person to whom notice is to be sent by giving written notice to the other party of the change.
  
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 by **8/1/2008** and complete performance by **6/30/2009**, unless this Agreement is otherwise terminated at an earlier date pursuant to Section 17.
  
5. **COMPENSATION OF CONTRACTOR.** Contractor shall be paid for performance under this Agreement in accordance with the terms of Exhibit B, attached hereto and incorporated herein by reference. Contractor shall bill County by invoice, which

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shall include the Contract number assigned by County. Contractor shall direct the invoice to County's "Accounts Payable Department" at the address specified under Section 2 NOTICES, after completing the increments identified in Exhibit B.

6. **INDEPENDENT CONTRACTOR.** Contractor shall perform all of its services under this Agreement as an Independent Contractor and not as an employee of County. 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 insurance, and protection of tenure.
7. **STANDARD OF PERFORMANCE.** Contractor represents that it has the skills, expertise, and licenses and/or 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 manner which will conform to high standards of quality 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. Contractor shall obtain and maintain all permits and/or licenses required for performance under this Agreement without additional compensation, at Contractor's own expense.
8. **NON-DISCRIMINATION.** County hereby notifies Contractor that Santa Barbara County's Unlawful Discrimination Ordinance (Santa Barbara County Code, Chapter 2, Article XIII) applies to this Agreement and is incorporated herein by reference with the same force and effect as if the ordinance were specifically set out herein. Contractor hereby agrees to comply with said ordinance.
9. **CONFLICT OF INTEREST.** Contractor covenants that Contractor presently has no interest and shall not acquire any interest, direct or indirect, 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.
10. **RESPONSIBILITIES OF COUNTY.** County shall provide all information reasonably necessary to allow Contractor to perform the services contemplated by this Agreement.
11. **OWNERSHIP OF DOCUMENTS.** Upon production, County shall be the owner of the following items incidental to this Agreement, whether or not completed: all data collected and any material necessary for the practical use of the data and/or documents from the time of collection and/or production, whether or not performance under this Agreement is completed or terminated prior to completion. 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

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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.

No materials produced in whole or in part under this Agreement shall be subject to copyright in the United States or in any other country except as determined at the sole discretion of County. 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.

12. **RECORDS, AUDIT, AND REVIEW.** Contractor shall keep those business records or documents created pursuant to this Agreement that would be kept by a reasonably prudent practitioner of Contractor's profession and shall maintain such records in a manner consistent with applicable Federal and State laws. All account records shall be kept in accordance with generally accepted accounting practices. County shall have the right to audit and review all such documents and records, either at any time during Contractor's regular business hours, or upon reasonable notice to Contractor. Contractor agrees to retain such records and documents for a period of not less than three (3) years, following the termination of this Agreement.
13. **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 demonstrate reasonable effort to secure written and/or electronic data. Contractor is considered a Business Associate per the HIPAA regulations and shall adhere to the County Business Associate Agreement, which is attached and included by reference and marked as Exhibit BAA. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.
14. **INDEMNIFICATION AND INSURANCE.** Contractor shall agree to defend, indemnify and hold harmless the County and to procure and maintain insurance in accordance with the provisions of Exhibit C attached hereto and incorporated herein by reference.
15. **TAXES.** 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 reimburse County within one (1) week for the full value of such paid taxes plus interest and penalty, if any. These taxes shall include, but are not limited to, the following: FICA (Social Security), unemployment insurance contributions, income tax, disability insurance, and Workers' Compensation insurance.
16. **DISPUTE RESOLUTION.** Any dispute or disagreement arising out of this Agreement shall first be addressed and resolved at the lowest possible staff level

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between the appropriate representatives of the Contractor and of the County. If the dispute or disagreement cannot be resolved at this level, it is to be elevated to the Contractor's Program Manager and County's relevant Program Manager. If the Managers cannot resolve the dispute, they are to take the following actions:

- A. Decision – Each party shall reduce the dispute to writing and submit to the appropriate ADMHS Assistant Director. The Assistant Director shall assemble a team to investigate the dispute and to prepare a written decision. This decision shall be furnished to the Contractor within thirty (30) days of receipt of the dispute documentation. This decision shall be final unless appealed within ten (10) days of receipt.
- B. Appeal – The Contractor may appeal the decision to the Santa Barbara County Alcohol, Drug, and Mental Health Services Director or designee. The decision shall be put in writing within twenty (20) days and a copy thereof mailed to the Contractor's address for notices. The decision shall be final.
- C. Continued Performance - Pending final decision of the dispute hereunder, Contractor shall proceed diligently with the performance of this Agreement.
- D. Dispute Resolution - The finality of appeal described herein is meant to imply only that recourse to resolution of disputes through this particular dispute resolution mechanism has been concluded. This is in no way meant to imply that the parties have agreed that this mechanism replaces either party's rights to have its disputes with the other party heard and adjudicated in a court of competent jurisdiction.

### 17. TERMINATION.

- A. **BY COUNTY.** County, by written notice to Contractor, may terminate this Agreement in whole or in part at any time, whether for County convenience or because of the failure of Contractor to fulfill the obligations herein. Upon termination, Contractor shall deliver to County all data, estimates, graphs, summaries, reports, and all other records, documents or papers as may have been accumulated or produced by Contractor in performing this Agreement, whether completed or in process.
  - 1. **FOR CONVENIENCE.** County may terminate this Agreement upon thirty (30) days written notice. Following such notice of termination, Contractor shall notify County of the status of its performance and cease work at the conclusion of the thirty (30) day notice period.

Notwithstanding any other payment provision of this Agreement, County shall pay Contractor for 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 maximum budgeted amount for this Agreement as set forth in Exhibit B, or paid 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

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the event of a dispute as to the reasonable value of the services rendered by Contractor, the decision of County shall be final.

2. **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 this Agreement by written notice which shall be effective upon receipt by Contractor.

B. **BY CONTRACTOR.** Contractor may, upon thirty (30) days written notice to County, terminate this Agreement in whole or in part at any time, whether for Contractor's convenience or because of the failure of County to fulfill the obligations herein. Following such termination, Contractor shall promptly cease work and notify County as to the status of its performance.

18. **ENTIRE AGREEMENT, AMENDMENTS, AND MODIFICATIONS.** In conjunction with the matters considered herein, this Agreement contains the entire understanding and agreement of the parties. 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 amended or modified only by the written mutual consent of the parties hereto. Contractor 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 exceed ten percent (10%) of the Agreement's original dollar amount may be approved by the director of Alcohol, Drug & Mental Health Services. The Board of Supervisors of the County of Santa Barbara must approve all other amendments and modifications. Each party waives its 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.

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

20. **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 parties hereto, shall be binding upon and inure to the benefit of such party, its successors and assigns.

21. **ASSIGNMENT.** Contractor shall not assign any of its rights nor transfer any of its obligations under this Agreement without the prior written consent of County. Any attempt to so assign or so transfer without such consent shall be void and without legal effect and shall constitute grounds for termination.

22. **REMEDIES NOT EXCLUSIVE.** No remedy herein conferred upon or reserved to the parties 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

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addition to any other remedy given hereunder, now or hereafter existing at law or in equity or otherwise.

23. **NO WAIVER OF DEFAULT.** No delay or omission of the parties 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 the parties shall be exercised from time-to-time and as often as may be deemed expedient in the sole discretion of either party.
24. **CALIFORNIA LAW.** 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.
25. **COMPLIANCE WITH LAW.** Contractor shall, at his 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 be 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.
26. **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.
27. **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. 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.
28. **EXECUTION OF COUNTERPARTS.** This Agreement may be executed in any number of counterparts. Each counterpart 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.
29. **TIME IS OF THE ESSENCE.** Time is of the essence in this Agreement, and each covenant and term is a condition herein.
30. **AUTHORITY.** All 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 have complied with all formal requirements necessary or required by any state and/or federal law in order to enter into this Agreement. Furthermore, by entering into this Agreement, Contractor hereby warrants that it shall not have breached the terms or

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conditions of any other Agreement or Agreement to which Contractor is obligated, which breach would have a material effect hereon.

31. **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.
32. **COMMUNICATION.** Contractor shall acknowledge in any public announcement regarding the program that is the subject of this Agreement that Santa Barbara County Alcohol, Drug, and Mental Health Department provides all or some of the funding for the program.
33. **PRIOR AGREEMENTS.** Upon execution, this Agreement supersedes all prior Mental Health Services agreements between County and Contractor.
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. **NONAPPROPRIATION.** In the event that no funds, or insufficient funds, are appropriated, budgeted, or otherwise made available, County will immediately notify Contractor of such occurrence and the Agreement may be terminated by County. Subsequent to the termination of this agreement under this provision, County shall have no obligation to make payments with regard to the remainder of the term.

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### **THIS AGREEMENT INCLUDES:**

- A. EXHIBIT A, A-1, A-2, A-3 – Statement of Work
  - 1. Attachment A - SANTA BARBARA County MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS
- B. EXHIBIT B - Financial Provisions
- C. EXHIBIT B-1 – Schedule of Rates
- D. EXHIBIT C – Standard Indemnification and Insurance Provisions
- E. EXHIBIT D – Organizational Service Provider Site Certification
- F. EXHIBIT BAA – HIPAA Business Associate Agreement
- G. EXHIBIT E – Program Goals, Outcomes and Measures



**AGREEMENT**

Agreement for Services of Independent Contractor between the County of Santa Barbara and Telecare Corporation.

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on the date executed by County.

County OF SANTA BARBARA

By: \_\_\_\_\_  
SALUD CARBAJAL  
CHAIR, BOARD OF SUPERVISORS  
Date: \_\_\_\_\_

ATTEST:  
MICHAEL F. BROWN  
CLERK OF THE BOARD

CONTRACTOR

By: \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Tax Id No 94-1735271.  
Date: \_\_\_\_\_

APPROVED AS TO FORM:  
DENNIS MILLER  
COUNTY COUNSEL

APPROVED AS TO ACCOUNTING FORM:  
ROBERT W. GEIS, CPA  
AUDITOR-CONTROLLER

By \_\_\_\_\_  
Deputy County Counsel  
Date: \_\_\_\_\_

By \_\_\_\_\_  
Deputy  
Date: \_\_\_\_\_

APPROVED AS TO FORM :  
ALCOHOL, DRUG, AND MENTAL HEALTH  
SERVICES  
ANN DETRICK, PH.D.  
DIRECTOR

APPROVED AS TO INSURANCE FORM:  
RAY AROMATORIO  
RISK PROGRAM ADMINISTRATOR

By \_\_\_\_\_  
Director  
Date: \_\_\_\_\_

By: \_\_\_\_\_  
Date: \_\_\_\_\_

**AGREEMENT SUMMARY**

**BC** \_\_\_\_\_

Complete data below, print, obtain signature of authorized departmental representative, and submit this form (and attachments) to the Clerk of the Board (>\$25,000) or Purchasing (<\$25,000). See also "Contracts for Services" policy. Form is not applicable to revenue contracts.

