

## **AGREEMENT**

### **FOR CRISIS RESPITE RESIDENTIAL SERVICES BETWEEN THE COUNTY OF SANTA BARBARA AND ANKA BEHAVIORAL HEALTH, INCORPORATED**

BC \_\_\_\_\_

**THIS AGREEMENT** (hereafter Agreement) is made by and between the County of Santa Barbara, a political subdivision of the State of California (hereafter, "COUNTY" unless otherwise noted) and Anka Behavioral Health, Incorporated with an address at 1850 Gateway Blvd., Suite 900, Concord, CA 94520 (hereafter "CONTRACTOR") wherein CONTRACTOR agrees to provide and COUNTY agrees to accept the services specified herein.

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

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

#### **1. DESIGNATED REPRESENTATIVE**

Director at phone number 805-681-5220 is the representative of COUNTY and will administer this Agreement for and on behalf of COUNTY. Andrea Salle at phone number 805-947-5375 is the authorized representative for CONTRACTOR. Changes in designated representatives shall be made only after advance written notice to the other party.

#### **2. NOTICES**

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

To COUNTY:                      Director  
   Santa Barbara County  
   Department of Behavioral Wellness  
   300 N. San Antonio Road  
   Santa Barbara, CA 93110

To CONTRACTOR:              Naja W. Boyd  
   Anka Behavioral Health, Incorporated  
   3480 Buskirk Ave.  
   Pleasant Hill, CA 94523  
   Fax: 925-825-4700

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

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### **3. SCOPE OF SERVICES**

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

### **4. TERM**

CONTRACTOR shall commence performance on July 1, 2018 and end performance upon completion, but no later than June 30, 2019 unless otherwise directed by COUNTY or unless earlier terminated.

### **5. COMPENSATION OF CONTRACTOR**

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

### **6. INDEPENDENT CONTRACTOR**

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

### **7. STANDARD OF PERFORMANCE**

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

### **8. DEBARMENT AND SUSPENSION**

CONTRACTOR certifies to COUNTY that it and its employees and principals are not debarred, suspended, or otherwise excluded from or ineligible for, participation in federal, state, or county

## **AGREEMENT**

government contracts. CONTRACTOR certifies that it shall not contract with a subcontractor that is so debarred or suspended.

### **9. TAXES**

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

### **10. CONFLICT OF INTEREST**

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

### **11. OWNERSHIP OF DOCUMENTS AND INTELLECTUAL PROPERTY**

COUNTY shall be the owner of work prepared by CONTRACTOR within the scope of this Agreement in whatever form whether or not performance under this Agreement is completed or terminated prior to completion. CONTRACTOR shall not release any of such items to other parties except after prior written approval of COUNTY. CONTRACTOR shall be the legal owner and Custodian of Records for all COUNTY client files generated pursuant to this Agreement, and shall comply with all Federal and State confidentiality laws, including Welfare and Institutions Code (WIC) §5328; 42 United States Code (U.S.C.) §290dd-2; and 45 CFR, Parts 160 – 164 setting forth the Health Insurance Portability and Accountability Act of 1996 (HIPAA). CONTRACTOR shall inform all of its officers, employees, and agents of the confidentiality provision of said laws. CONTRACTOR further agrees to provide COUNTY with copies of all COUNTY client file documents resulting from this Agreement without requiring any further written release of information. Within HIPAA guidelines, COUNTY shall have the unrestricted authority to publish, disclose, distribute, and/or otherwise use in whole or in part, any reports, data, documents or other materials prepared under this Agreement.

Unless otherwise specified in Exhibit A, CONTRACTOR hereby assigns to COUNTY all copyright, patent, and other intellectual property and proprietary rights in all work prepared by CONTRACTOR within the scope of this Agreement unless said disclosure infringes upon the intellectual property or proprietary rights of CONTRACTOR or a third party. COUNTY shall have the unrestricted authority to copy, adapt, perform, display, publish, disclose, distribute, create derivative works from work prepared by CONTRACTOR within the scope of this Agreement unless said disclosure infringes upon the intellectual property or proprietary rights of

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CONTRACTOR or a third party. CONTRACTOR agrees to take such actions and execute and deliver such documents as may be needed to validate, protect and confirm the rights and assignments provided hereunder. This Ownership of Documents and Intellectual Property provision shall survive expiration or termination of this Agreement.