D1. Fiscal Year : 08-09  
 D2. Budget Unit Number (plus –Ship/Bill codes in parenthesis) : 043  
 D3. Requisition Number : N/A  
 D4. Department Name : Alcohol, Drug, and Mental Health Services  
 D5. Contact Person : Christy Toma  
 D6. Telephone : (805) 681-4090

K1. Agreement Type (check one):  Personal Service  Capital  
 K2. Brief Summary of Agreement Description/Purpose : Adult Mental Health Services: Santa Maria ACT, McMillan Ranch, CARES North Residential Programs.  
 K3. Original Agreement Amount : 1420029  
 K4. Agreement Begin Date : 8/1/2008  
 K5. Original Agreement End Date : 6/30/2009  
 K6. Amendment History (leave blank if no prior amendments) :

Seq#	EffectiveDate	ThisAmndtAmt	CumAmndtToDate	NewTotalAmt	NewEndDate	Purpose (2-4 words)

K7. Department Project Number :  
 B1. Is this a Board Agreement? (Yes/No) : Yes  
 B2. Number of Workers Displaced (if any) : N/A  
 B3. Number of Competitive Bids (if any) : N/A  
 B4. Lowest Bid Amount (if bid) : N/A  
 B5. If Board waived bids, show Agenda Date and Agenda Item Number : N/A  
 B7. Boilerplate Agreement Text Unaffected? (Yes / or cite Paragraph) : Yes

F1. Encumbrance Transaction Code : 1701  
 F2. Current Year Encumbrance Amount: 1420029  
 F3. Fund Number : 0044  
 F4. Department Number : 4741  
 F5. Division Number (if applicable) : N/A  
 F6. Account Number : 7460  
 F7. Cost Center number (if applicable) : 4741  
 F8. Payment Terms : Net 30

V1. Vendor Numbers (A=Auditor; P=Purchasing) : A 699493  
 V2. Payee/Contractor Name : Telecare Corporation  
 V3. Mailing Address : 1080 Marina Village Parkway, Suite 100  
 V4. City State (two-letter) Zip (include +4 if known) : Alameda, CA 94501  
 V5. Telephone Number : 8053481850  
 V6. Contractor's Federal Tax ID Number (EIN or SSN) : 94-1735271  
 V7. Contact Person : Marshall Langfeld  
 V8. Workers Comp Insurance Expiration Date : 7/1/2009  
 V9. Liability Insurance Expiration Date[s] (G=Genl; P=Profl) : G 7/1/2009 P 7/1/2009  
 V10. Professional License Number : CCLD# 425800215; 425801550  
 V11. Verified by (name of County staff) : C. Toma  
 V12. Company Type (Check one):  individual  Sole Proprietorship  Partnership  Corporation

**I certify** information complete and accurate; designated funds available; required concurrences evidenced on signature page.

Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**EXHIBIT A  
STATEMENT OF WORK**

**The following terms shall apply to all programs operated under this contract, included as Exhibits A-1 through A-3.**

**1. STAFF.**

**A. TRAINING.**

1. 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.
2. Within 30 days of the date of hire, Contractor shall provide training relevant to working with high risk mental health clients, and for the CARES North Residential Program, as described in Contractor's Santa Maria Crisis Residential Facility RFP Application dated January 24, 2005.
3. Contractor staff performing services under this Contract shall receive formal training on the Medi-Cal documentation process prior to providing any services under this Contract.

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 conduct a check of all clinical and support staff against CMS banned list and staff found to be on this list shall not provide services under this contract nor shall the cost of such staff be claimed to Medi-Cal. County shall review Contractor's staff and only staff approved by County shall provide services under this contract.

D. Contractor shall notify County of any staffing changes as part of the monthly staffing Report. Contractor shall notify the designated County Liaison and County Quality Assurance Division within one business day when staff is terminated from working on this Contract.

E. At any time prior to or during the term of this Contract, the County may require that Contractor staff performing work under this Contract undergo and pass, to the satisfaction of County, a background investigation, as a condition of beginning and continuing to work under this Contract. 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.

F. County may request that Contractor's staff be immediately removed from working on the County Contract for good cause during the term of the Contract.

G. County may immediately deny or terminate County facility access, including all rights to County property, computer access, and access to County software, to

**EXHIBIT A  
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Contractor's staff that does not pass such investigation(s) to the satisfaction of the County whose background or conduct is incompatible with County facility access.

- H. 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 Contract.

**2. 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 ADMHS Contracts Division.
- A. Contractor shall ensure that all staff providing services under this contract retain active licensure. In the event license status cannot be confirmed, the staff member shall be prohibited from providing services under this contract.
- B. If Contractor is a participant in the Short-Doyle/Medi-Cal program, Contractor shall keep fully informed of all current Short-Doyle/Medi-Cal Policy Letters, including, but not limited to, procedures for maintaining Medi-Cal certification of all its facilities.

**3. REPORTS.**

- A. **SERVICE LEVEL REPORTS.** For CARES North Residential only, Contractor shall use the County MIS system to track required data elements. These data elements 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/higher level of care, and provide summary reports from other Contractor data sources, as requested.
- B. **RISK ASSESSMENT.** Contractor shall administer a risk assessment to each Client within the first 24 hours following admission or as frequently as necessary as determined by the Team, or when a resident exceeds the average length of stay.
- C. **30 DAY FOLLOW-UP.** Contractor, in collaboration with County, shall develop a 30 Day follow-up questionnaire which Contractor shall administer to Clients 30

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days post discharge. Contractor shall report the results of Client 30 Day Follow-Up to County on a quarterly basis.

- D. **FISCAL.** Contractor shall submit monthly Expenditure and Revenue Reports and Year-End Projection Reports to County. These reports shall be on a form acceptable to, or provided by, County and shall report actual costs and revenues and anticipated year-end actual costs and revenues for Contractor's program(s) or cost center(s) described in the Services section of this Exhibit A. Such reports shall be received by County no later than twenty (20) calendar days following the end of the month reported.
- E. **STAFFING.** Contractor shall submit monthly 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, Documented Service Hours (DSH'S) provided by position, caseload by position, and shall include the employees' names, licensure status, bilingual and bicultural capabilities, budgeted monthly salary, actual salary, and hire and/or termination date. The reports shall be received by County no later than twenty (20) calendar days following the end of the month being reported.
- F. **PROGRAMMATIC.** Contractor shall submit quarterly programmatic reports to County, which shall be received by County no later than twenty (20) calendar days following the end of the quarter being reported. Programmatic reports shall include a narrative description of Contractor's progress in implementing the provisions of this Agreement, number of active cases, number of Client's admitted/ discharged, details of outreach activities and their results, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes. 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.
- G. **PROGRAM EVALUATION, PERFORMANCE AND OUTCOME MEASURES.** Contractor shall work with County to ensure satisfactory data collection and compliance with the Outcomes described in Exhibit E, Program Goals, Outcomes and Measures. .
- H. **ADDITIONAL REPORTS.** Contractor shall maintain records and make statistical reports as required by County and the California State Department of Mental Health 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.
4. **PERFORMANCE.** Contractor shall adhere to the County's ADMHS Model of Care<sup>1</sup>, ADMHS Code of Conduct, ADMHS requirements, all relevant provisions of the

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<sup>1</sup> [ADMHS Model of Care](#)

**EXHIBIT A  
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California Code of Regulations Title 9, Chapter 14 and all relevant provisions of applicable law that are now in force or which may hereafter be in force.

**5. 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.

**6. BILLING DOCUMENTATION.**

- A. For CARES North Residential only, Contractor shall complete electronic progress notes using County's MIS system for each Client contact. These notes will serve as documentation for billable Medi-Cal units of service. For all programs, service records documenting services provided, in the form of electronic progress notes that meet County specifications, will be submitted to the County MIS Unit within 72 hours of service delivery.
- B. County shall host training sessions regarding documentation requirements under Med-Cal, EPSTD and other related State, Federal and local regulations twice yearly. Contractor shall ensure that each staff member providing clinical services attends one training session each year.

**7. MEDI-CAL VERIFICATION.** Contractor shall be responsible for verifying Client's Medi-Cal eligibility status and will take steps to reactivate or establish eligibility where none exists.

**8. STANDARDS**

- A. Contractor agrees to comply with Medi-Cal requirements and be approved to provide Medi-Cal services based on Medi-Cal site certification, per Exhibit D, Organizational Service Provider Site Certification.
- B. Contractor shall make its service protocols and outcome measures data available to County and to Medi-Cal site certification reviewers.
- C. Contractor shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff.

**9. CONFIDENTIALITY.** Contractor agrees to maintain the confidentiality of patient records pursuant to 45 CFR §205.50 (requires patient, or patient representative, authorization specific to psychiatric treatment prior to release of information or a judge signed court order if patient authorization unavailable), Section 13 of this Agreement and Exhibit BAA, HIPAA Business Associate Agreement. Patient records must comply with all appropriate State and Federal requirements.

**10. CULTURAL COMPETENCE.**

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- A. Contractor shall report on its capacity to provide culturally competent services to culturally diverse clients and their families upon request from County, including:
  - 1. The number of Bilingual and Bicultural staff, and the number of culturally diverse clients receiving Program services;
  - 2. Efforts aimed at providing culturally competent services such as training provided to staff, changes or adaptations to service protocol, community education/Outreach, etc.;
- B. Contractor shall fill Program service staff positions with staff that reflects the ethnic makeup of North Santa Barbara County. At all times, the Contractor shall be staffed with personnel, or provide individuals who are able to communicate in the client preferred language;
- C. Contractor shall maintain Bilingual capacity and provide staff with regular training on cultural competency, sensitivity and the cultures within the community, pursuant to Attachment A;
- D. Contractor shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served.

**11. NOTIFICATION REQUIREMENTS**

- A. Contractor shall notify County immediately in the event of any suspected or actual misappropriation of funds under Contractor's control; known serious complaints against licensed staff; restrictions in practice or license as stipulated by the State Bureau of Medical Quality Assurance, Community Care Licensing Division of the Department of Social Services of the State, or other State agency; staff privileges restricted at a hospital; legal suits initiated specific to the Contractor's practice; initiation of criminal investigation of the Contractor; or other action instituted which affects Contractor's license or practice (for example, sexual harassment accusations). "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the event. Contractor shall train all personnel in the use of the ADMHS Compliance Hotline.
- B. Contractor shall immediately notify the County Liason in the event a Client with a case file (episode) open to the County presents any of the following Client indices: suicidal risk factors, homicidal risk factors, assaultive risk factors, 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.
- C. Contractor shall notify the County ADMHS Director or designee, regardless of whether the Client has a case file (episode) open with the County, should any of the following events occur: death, fire setting, police involvement, media contact, any behavior leading to potential liability, any behavioral symptom that may compromise the appropriateness of the placement.

**EXHIBIT A  
STATEMENT OF WORK**

**12. UTILIZATION REVIEW.**

- A. Contractor agrees to abide by County Quality Management standards and cooperate with the County's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record peer review, Client survey, and other utilization review program monitoring practices. Contractor will cooperate with these programs, and will furnish necessary assessment and treatment plan information, subject to Federal or State confidentiality laws, and provisions of this agreement.
- B. Contractor shall identify a senior staff member who will be the designated ADMHS QA contact and will participate in monthly or quarterly provider QA meetings, to review current and coming quality of care issues.

- 13. PERIODIC REVIEW.** 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. The Care Coordinators, Quality Improvement staff, and the Program Managers or their designees shall conduct periodic on-site reviews of Contractor's patient charting.



**EXHIBIT A-1**  
**STATEMENT OF WORK**  
**McMillan Ranch Program**

**August 1, 2008 to October 31, 2008**

1. **PROGRAM SUMMARY: MCMILLAN RANCH.** The McMillan Ranch Intensive Residential Program (hereafter “the Program”) provides twenty-four hour, structured mental health rehabilitation services, residential care and room and board to adults (aged 18 to 59) with Serious Mental Illness (SMI) at high risk for acute inpatient or long-term residential care. The Program shall be licensed as an Adult Residential Facility by the California Department of Social Services Community Care Licensing Division (CCLD). The Program shall be located in Santa Maria, California.
  
2. **PROGRAM GOALS.**
  - A. Increase living in natural or least restrictive living environments and prevent higher level placement;
  - B. Connect client to social services and natural community resources;
  - C. Assist clients to develop independent living skills.
  
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 in ten (10) beds at the program site. Contractor shall admit clients referred by County as described in Section 6, Referrals, and provide the following services:
  - A. Individual and group sessions, in accordance with individualized treatment plans;
  - B. Contractor shall escort residents to medical appointments and provide medication monitoring;
  - C. Assist clients in developing knowledge regarding medications and in developing skills to self administer medications;
  - D. Activities of Daily Living (ADL) support:
    1. Provide structured interventions to assist clients in becoming independent with meal planning, preparation, shopping, serving, and clean-up;
    2. Housekeeping;
    3. Provide structured direction so that clients learn how to provide and engage with group activities which can provide meaningful social connections with others;
    4. Provide structured direction so that clients learn how to provide and engage with community activities to prepare for more independent living;
    5. Provide structured direction so that clients learn how to be independent in budgeting and money management.

**EXHIBIT A-1**  
**STATEMENT OF WORK**  
**McMillan Ranch Program**

**August 1, 2008 to October 31, 2008**

6. Assist clients in learning how to use community transportation resources to Emergency Services, and other Behavioral Health and Recovery Services, programs or agencies as needed;
7. Provide therapeutic recreational and/or educational outings;
8. Assist clients in developing skills to use natural supports (ex: YMCA, Adult Education, etc) for transportation and community recreational resources) to assist improvement of functional abilities in the following domains:
  - a. Social/recreational, such as appropriate use of leisure time;
  - b. Psycho/social, such as effective interpersonal communication and conflict resolution;
  - c. Physical health, such as hygiene, prevention and management of medical condition.
  - d. Work with clients through crisis and other events, with the support of County Crisis and Recovery Emergency Services (CARES) and County Alcohol, Drug and Mental Health Services (ADMHS) clinic staff.
9. **Frequency and Duration of Services.** Clients will receive services daily, as determined by their Coordination Plan and their individualized service plan on a 24/7 basis as needed.
4. **CLIENTS.** Contractor shall provide the services described in Section 3 to a maximum caseload of 10 clients. Clients shall be 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 have the greatest need for 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.
5. **LENGTH OF STAY.**
  - A. Duration of service will be coordinated with County and will be authorized for up to six (6) month intervals.
  - B. Contractor and County shall review cases every ninety (90) days, to include discharge planning, treatment plan development, and effectiveness of interventions.
  - C. Contractor shall work with County to develop goals for encouraging clients to move to lower levels of supportive housing or community support.

**EXHIBIT A-1**  
**STATEMENT OF WORK**  
**McMillan Ranch Program**  
**August 1, 2008 to October 31, 2008**

**6. REFERRALS.**

- A. Contractor shall admit clients seven (7) days per week;
- B. Contractor shall admit and provide services to clients referred by County treatment teams in order for those services to be reimbursed by County.

**C. ADMISSION PROCESS.**

- 1. Contractor shall notify County that a program slot has been vacated.
- 2. County Program Manager shall thoroughly review open cases to determine those appropriate for placement. Clients from IMDs or higher level of care shall be prioritized for placement.
- 3. County Program Manager shall send the Referral Packet, described in Section 6.E, for the selected Client to Contractor.
- 4. Contractor shall respond to referrals within five (5) days and notify County of placement within ten (10) days from the date of receipt of the referral.
- 5. Contractor shall interview Client referred by County. McMillan Ranch referrals may also require Community Care Licensing approval if there is an exception needed for admission for residential treatment.
- 6. In the event a referral is not accepted per Section 6.D, Contractor shall notify County in writing of the reason for not accepting the referral.

**D. EXCLUSION CRITERIA AND PROCESS.** On a case-by-case basis, the following may be cause for Client exclusion from the program subject to approval by the ADMHS Division Chief in collaboration with Contractor: individual's recent history (within six (6) months) of, or facing charges of, violent crime or sexual predation; individuals with restricted health conditions as defined by CCLD and those who are not classified as "ambulatory"; individuals with Anti-Social Personality Disorder.

**E. REFERRAL PACKET.** Contractor shall maintain a referral packet within its files (hard copy or electronic), for each Client referred and treated, which shall contain the following items:

- 1. A copy of the County referral form;
- 2. A Client face sheet (Form MHS 140);
- 3. A copy of the most recent comprehensive assessment and/ or assessment update;
- 4. A copy of the most recent medication record and health questionnaire;

**EXHIBIT A-1**  
**STATEMENT OF WORK**  
**McMillan Ranch Program**

**August 1, 2008 to October 31, 2008**

5. A copy of the currently valid Coordination and Service Plan (CSP) indicating the goals for Client enrollment in the Program and which names Contractor as service provider;
  6. 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;
  7. Protective Pay Accounting Statement when necessary;
  8. Pre-placement Appraisal Information (LIC 603);
  9. Other documents as reasonably requested by County.
- F. The Care Coordinators shall be actively involved in the Client admission and development of planned Client services as well as discharge planning for clients and any hearings resulting from denial of admission.

**7. DISCHARGES.**

- A. County shall participate in the development of discharge plans, and shall provide assistance to clients in completion of their plan;
- B. Contractor shall notify County within five (5) days of any pending discharge;
- C. County shall receive a copy of the final discharge plan;
- D. Contractor shall notify County of the final discharge date within 1 business day.

**8. STAFFING.**

- A. Contractor shall abide by CCLD staffing requirements for 24/7 hour coverage with on-call staff as necessary for emergency situations.
- B. Contractor shall establish an 8.4 FTE service delivery team for the McMillan Ranch Program:
  1. 2.0 FTE Program Managers;
  2. 6.4 FTE Personal Services Coordinators I.

**EXHIBIT A-2**  
**STATEMENT OF WORK**  
**CARES North Residential**

1. **PROGRAM SUMMARY: CARES North Residential.** Contractor and County mutually agree that the mission of the North County Crisis and Recovery Emergency Services (CARES) Residential Program (hereafter “CARES North Residential”) is to establish and operate a Short-Term Crisis Residential Facility. The program will be located at 212 Carmen Lane Suite 201, Santa Maria, California.
  
2. **SERVICES.**
  - A. Contractor shall provide services 24 hours per day, 7 days per week and 365 days per year to adults in crisis due to mental health or Co-Occurring substance abuse conditions. The co-located, County-operated North County CARES (CARES North) clinic and CARES North mobile crisis team shall assess clients for appropriateness for placement and refer clients to the program as described in Section 5, Referrals. Services offered to program clients include, but are not limited to:
    1. Assessment including evaluation of mental health and co-occurring substance abuse conditions;
    2. Crisis intervention including emotional support and de-escalation of crisis situations;
    3. Gathering information from the client, family members, and professionals already serving the client (collateral);
    4. Development of a service/recovery plan;
    5. Temporary respite for clients from living situations contributing to the crisis;
    6. Social model detox (decreasing drug & alcohol acuity) for clients with acute mental health symptoms as permitted by regulations governing facility operations;
    7. Assist resident clients in the self-administration of medications and provide medication management and support services;
    8. Brief treatment including crisis intervention and stabilization, individual, family, and group counseling & rehabilitation;
    9. Education about mental disorders, Co-Occurring substance abuse conditions, and community resources;
    10. Case management, linkage and referral including assistance with obtaining entitlements, community housing, community treatment resources, referral to appropriate medical services.

**EXHIBIT A-2  
STATEMENT OF WORK  
CARES North Residential**

11. Drug testing for alcohol and other drug intoxication or influence at discharge<sup>2</sup>;
12. Intensive planning and implementation of integrated aftercare services in the community leading to departure from the Crisis Residential Facility, including linkage to natural supports. Prior to discharge Contractor shall provide a Recovery Plan for each client.

**B. Services not provided at CARES North Residential include:**

1. Medical detox;
  2. Methadone or LAAM Narcotic Treatment Program;
  3. Involuntary detention;
  4. Residential care for individuals under the age of 18 or over the age of 59;
  5. Services to individuals with substantial primary medical needs (restricted health conditions);
  6. Ongoing treatment for individuals not in crisis/not in recovery from crisis.
3. **CLIENTS.** Contractor shall provide crisis residential services, as described in Section 2, to approximately 625 adults experiencing mental health crisis annually. Clients served may have Co-Occurring substance abuse conditions.
4. **LENGTH OF STAY.**
- A. Clients' average length of stay shall be seven (7) days; Contractor shall ensure that no client's length of stay exceeds 30 days.
  - B. Contractor and County CARES North management staff will provide a medical necessity structured and written review of individual cases every seven (7) days until discharge.

**5. REFERRALS.**

**A. ADMISSION PROCESS.**

1. Contractor shall admit clients as directed by County which shall include referrals by the co-located, County-operated CARES North clinic during its hours of operation, which include the CARES North mobile crisis team hours of operation. Outside the CARES North hours of operation, Contractor shall enroll clients referred by mobile crisis teams, as determined by mobile crisis in consultation with County on-call staff and/or Marian Medical Center.

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<sup>2</sup> Testing for alcohol and other drugs is to be conducted in compliance with ADMHS Alcohol & Drug Program's "Drug Testing Policy & Procedures" posted at the ADMHS website <[www.countyofsb.org/ADMHS](http://www.countyofsb.org/ADMHS)> (click on "C.A.R.E.S. Projects").

**EXHIBIT A-2**  
**STATEMENT OF WORK**  
**CARES North Residential**

2. Referral source shall ensure clients have a completed Pre-placement Appraisal Information form (LIC 603), Physician's Report for Community Care (LIC 602), a functional Capability Assessment (LIC9172), documented Tuberculosis screening and conservator/guardian written approval (when applicable) prior to admission to the program.

**B. REFERRAL PACKET.** Contractor shall maintain a referral packet within its files (hard copy or electronic), for each client referred and treated, which shall contain the following items:

1. A copy of the County referral form;
2. A client face sheet (Form MHS 140);
3. A copy of the most recent comprehensive assessment and/or assessment update;
4. A copy of the most recent medication record and health questionnaire;
5. A copy of the currently valid Coordination and Service Plan (CSP) indicating the goals for client enrollment in the program and which names Contractor as service provider;
6. Other documents as reasonably requested by County.

**C. EXCLUSION CRITERIA AND PROCESS.** On a case-by-case basis as determined by the referral source, the following may be cause for exclusion from the program: individual's history of, or facing charges of, violent crime or sexual predation; individuals with infectious disease, contagious conditions, substantial primary medical needs (restricted health conditions); individual's extensive history of fire setting.

**6. DISCHARGES.**

- A. Contractor and County CARES North staff shall provide to County the Program discharge plan procedures, subject to approval by the ADMHS Crisis and Customer Care Division Chief.
- B. Contractor shall provide drug testing and referral to aftercare services, as described in Section 2, to each client at discharge.

**7. STAFFING.**

- A. Contractor shall establish and employ a 13.2 Full Time Equivalent (FTE) service delivery team for the program, as follows:
  1. 1.0 FTE Administrator (Licensed Practitioner of the Healing Arts (LPHA));
  2. 1.0 FTE Business Office Manager;

**EXHIBIT A-2  
STATEMENT OF WORK  
CARES North Residential**

3. 1.4 FTE LCSW/MFT;
4. 2.8 FTE Personal Services Coordinators II (BA/BS or equivalent experience);
5. 1.0 FTE Registered Nurse (RN);
6. 3.2 FTE Licensed Vocational Nurse (LVN/LPT);
7. 2.8 FTE Crisis Workers.



**EXHIBIT A-3  
STATEMENT OF WORK  
Santa Maria ACT**

**August 1 through October 31, 2008**

**1. PROGRAM SUMMARY: Santa Maria Assertive Community Treatment Program.**

The Santa Maria Assertive Community Treatment Program (hereafter "Santa Maria ACT") is an Assertive Community Treatment<sup>3</sup> (hereafter "ACT") Model program providing intensive community support services to adults and Older Adults with SMI.

A. Contractor shall conform to the principles of ACT model programs which offer a multidisciplinary team responsible for all client care including the provision of treatment, Rehabilitation and support services. These principles include, but are not limited to:

1. Helping individuals with SMI avoid hospitalization and to develop skills for living in the community, to prevent mental illness from being the driving force in their lives;
2. Offering Individualized services that are customized to the specific needs of the client, delivered by a team of practitioners and available 24 hours per day;
3. Providing an assertive and engaging team that adopts a "Whatever It Takes" approach to helping clients achieve Individualized goals and service treatment needs;
4. Rather than brokering services, the ACT team directly provides treatment, support and Rehabilitation services;
5. Team members share responsibility for the individuals served by the team;
6. The staff to client ratio is small (approximately 1 to 10);
7. The range of treatment and services is comprehensive and flexible;
8. Services are provided within community settings, such as a client's own home and neighborhood, local restaurants, parks and nearby stores, rather than in clinic or hospital settings;
9. Availability of services to clients will not be contingent upon the client's acceptance of other services;
10. There is no arbitrary time limit on receiving services.

**2. SERVICES.**

A. Contractor shall provide intensive community support services to adults and Older Adults with SMI. Contractor shall provide an appropriate combination of services individualized to meet the needs of each client and assist them to achieve and sustain Recovery. County Program Manager shall assess clients for appropriateness for placement and refer clients to the program as described in

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<sup>3</sup> U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) *ACT Implementation Toolkit*.

**EXHIBIT A-3**  
**STATEMENT OF WORK**  
**Santa Maria ACT**  
**August 1 through October 31, 2008**

Section 5, Referrals. Contractor services offered to program clients include, but are not limited to:

1. Comprehensive mental health, social, cultural, physical health, substance abuse services and strengths-based trauma assessments;
2. 24/7 response to client mental health crises;
3. Development of a goal-oriented Recovery plan and coordination of "Whatever It Takes" initiatives to access the supports and services necessary to support the client in achieving the plan goals;
4. Review of client Recovery plans at least semi-annually by clients and the treatment team;
5. Assistance with residential maintenance, cleaning, clothing and food and financial management;
6. Assistance with transportation;
7. Coordination and linkage with other health care providers;
8. Housing subsidy/vouchers to secure emergency housing;
9. Provide brokerage and linkage services to help clients find and maintain housing;
10. Supported Employment and linkage to educational opportunities;
11. Vocational skills enhancement, including the development of job options for clients who have secured employment;
12. Educational and vocational assessment and assistance;
13. Medication support;
14. Counseling support by mental health, alcohol and drug specialists;
15. Peer counseling and support, both individual and group formats;
16. Social skills development;
17. Recovery-oriented training including Recovery Plan and Contractor's Recovery Centered Clinical System (RCCS);
18. Other services as needed to promote healing and Recovery through a "Whatever It Takes" approach.

**EXHIBIT A-3  
STATEMENT OF WORK  
Santa Maria ACT**

**August 1 through October 31, 2008**

- B. FREQUENCY AND DURATION OF SERVICES.** Clients will receive services as determined by their Coordination Plan and their Service Plan on a 24/7 as needed basis.
1. Contractor shall meet with each client at least once per week, and more frequently when a client requires additional services or appears to be on the verge of a crisis.
  2. Contractor on-call staff shall provide crisis services to all clients 24 hours, 7 days per week and 365 days per year. If a physical response is required, staff will arrive no more than 60 minutes from the time of the call.
  3. Contractor shall provide medication monitoring weekly. At least monthly, each client shall meet with Contractor's psychiatrist and/or supervised Nurse Practitioner who prescribe and monitor psychiatric medications and provide psychotherapy as needed.
3. **CLIENTS.** Contractor shall provide mental health services, as described in Section 2, to a caseload of 45 clients. Clients served may have Co-Occurring substance abuse conditions.
4. **LENGTH OF STAY.**
- A. Within ninety (90) days of contract execution Contractor, in collaboration with County, shall develop criteria for transferring clients to less intensive levels of mental health treatment.
  - B. Contractor and County management staff will provide a medical necessity structured and written review of individual cases quarterly.
5. **REFERRALS.**
- A. **ADMISSION PROCESS.**
1. Contractor shall notify County that a program slot has been vacated.
  2. County Program Manager shall thoroughly review open cases to determine those appropriate for placement. For McMillan Ranch, clients from IMDs or higher level of care shall be prioritized for placement.
  3. County Program Manager shall send the Referral Packet, described in Section 5.B, for the selected client to Contractor.
  4. Contractor shall respond to referrals within five (5) days and notify County of placement within ten (10) days from the date of receipt of the referral.
  5. Contractor shall interview client referred by County. McMillan Ranch referrals may also require Community Care Licensing approval if there is an exception needed for admission for residential treatment.

**EXHIBIT A-3**  
**STATEMENT OF WORK**  
**Santa Maria ACT**  
**August 1 through October 31, 2008**

6. In the event a referral is not accepted per Section 5.C, Contractor shall notify County in writing of the reason for not accepting the referral.

**B. REFERRAL PACKET.** Contractor shall maintain a referral packet within its files (hard copy or electronic), for each County client referred and treated, which shall contain the following items:

1. A copy of the County and Contractor referral form;
2. A client face sheet (Form MHS 140);
3. A copy of the most recent comprehensive assessment and/or assessment update;
4. A copy of the most recent medication record and health questionnaire;
5. A copy of the currently valid Coordination and Service Plan (CSP) indicating the goals for client enrollment in the program and which names Contractor as service provider (for Santa Maria ACT only);
6. Protective Pay Accounting Statement when necessary;
7. Pre-placement Appraisal Information (LIC 603) (for McMillan Ranch or when admission includes placement in any DSS ARF facility);
8. Other documents as reasonably requested by County or Contractor.

**C. EXCLUSION CRITERIA AND PROCESS.** On a case-by-case basis, the following may be cause for client exclusion from the program subject to approval by the ADMHS Division Chief in collaboration with Contractor: individual's recent history (within six (6) months) of, or facing charges of, violent crime or sexual predation; those who are not classified as "ambulatory"; individuals with Anti-Social Personality Disorder.

**6. DISCHARGES.**

**A. DISCHARGE AND READMISSION POLICY.** Contractor shall provide County with their discharge and readmission policy, subject to approval by the ADMHS Division Chief, which addresses the following:

1. Discharge of clients to lower or higher levels of care;
2. Discharge based on clients requests;
3. Discharge of clients based on negative behavior;

**B. NOTICE OF DISCHARGE.** Contractor shall provide thirty (30) day notice of discharge to any client, subsequent to approval by the ADMHS Division Chief.

**EXHIBIT A-3**  
**STATEMENT OF WORK**  
**Santa Maria ACT**  
**August 1 through October 31, 2008**

**7. STAFFING.**

- A. Contractor, shall establish and maintain an 6.3 FTE service delivery team for the Santa Maria ACT Program:
1. 1.1 FTE Administrator/ Clinical Director;
  2. 2.0 FTE Personal Service Coordinator II
  3. 1.0 FTE Licensed Vocational Nurse (LVN);
  4. 0.2 FTE Nurse Practitioner;
  5. 1.0 FTE Business Office Manager;
  6. 1.0 FTE Administrative Assistant.
- B. Contractor shall contract for the services of 0.10 FTE Psychiatrist.
- C. **STAFF TRAINING.** Contractor shall provide training to each program staff member, within ninety (90) days of the date of hire, on the following:
1. The ACT model concept;
  2. Staff member's role in relation to an ACT model program;
  3. How the "whatever it takes" work ethic applies to the program; and
  4. The specific Outcomes used to evaluate staff and program performance.

## ATTACHMENT A

### SANTA BARBARA County MENTAL HEALTH PLAN,

#### QUALITY MANAGEMENT STANDARDS

1. The Medi-Cal Mental Health Plan (MHP) of Santa Barbara County has established the following standards for all organizational, individual, and group providers. These standards apply equally to all services delivered under the umbrella of “traditional” Short-Doyle as well as the more recent “consolidated” Medi-Cal Fee-for-Service providers. The established standards are:
  - A. Assessment
    1. Initial: Each individual served for sixty days or more shall have a comprehensive assessment performed and documented by the 61<sup>st</sup> day of service. This assessment shall address areas detailed in the source document, MHP’s Agreement with the California State Department of Mental Health.
    2. Update: A re-evaluation/re-assessment of key indicators will occur and be documented within the chart on an annual basis with reassessment of key clinical/functional variables. The time frame for this update is the sixty days prior to the anniversary date of the first day of the month of admission.
    3. A component of the Initial and/or Annual assessment is the completion of the Children’s Performance Outcome Survey (CPOS) instruments or Adult Performance Outcome Survey (APOS) instruments. In the absence of these survey instruments being completed, documentation of client refusal to participate must exist in the chart.
  - B. Specialty Use Providers: Those providers that operate as part of the continuum of care established by the Alcohol Drug and Mental Health Services (ADMHS) clinic/team and provide the assessment or most recent assessment update in order to meet the assessment requirements.
2. Plan of Care
  - A. Coordination and Service Plan (CSP): The plan of care is completed by the provider entity, which is designated by the MHP as an entity that may authorize services.

CSP: The organizations and/or gateways that authorize services through use of the CSP are: The MHP Access Team; the County Adult and Child Teams, traditional organizational providers and programs.
  - B. Frequency: The CSP is completed by the 61<sup>st</sup> day in all cases in which services will exceed sixty (60) days. Annually, within the sixty (60) days prior to the anniversary date of first opening a client file, this plan must be updated or re-written.

## ATTACHMENT A

C. Service Plan (SP): This plan of care is written by any individual, group, or organizational provider that is authorized to deliver services to a beneficiary/client of the ADMHS system.

1. Frequency: Annually the plan (CSP and/or SP) shall be updated or rewritten.
2. Timeliness: The initial plan (CSP and/or SP) shall be written within sixty (60) days of initial contact. Plans shall be re-written during the sixty (60) day window that precedes the anniversary date of first opening of the client file.

D. Content of Client Plans:

1. Specific, observable or quantifiable goals.
  2. Identify the proposed type(s) of intervention.
  3. Have a proposed duration of intervention(s).
  4. Be signed (or electronic equivalent) by: the person providing the service(s), or a person representing a team or program providing services, or a person representing the MHP providing services.
  5. If the above staff are not of the approved category, review by and dated co-signature of the following is required:
    - a) A physician;
    - b) a licensed/"waivered" psychologist;
    - c) a licensed/registered/"waivered" social worker;
    - d) a licensed/registered/"waivered" Marriage and Family Therapist, or
    - e) a registered nurse.
  - e. Client plans shall be consistent with the diagnoses and the focus of intervention will be consistent with the client plan goals.
  - f. There will be 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.
  - g. The MHP will give a copy of the client plan to the client on request. (Each Provider must determine where and how this is documented.)
3. Progress Notes and Billing Records: The Santa Barbara ADMHS MHP services must meet the following criteria, as specified in the MHP'S Agreement with the California State Department of Mental Health.
- a. All entries will include the date services were provided.

## ATTACHMENT A

- b. The client record will contain timely documentation of care. Services delivered will be recorded in the client record within one working day of service delivery.
  - c. Mental health staff/practitioners will use client records to document client encounters; relevant aspects of client care, including relevant clinical decisions and interventions.
  - d. All entries in the client record will include 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.
  - e. The record will be legible.
  - f. The client record will document referrals to community resources and other agencies, when appropriate.
  - g. The client record will document follow-up care, or as appropriate, a discharge summary.
  - h. Timeliness/Frequency of Progress Notes
    - i. 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.
    - ii. Shall be daily for:
      - 1. Crisis Residential;
      - 2. Crisis Stabilization (1x/23hr);
      - 3. Day Treatment Intensive.
    - iii. Shall be weekly for:
      - 1. Day Treatment Intensive for Clinical Summary;
      - 2. Day Rehabilitation;
      - 3. Adult Residential.
    - iv. On each shift for other services such as Psychiatric Health Facility.
4. EPSDT Notification. Shall be provided for any Medi-Cal beneficiary under 21 who has been admitted with an emergency psychiatric condition to a hospital with which the MHP has a Agreement.
5. STATE MENTAL HEALTH PLAN REQUIREMENTS
- a. Contractor shall display Medi-Cal Member Services Brochures in English and Spanish in their offices. In addition, providers 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



## ATTACHMENT A

Mental Health Plan (MHP) self addressed envelopes to be used to send grievances or appeals to ADMHS Quality Assurance department.

- b. Contractor shall be knowledgeable of MHP policies on Beneficiary Rights as outlined in the Medi-Cal Member Services Brochures.
- c. Contractor shall ensure that direct service staff attend two cultural competency trainings per fiscal year and shall retain evidence of attendance for the purpose of reporting to the Cultural Competency Coordinator.
- d. 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, & writing Spanish language. Additionally, interpreters and users of interpreters must attend one training per fiscal year on interpretation in the mental health field-this workshop is offered through the County at least one time per year. Contractor shall retain evidence of employees' attendance at these workshops.
- e. 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 (1<sup>st</sup> appt within 10 business days. When not feasible, Contractor shall give the beneficiary the option to re-contact the Access team and request another provider who may be able to serve the beneficiary within the 10 business day standard).
  - iii. Providers need to be informed that the MHP Quality Assurance team of Santa Barbara County monitors timeliness of service delivery.
- f. 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.
- g. 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. As identified in the new Provider Relations Policy approved by the Director and the Executive team, the proposed process for ensuring compliance and implementing corrective actions is as follows:
  - 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

## ATTACHMENT A

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 Assurance Manager within 30 calendar days to identify barriers to compliance. If an agreement is reached, the provider shall have not more than 30 calendar days to provide proof of compliance. If an agreement is not forthcoming, the issue will be 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: Service and Documentation Standards of the State of California, Department of Mental Health.

## EXHIBIT B

### FINANCIAL PROVISIONS

(With attached Schedule of Rates [Exhibit B-1])

This Agreement provides for reimbursement for adult mental health services up to a Maximum Contract Amount. For Title XIX Short-Doyle/Medi-Cal (SD/MC) 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 §§5704-5724, and other applicable Federal, State and local laws, rules, manuals, policies, guidelines and directives.

#### I. PAYMENT FOR SERVICES.

- A. Performance of Services. Contractor shall be compensated on a cost reimbursement basis for provision of the Units of Service (UOS) established in Exhibit B-1 based on satisfactory performance of the adult mental health services described in Exhibit A.
- B. Medi-Cal Services. The services provided by Contractor's Program described in Exhibit A are covered by the Medi-Cal Program and will be reimbursed by County from Fifty Percent (50%) Federal Financial Participation (FFP) and Fifty Percent (50%) local share as specified in Exhibit B-1.
- C. Non-Medi-Cal Services. County recognizes that the services provided by Contractor's Program described in Exhibit A may be provided to individuals who are not Medi-Cal eligible and such services will be reimbursed by other County funds only 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 Exhibit A to this Agreement. Expenses shall comply with the requirements established in OMB A-87 and applicable regulations. Violation of this provision or use of County funds for purposes other than those described in Exhibit A shall constitute a material breach of this Agreement.

#### II. MAXIMUM CONTRACT AMOUNT.

The Maximum Contract Amount has been calculated based on the total UOS to be provided pursuant to this Agreement as set forth in Exhibit B-1 and shall not exceed \$1420029 Dollars. The Maximum Contract Amount shall consist of County, State, and/or Federal funds as shown in Exhibit B-1. 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.

## EXHIBIT B

### III. OPERATING BUDGET AND PROVISIONAL RATE.

- A. Operating Budget. Prior to the Effective Date of this Agreement, Contractor shall provide County with an Operating Budget on a format acceptable to, or provided by County, based on costs net of revenues as described in this Exhibit B, Section IV (Accounting for Revenues). Contractor's approved Operating Budget shall be used to confirm the Provisional Rate to be paid to Contractor as set forth in Exhibit B-1, for the services to be provided pursuant to this Agreement.
- B. Provisional Rate. County agrees to reimburse Contractor at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. The Provisional Rate shall be established by using the rates from the Contractor's most recently filed cost report, as set forth in Exhibit B-1. At any time during the term of this agreement, Director shall have the option to adjust the Provisional Rate to a rate based on allowable costs less all applicable revenues, as reflected in Contractor's approved Operating Budget. Payment will be based on the UOS accepted into the County's MIS system on a monthly basis.
- C. Adjustment of Provisional Rates. Contractor acknowledges that the Provisional Rates shall be adjusted at the time of the settlement specified in this Exhibit B, Section VIII (Pre-Audit Cost Report Settlement).

### IV. ACCOUNTING FOR REVENUES.

- A. Accounting for Revenues. Contractor shall comply with all County, State, and Federal requirements and procedures, as described in WIC Sections 5709, 5710 and 5721, 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 EPSDT/Medi-Cal, Healthy Families, 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. Grants, and any other revenue, interest and return resulting from services/activities and/or funds paid by County to Contractor shall also be accounted for in the Operating Budget.
- B. Internal Procedures. Contractor shall maintain internal financial controls which adequately ensure proper billing and collection procedures. Contractor's procedures shall specifically provide for the identification of delinquent accounts and methods for pursuing such accounts. Contractor shall pursue payment from all potential sources in sequential order, with SD/MC as payor of last resort. Contractor is to attempt to collect first from Medicare (if site is Medicare certified), then from insurance. 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 mental health service units specified in this Agreement.

## EXHIBIT B

### V. REALLOCATION OF PROGRAM FUNDING.

Contractor shall make written application to Director, in advance, to reallocate funds as outlined in Exhibit B-1 between programs, for the purpose of meeting specific program needs or for providing continuity of care to its clients. Contractor's application shall include a narrative specifying the purpose of the request, the amount of said funds to be reallocated, and the sustaining impact of the reallocation as may be applicable to future years. The Director's decision of whether to allow the reallocation of funds shall be in writing to Contractor prior to implementation by Contractor.

### VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS.

- A. Submission of Claims and Invoices. Claims for services, are to be entered into the County's Management Information System (MIS) within 10 calendar days of the end of the month in which mental health services are delivered, although late claims may be submitted as needed in accordance with State and federal regulations. In addition to claims submitted into MIS, Contractor shall submit a written invoice within 10 calendar days of the end of the month in which mental health services are delivered that: i) summarizes the information submitted into MIS, including the UOS provided for the month, ii) states the amount owed by County, and iii) includes the Agreement number and signature of Contractor's authorized representative. Invoices shall be delivered electronically to the County designated representative or to:

Santa Barbara County Alcohol, Drug, and Mental Health Services  
ATTN: Accounts Payable  
300 North San Antonio Road Bldg. 3  
Santa Barbara, CA 93110-1316

Contractor agrees that it shall be solely liable and responsible for all data and information submitted by the County to the State on behalf of Contractor. Payment will be based on the UOS accepted into MIS on a monthly basis.

The Director or designee shall review the monthly claim(s) and invoice to confirm accuracy of the data submitted. With the exception of the final month's payment under this Agreement, County shall make provisional payment for approved claims within thirty (30) calendar days of the receipt of said claim(s) and invoice by County subject to the contractual limitations set forth below.

- B. Monthly Expenditure and Revenue Report and Projection Report. Contractor shall submit a monthly Expenditure and Revenue Report and Projection Report as described in the Reports Section of Exhibit A to this Agreement.
- C. Withholding Of Payment for Non-submission of MIS and Other Information. If any required MIS data, invoice or report(s) is not submitted by Contractor to County within the time limits described in this Agreement or if any such information is incomplete, incorrect, or is not completed in accordance with the requirements of this Agreement, then payment shall be withheld until County is in receipt of complete and

## EXHIBIT B

correct data and such data has been reviewed and approved by Director or designee. Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.

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 State and County written standards.

E. Claims Submission Restrictions.

1. Six-Month Billing Limit. Unless otherwise determined by State or federal regulations (e.g. Medi-Medi cross-over), all original (or initial) claims for eligible individual persons under this Agreement must be received by County within six (6) months from the date of service to avoid possible payment reduction or denial for late billing. Original (or initial) claims received after this six month billing limit without an acceptable delay reason code are subject to reduction and/or denial by either the State or County. Exceptions to the six month billing limit can be made for months seven through twelve following the month in which the services were rendered if the reason for the late billing is allowed by WIC Section 14115 and Title 22, California Code of Regulations section 51008.5.

2. 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.

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. Tracking of Expenses. Contractor shall inform County when seventy-five percent (75%) of the Maximum Contract Amount has been incurred based upon Contractor's own billing records. Contractor shall send such notice to those persons and addresses which are set forth in the Agreement, Section 2 (NOTICES).

## VII. COST REPORT.

A. Submission of Cost Report. Within forty-five (45) days after the close of the Fiscal Year covered by this Agreement, Contractor shall provide County with an accurate and complete Annual Cost Report with a statement of expenses and revenue for the

## EXHIBIT B

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 Director or Designee upon reasonable notice.

- B. Cost Report to be Used for Final Settlement. The Cost Report shall be the final financial and statistical report submitted by Contractor to County, and shall serve as the basis for final settlement to Contractor. Contractor shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.
- C. Withholding Payment. County shall withhold the final month's payment under this Agreement until such time that Contractor submits its complete Annual Cost Report.
- D. Penalties. In addition, failure of Contractor to submit accurate and complete Annual Cost Report(s) by the ninetieth (90<sup>th</sup>) day after the close of the Fiscal Year or the expiration or termination date of this Agreement shall result in:
1. 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 ninety-first (91<sup>st</sup>) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement. County shall deduct the Late Penalty assessed against Contractor from the final month's payment due under the Agreement.
  2. In the event that Contractor does not submit accurate and complete Annual Cost Report(s) by the one-hundred fiftieth (150<sup>th</sup>) day following either the end of the applicable Fiscal Year or the expiration or termination date of this Agreement, then all amounts covered by the outstanding Annual Cost Report(s) and 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 shall terminate any current contracts entered into with Contractor for programs covered by the outstanding Annual Cost Reports.
- E. 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.
- F. Single Audit Report: If Contractor is required to perform a single audit, per the

## EXHIBIT B

requirements of OMB circular A-133, Contractor shall submit a copy of such single audit to County within thirty (30) days of receipt.

### VIII. PREAUDIT COST REPORT SETTLEMENT.

- A. Pre-audit Cost Report Settlement. Based on the Annual Cost Report(s) submitted pursuant to this Exhibit B Section VII (Cost Reports) and State approved UOS, at the end of each Fiscal Year or portion thereof that this Agreement is in effect, the State and County will perform a pre-audit cost report settlement. Such settlement will be subject to the terms and conditions of this Agreement and any other applicable State and/or federal statutes, regulations, policies and procedures, or requirements pertaining to cost reporting and settlements for applicable federal and/or State programs. Settlement shall be adjusted to the lower of:
1. Contractor's published charge(s) to the general public, as approved by the Contractor's governing board; unless the Contractor is a Nominal Charge Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.
  3. The Contractor's actual costs.
  4. The State's Schedule of Maximum Allowances (SMA).
  5. The Maximum Contract Amount (MCA) of this Agreement.
- B. Issuance of Findings. County's issuance of its pre-audit cost report settlement findings shall take place no later than one-hundred-twenty (120) calendar days after the receipt by County from the State of the State's Final Cost Report Settlement package for a particular fiscal year.
- C. Payment. In the event that Contractor adjustments based on any of the above methods indicate an amount due the County, Contractor shall pay County by direct payment within thirty (30) days or from deductions from future payments, if any, at the sole discretion of the Director.

### IX. AUDITS, AUDIT APPEALS AND POST-AUDIT SHORT-DOYLE/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 the 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 hereunder.



## EXHIBIT B

- 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 SD/MC audit, the State and County will perform a post-audit SD/MC 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.
- C. Invoice for Amounts Due. County shall issue an invoice to Contractor for any amount due 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 party performing the audit.

### X. PAYMENT OF COSTS EXCLUDED BY MEDI-CAL.

- A. Notwithstanding any other provision of this Exhibit B, or the Agreement and any other Exhibits, COUNTY and CONTRACTOR agree that CONTRACTOR may include and be paid indirect costs equal to the percentage in the approved budget in Exhibit B-1 but not in excess of 16% of direct costs in its monthly invoices and its cost report, up to 6% of which COUNTY acknowledges may not be an allowable expense under Medi-Cal or reimbursable by Federal or State grants. The inclusion of the indirect costs claimed by CONTRACTOR that are not Medi-Cal allowable or grant reimbursable shall not cause the payments made under this Agreement to exceed the total dollar amount set forth in this Exhibit B, Section 1. COUNTY agrees to pay CONTRACTOR the agreed upon indirect costs that are not Medi-Cal allowable or grant reimbursable outside the cost reimbursement and settlement process outlined in this Exhibit B. Payment of these agreed upon indirect costs will be excluded from the claims submitted by COUNTY to the State for Medi-Cal reimbursement, and shall be accounted for by CONTRACTOR in the cost reimbursement and settlement process in accordance with instructions from the COUNTY.
- B. CARES North Residential Program: Notwithstanding any other provision of this Agreement, to the extent that CONTRACTOR'S otherwise allowable costs exceed the Medi-Cal State Maximum Allowable Rate (SMA), the COUNTY shall reimburse CONTRACTOR for such costs from COUNTY funds.

# EXHIBIT B-1

## EXHIBIT B-1 ALCOHOL, DRUG AND MENTAL HEALTH SERVICES SCHEDULE OF RATES AND CONTRACT MAXIMUM

**CONTRACTOR NAME:** Telecare Corporation **Fiscal Year:** 2008-09

	PROGRAM			TOTAL
	McMillan Ranch	CARES North Residential	Santa Maria ACT	
	Aug. 1, 2008 to Oct. 31, 2008	Aug. 1, 2008 to Jun. 30, 2009	Aug. 1, 2008 to Oct. 31, 2008	
DESCRIPTION/MODE/SERVICE FUNCTION:	NUMBER OF UNITS PROJECTED (based on history):			
Crisis Residential (05/40)*	-	3,593	-	3,593
Outpatient - Placement/Brokerage (15/01-09)	-	-	4,845	4,845
Outpatient Mental Health Services (15/10-59)	53,854	-	75,630	129,484
Outpatient - Medication (15/60-69)	7,869	-	11,078	18,947
Outpatient - Crisis Intervention (15/70-79)	417	-	597	1,014
SERVICE TYPE: M/C, NON M/C	M/C	M/C	M/C	
UNIT REIMBURSEMENT	minute	day	minute	
COST PER UNIT/PROVISIONAL RATE:				
Crisis Residential (05/40)*				\$313.08
Outpatient - Placement/Brokerage (15/01-09)				\$1.34
Outpatient Mental Health Services (15/10-59)				\$1.74
Outpatient - Medication (15/60-69)				\$3.20
Outpatient - Crisis Intervention (15/70-79)				\$2.58

<b>GROSS COST:</b>	\$ 145,000	\$ 1,125,029	\$ 175,000	\$ 1,445,029
<b>LESS REVENUES COLLECTED BY CONTRACTOR: (as depicted in Contractor's Budget Packet)</b>				
A PATIENT FEES	\$ 25,000			\$ 25,000
B PATIENT INSURANCE				\$ 0
C CONTRIBUTIONS				\$ 0
D FOUNDATIONS/TRUSTS				\$ 0
E SPECIAL EVENTS				\$ 0
F OTHER (LIST):				\$ 0
<b>TOTAL CONTRACTOR REVENUES</b>	<b>\$ 25,000</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ 25,000</b>
<b>MAXIMUM CONTRACT AMOUNT:</b>	<b>\$ 120,000</b>	<b>\$ 1,125,029</b>	<b>\$ 175,000</b>	<b>\$ 1,420,029</b>

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT					
A	MEDI-CAL/FFP	\$ 60,000	\$ 204,109	\$ 87,500	\$ 351,609
B	OTHER FEDERAL FUNDS				\$ -
C	REALIGNMENT/VLF FUNDS	\$ 60,000		\$ 87,500	\$ 147,500
D	STATE GENERAL FUNDS				\$ -
E	COUNTY FUNDS		\$ 920,920		\$ 920,920
F	HEALTHY FAMILIES				\$ -
G	TITLE 4E				\$ -
H	AB 3632				\$ -
I	EPSDT				\$ -
J	FIRST 5 GRANT				\$ -
K	MHSA				\$ -
L	OTHER (LIST):				\$ -
<b>TOTAL (SOURCES OF FUNDING)</b>		<b>\$ 120,000</b>	<b>\$ 1,125,029</b>	<b>\$ 175,000</b>	<b>\$ 1,420,029</b>

\*Provider is cost reimbursed. Rate listed is State Maximum Allowable.

CONTRACTOR SIGNATURE: \_\_\_\_\_

STAFF ANALYST SIGNATURE: \_\_\_\_\_

FISCAL SERVICES SIGNATURE: \_\_\_\_\_

## EXHIBIT C

### STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS for contracts REQUIRING professional liability insurance

#### 1. INDEMNIFICATION

##### Indemnification pertaining to other than Professional Services:

Contractor shall defend, indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of this Agreement or occasioned by the performance or attempted performance of the provisions hereof; including, but not limited to: any act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him; except those claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities resulting from the sole negligence or willful misconduct of the County.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

##### Indemnification pertaining to Professional Services:

Contractor shall indemnify and save harmless the County, its officers, agents and employees from any and all claims, demands, damages, costs, expenses (including attorney's fees), judgments or liabilities arising out of the negligent performance or attempted performance of the provisions hereof; including any willful or negligent act or omission to act on the part of the Contractor or his agents or employees or other independent Contractors directly responsible to him to the fullest extent allowable by law.

Contractor shall notify the County immediately in the event of any accident or injury arising out of or in connection with this Agreement.

#### 2. INSURANCE

Without limiting the Contractor's indemnification of the County, Contractor shall procure the following required insurance coverages at its sole cost and expense. All insurance coverage is to be placed with insurers which (1) have a Best's rating of no less than A: VII, and (2) are admitted insurance companies in the State of California. All other insurers require the prior approval of the County. Such insurance coverage shall be maintained during the term of this Agreement. Failure to comply with the insurance requirements shall place Contractor in default. Upon request by the County, Contractor shall provide a certified copy of any insurance policy to the County within ten (10) working days.

**Workers' Compensation Insurance:** Statutory Workers' Compensation and Employers Liability Insurance shall cover all Contractor's staff while performing any

## EXHIBIT C

work incidental to the performance of this Agreement. The policy shall provide that no cancellation, or expiration or reduction of coverage shall be effective or occur until at least thirty (30) days after receipt of such notice by the County. In the event Contractor is self-insured, it shall furnish a copy of Certificate of Consent to Self-Insure issued by the Department of Industrial Relations for the State of California. This provision does not apply if Contractor has no employees as defined in Labor Code Section 3350 et seq. during the entire period of this Agreement and Contractor submits a written statement to the County stating that fact.

**General and Automobile Liability Insurance:** The general liability insurance shall include bodily injury, property damage and personal injury liability coverage, shall afford coverage for all premises, operations, products and completed operations of Contractor and shall include contractual liability coverage sufficiently broad so as to include the insurable liability assumed by the Contractor in the indemnity and hold harmless provisions of the Indemnification Section of this Agreement between County and Contractor. The automobile liability insurance shall cover all owned, non-owned and hired motor vehicles that are operated on behalf of Contractor pursuant to Contractor's activities hereunder. Contractor shall require all subcontractors to be included under its policies or furnish separate certificates and endorsements to meet the standards of these provisions by each subcontractor. County, its officers, agents, and employees shall be Additional Insured status on any policy. A cross liability clause, or equivalent wording, stating that coverage will apply separately to each named or additional insured as if separate policies had been issued to each shall be included in the policies. A copy of the endorsement evidencing that the policy has been changed to reflect the Additional Insured status must be attached to the certificate of insurance. The limit of liability of said policy or policies for general and automobile liability insurance shall not be less than \$1,000,000, per occurrence and \$2,000,000 in the aggregate. Any deductible or Self-Insured Retention {SIR} over \$10,000, requires approval by the County.

Said policy or policies shall include a severability of interest or cross liability clause or equivalent wording. Said policy or policies shall contain a provision of the following form:

*"Such insurance as is afforded by this policy shall be primary and if the County has other valid and collectible insurance, that other insurance shall be excess and non-contributory."*

If the policy providing liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three years following completion of the performance or attempted performance of the provisions of this agreement. Said policy or policies shall provide that the County shall be given thirty (30) days written notice prior to cancellation or expiration of the policy or reduction in coverage.

**Professional Liability Insurance.** Professional liability insurance shall include coverage for the activities of Contractor's professional staff with a combined single

## EXHIBIT C

limit of not less than \$1,000,000, per occurrence or claim and \$2,000,000, in the aggregate. Said policy or policies shall provide that County shall be given thirty (30) days written notice prior to cancellation, expiration of the policy, or reduction in coverage. If the policy providing professional liability coverage is on a 'claims-made' form, the Contractor is required to maintain such coverage for a minimum of three (3) years (ten years [10] for Construction Defect Claims) following completion of the performance or attempted performance of the provisions of this agreement.

Contractor shall submit to the office of the designated County representative certificate(s) of insurance documenting the required insurance as specified above prior to this Agreement becoming effective. County shall maintain current certificate(s) of insurance at all times in the office of the designated County representative as a condition precedent to any payment under this Agreement. Approval of insurance by County or acceptance of the certificate of insurance by County shall not relieve or decrease the extent to which the Contractor may be held responsible for payment of damages resulting from Contractor's services of operation pursuant to the Agreement, nor shall it be deemed a waiver of County's rights to insurance coverage hereunder.

3. In the event the Contractor is not able to comply with the County's insurance requirements, County may, at their sole discretion and at the Contractor's expense, provide compliant coverage.

The above insurance requirements are subject to periodic review by the County. The County's Risk Manager is authorized to change the above insurance requirements, with the concurrence of County Counsel, to include additional types of insurance coverage or higher coverage limits, provided that such change is reasonable and based on changed risk of loss or in light of past claims against the County or inflation. This option may be exercised during any amendment of this Agreement that results in an increase in the nature of County's risk and such change of provisions will be in effect for the term of the amended Agreement. Such change pertaining to types of insurance coverage or higher coverage limits must be made by written amendment to this Agreement. Contractor agrees to execute any such amendment within thirty (30) days of acceptance of the amendment or modification.

## EXHIBIT D

### ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION

#### COMPLIANCE REQUIREMENTS

1. Contractor hereby represents and warrants the following, as applicable:
  - 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.
  - 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 beneficiaries 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, 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 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.
  - J. For Contractors that provide or store medications, the Contractor stores and dispenses medications in compliance with all pertinent State and Federal standards, specifically:
    1. All drugs obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels may be altered only by authorized personnel.
    2. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.

## EXHIBIT D

3. 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 – 46 degrees Fahrenheit.
  4. Drugs are stored in a locked area with access limited only to those medical personnel authorized to prescribe, dispense, or administer medication.
  5. Drugs are not retained after the expiration date. IM (Intramuscular) multi-dose vials are to be dated and initialed when opened.
  6. 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.
  7. 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 two (2) 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 when medications will 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.
3. 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.

**Exhibit BAA**  
**HIPAA Business Associate Agreement**

**1. Use and Disclosure of Protected Health Information**

Except as otherwise provided in this Exhibit, the Contractor may use or disclose Protected Health Information (“PHI”)<sup>4</sup> to perform functions, activities or services for or on behalf of the County, as specified in the underlying agreement, provided that such use or disclosure does not violate HIPAA or other law. The uses and disclosures of PHI may not exceed the limitations applicable to the County under the regulations except as authorized for management, administrative or legal responsibilities of the Contractor. PHI includes without limitation “Electronic Protected Health Information” (“EPHI”)<sup>5</sup>

**2. Requirement to Train Own Employees**

The Contractor has a responsibility to provide effective training for all members of its workforce (including its own employees, management, staff, volunteers and independent contractors) who will or who are likely to have any access to or exposure to PHI or EPHI. Members of the Contractor’s workforce who use, disclose, handle, view, process, distribute, access, audit, create, receive or have any exposure to PHI or EPHI must receive training on both the HIPAA Privacy Rule and the HIPAA Security Rule. Privacy Rule Training shall meet the requirements of 45 Code of Federal Regulations Section 164.530 (b). Security Rule Training shall meet the requirements of 45 Code of Federal Regulations Section 164.308 (a)(5).

**3. Further Disclosure of PHI**

The Contractor shall not use or further disclose PHI other than as permitted or required by the underlying Agreement, or as required by law.

**4. Safeguarding PHI**

The Contractor shall use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by the underlying Agreement. Contractor shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of EPHI that Contractor creates, receives, maintains or transmits on behalf of County. The actions taken by the Contractor to safeguard EPHI shall include, but may not be limited to:

- A. Encrypting EPHI that it stores and transmits;
- B. Implementing strong access controls, including physical locks, firewalls, and strong passwords;
- C. Using antivirus software that is upgraded regularly;
- D. Adopting contingency planning policies and procedures, including data backup and disaster recovery plans; and
- E. Conducting periodic security training.

**5. Unauthorized Use or Disclosure of PHI**

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<sup>4</sup> “Protected Health Information” means individually identifiable health information including, without limitation, all information, data, documentation and materials, including without limitation, demographic, medical and financial information, that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

<sup>5</sup> “Electronic Protected Health Information” means Protected Health Information, which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media, Exhibit E HIPAA Business Associate Agreement



**Exhibit BAA**  
**HIPAA Business Associate Agreement**

The Contractor shall report to the County any use or disclosure of the PHI not provided for by the underlying Agreement or otherwise in violation of the Privacy Rule or Security Rule. Contractor shall report to County any security incidents within 10 days of becoming aware of such incidents. For purposes of this paragraph, "security incident" shall mean the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with systems operations in an information system.

**6. Agents and Subcontractors of the Business Associate**

The Contractor shall ensure that any agent, including a subcontractor, to which the Contractor provides PHI received from, or created or received by the Contractor on behalf of the County, shall comply with the same restrictions and conditions that apply through the underlying Agreement to the Contractor with respect to such information. The Contractor shall ensure that any agent to whom it provides PHI, including a subcontractor, agrees to implement reasonable and appropriate safeguards to protect such PHI. Contractor shall not use subcontractors or agents, unless it receives prior written consent from County.

**7. Access to PHI**

At the request of the County, and in the time and manner designated by the County, the Contractor shall provide access to PHI in a Designated Record Set to an Individual or the County to meet the requirements of 45 Code of Federal Regulations Section 164.524.

**8. Amendments to Designated Record Sets**

The Contractor shall make any amendment(s) to PHI in a Designated Record Set that the County directs or at the request of the Individual, and in the time and manner designated by the County in accordance with 45 Code of Federal Regulations Section 164.526.

**9. Documentation of Uses and Disclosures**

The Contractor shall document such disclosures of PHI and information related to such disclosures as would be required for the County to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations Section 164.528. Contractor agrees to implement a process that allows for an accounting to be collected and maintained by Contractor and its agents or subcontractors for at least six years prior to the request, but not before the compliance date of the Privacy Rule.

**10. Accounting of Disclosures**

The Contractor shall provide to the County or an Individual, in the time and manner designated by the County, information collected in accordance with 45 Code of Federal Regulations Section 164.528, to permit the County to respond to a request by the Individual for an accounting of disclosures of PHI in accordance with 45 Code of Federal Regulations Section 164.528.

**11. Records Available to Covered Entity and Secretary**

The Contractor shall make available records related to the use, disclosure, security and privacy protection of PHI received from the County, or created or received by the Contractor on behalf of the County, to the County or to the Secretary of the United State Department of Health and Human Services for purposes of investigating or auditing the County's compliance with the HIPAA privacy and security regulations, in the time and manner designated by the County or the Secretary.

**12. Destruction of PHI**

A. Upon termination of the underlying Agreement for any reason, the Contractor shall:

**Exhibit BAA**  
**HIPAA Business Associate Agreement**

1. Return all PHI received from the County, or created or received by the Contractor on behalf of the County required to be retained by the Privacy Rule; or
2. Return or destroy all other PHI received from the County, or created or received by the Contractor on behalf of the County.

This provision also shall apply to PHI in possession of subcontractors or agents of the Contractor. The Contractor, its agents or subcontractors shall retain no copies of the PHI. However, Contractor, its agents or subcontractors shall retain all protected information throughout the term of the underlying Agreement and shall continue to maintain the information required under Section 9 of this Exhibit for a period of six years after termination of the underlying Agreement.

- B. In the event the Contractor determines that returning or destroying the PHI is not feasible, the Contractor shall provide the County notification of the conditions that make return or destruction not feasible. If the County agrees that the return of the PHI is not feasible, the Contractor shall extend the protections of this Exhibit to such PHI and limit further use and disclosures of such PHI for so long as the Contractor, or any of its agents or subcontractors, maintains such PHI.

**13. Amendments**

The Parties agree to take such action as is necessary to amend the underlying Agreement as necessary for the County to comply with the requirements of the Privacy Rule and its implementing regulations.

**14. Mitigation of Disallowed Uses and Disclosures**

The Contractor shall mitigate, to the extent practicable, any harmful effect that is known to the Contractor of a use or disclosure of PHI by the Contractor in violation of the requirements of the underlying Agreement or the Privacy Rule.

**15. Termination of Agreement**

The County shall terminate the underlying Agreement upon knowledge of a material breach by the Contractor of which the Contractor fails to cure.

**16. Definitions**

Terms used, but not otherwise defined, in this Exhibit shall have the same meaning as those in the Privacy Rule.

**17. Interpretation**

Any ambiguity in this Exhibit shall be resolved to permit County to comply with the Privacy Rule and Security Rule.

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

<b>Telecare Santa Maria CARES North Residential Program</b>			
<b>Goals</b>	<b>Program Outcomes</b>	<b>Measures/Data Elements</b>	
		<b>Reported by Telecare</b>	<b>Reported by ADMHS</b>
Stabilize mental health crises and reduce mental health and substance abuse symptoms	<ul style="list-style-type: none"> <li>➤ Stabilization and decrease of mental health symptoms</li> <li>➤ Improved resiliency and ability to manage symptoms, maintain wellness and progress toward recovery</li> <li>➤ Decreased mental health crises</li> <li>➤ Increased stability of housing or placement at discharge</li> <li>➤ Client satisfaction with program quality and effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>✓ Risk Assessment at admission and every 7<sup>th</sup> days in program</li> <li>✓ Telecare's Recovery Centered Clinical System (RCCS) in place by discharge. Recovery Plan will identify at least the following:               <ul style="list-style-type: none"> <li>• Client-defined recovery goals and strategies for achieving those goals</li> <li>• Strategies for clarifying identity and maintaining hope for the future</li> </ul> </li> <li>✓ "Client Satisfaction with Services" Survey at discharge</li> </ul>	<ul style="list-style-type: none"> <li>✓ Client clinical information (captured in Clinician's Gateway)</li> <li>✓ Program adherence to 7-day average length of stay</li> <li>✓ Number of program clients utilizing inpatient/acute care days and length of hospital stay</li> <li>✓ Type of housing/placement at discharge</li> </ul>
Promote continued participation in recovery, maintenance of health and avert future crises by connecting clients to long-term treatment services at discharge from program	<ul style="list-style-type: none"> <li>➤ Increased engagement in recovery and treatment services</li> </ul>	<ul style="list-style-type: none"> <li>➤ CARES North Residential One-Month Follow-up Survey</li> </ul>	<ul style="list-style-type: none"> <li>✓ Number of clients linked to, engaged and/or enrolled in additional services</li> <li>✓ Number of aftercare appointments kept by client</li> <li>✓ Decreased psychiatric hospital re-admission rates for clients served.</li> <li>✓ Decreased re-admission rates for AOD treatment services</li> </ul>
Decrease the impact of persons with mental illness and addiction problems on the County system	<ul style="list-style-type: none"> <li>➤ Decreased involvement in criminal justice system</li> <li>➤ Decreased psychiatric hospitalizations system-wide</li> <li>➤ Decreased utilization of emergency room for mental health issues</li> </ul>		<ul style="list-style-type: none"> <li>✓ Number of incarceration days</li> <li>✓ Number of hospital admissions; length of hospital stay; reduction in hospitalization costs</li> <li>✓ Number of emergency room visits for physical and/or psychiatric care</li> </ul>

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

<b>Telecare - McMillan Ranch and Santa Maria ACT Programs</b>			
<b>Goals</b>	<b>Program Outcomes</b>	<b>Measures/Data Elements</b>	
		<b>Reported by Telecare</b>	<b>Reported by ADMHS</b>
❖ Stabilize and maintain mental health and substance abuse symptoms	<ul style="list-style-type: none"> <li>➢ Management of mental health symptoms</li> <li>➢ Improved resiliency and ability to manage symptoms, maintain wellness and progress toward recovery</li> <li>➢ Decreased mental health crises</li> <li>➢ Client satisfaction with program quality and effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>✓ Telecare's RCCS in place within six months of admission and updated annually thereafter. Recovery Plan will identify at least the following:               <ul style="list-style-type: none"> <li>• Client-defined recovery goals and strategies for achieving those goals</li> <li>• Skills/choices to reduce harm and maintain safety</li> <li>• Source(s) of client-defined support</li> <li>• Strategies for clarifying identity and maintaining hope for the future</li> </ul> </li> <li>✓ "Client Satisfaction with Services" Survey</li> <li>✓ Number of after hours calls to Santa Maria ACT crisis staff</li> </ul>	<ul style="list-style-type: none"> <li>✓ Client clinical information (captured in Clinician's Gateway)</li> <li>✓ Number of program clients moving to higher and lower levels of care</li> </ul>
❖ Increase client ability to live independently in the community.	<ul style="list-style-type: none"> <li>➢ Increase number of days in permanent housing.</li> <li>➢ Increased success in establishing and maintaining meaningful social activities and relationships.</li> <li>➢ Increase skills needed to engage in vocational and educational activities.</li> <li>➢ Engagement in and/or maintenance of mental health treatment activities</li> </ul>	Number of: <ul style="list-style-type: none"> <li>✓ Days in permanent housing (Santa Maria ACT)</li> <li>✓ Clients participating in healthy social activities and relationships at least one time per week</li> <li>✓ Clients employed, in school or training, or volunteering</li> <li>✓ Clients participating in Recovery-based meetings (e.g., clinical services, support groups, AA, NA)</li> </ul>	

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

❖ Reduce involuntary care utilization.	➤ Decrease number of incarceration days. ➤ Decrease number of inpatient/acute care days and length of hospital stay.		✓ Number of incarceration days ✓ Number of hospital admissions; length of hospital stay; reduction in hospitalization costs
❖ Promote continued participation in recovery, maintenance of health and avert future crises by connecting clients to long-term treatment services at discharge from program	➤ Increased engagement in recovery and treatment services		✓ Number of clients linked to, engaged and/or enrolled in additional services