### **12. NO PUBLICITY OR ENDORSEMENT**

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

### **13. COUNTY PROPERTY AND INFORMATION**

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

### **14. RECORDS, AUDIT, AND REVIEW**

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

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

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### **15. INDEMNIFICATION AND INSURANCE**

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

### **16. NONDISCRIMINATION**

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

### **17. NONEXCLUSIVE AGREEMENT**

COUNTY and CONTRACTOR understand that this is not an exclusive Agreement and that each party shall have the right to negotiate with and enter into separate contracts for the same or similar services with others.

### **18. NON-ASSIGNMENT**

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

### **19. TERMINATION**

- A. **By COUNTY.** COUNTY may, by written notice to CONTRACTOR, terminate this Agreement in whole or in part at any time, whether for COUNTY's convenience, for non-appropriation of funds, or because of the failure of CONTRACTOR to fulfill the obligations herein.
  - i. **For Convenience.** COUNTY may terminate this Agreement in whole or in part upon thirty (30) days written notice. During the thirty (30) day period, CONTRACTOR shall, as directed by COUNTY, wind down and cease its services as quickly and efficiently as reasonably possible, without performing unnecessary services or activities and by minimizing negative effects on COUNTY from such winding down and cessation of services. However, if CONTRACTOR and COUNTY in good faith agree that CONTRACTOR is unable to wind down business operations within thirty (30) days, CONTRACTOR shall be paid for costs incurred and services performed at County's direction until CONTRACTOR's business operations for COUNTY have ceased.
  - ii. **For Non-appropriation of Funds**
    - a. The parties acknowledge and agree that this Agreement is dependent upon the availability of State, and/or federal funding. If funding to make payments in accordance with the provisions of this Agreement is not forthcoming from the State and/or federal governments for the Agreement, or is not allocated or allotted to COUNTY by State and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of COUNTY to make payments after the effective date of

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such non-allocation or non-funding, as provided in the notice, will cease and terminate.

- b. As permitted by applicable State and Federal laws regarding funding sources, if funding to make payments in accordance with the provisions of this Agreement is delayed or is reduced from the State, and/or federal governments for the Agreement, or is not allocated or allotted in full to COUNTY by the State, and/or federal governments for this Agreement for periodic payment in the current or any future fiscal period, then the obligations of COUNTY to make payments will be delayed or be reduced accordingly or COUNTY shall have the right to terminate the Agreement. If such funding is reduced, COUNTY in its sole discretion shall determine which aspects of the Agreement shall proceed and which Services shall be performed. In these situations, COUNTY will pay CONTRACTOR for Services and Deliverables and certain of its costs. Any obligation to pay by County will not extend beyond the end of County's then-current funding period.
- c. CONTRACTOR expressly agrees that no penalty or damages shall be applied to, or shall accrue to, COUNTY in the event that the necessary funding to pay under the terms of this Agreement is not available, not allocated, not allotted, delayed or reduced.

- iii. **For Cause.** Should CONTRACTOR default in the performance of this Agreement or materially breach any of its provisions and CONTRACTOR fails to cure said default or breach within five (5) business days from receipt of written notice from COUNTY, COUNTY may, at COUNTY's sole option, terminate or suspend this Agreement in whole or in part by written notice. This cure provision does not apply to a fraudulent act or omission committed by CONTRACTOR. Upon receipt of notice of termination, CONTRACTOR shall immediately discontinue all services affected (unless the notice directs otherwise) and notify COUNTY as to the status of its performance. The date of termination shall be the date the notice is received by CONTRACTOR, unless the notice directs otherwise.

- B. **By CONTRACTOR.** Should COUNTY fail to pay CONTRACTOR all or any part of the payment set forth in EXHIBIT B, CONTRACTOR may, at CONTRACTOR's option terminate this Agreement if such failure is not remedied by COUNTY within thirty (30) days of written notice to COUNTY of such late payment.
- C. Upon termination, CONTRACTOR shall deliver to COUNTY all data, estimates, graphs, summaries, reports, and all other property, records, documents or papers as may have been accumulated or produced by CONTRACTOR in performing this Agreement, whether completed or in process, except such items as COUNTY may, by written permission, permit CONTRACTOR to retain. Notwithstanding any other payment provision of this Agreement, COUNTY is liable for CONTRACTOR's costs incurred and services performed in good faith at COUNTY's direction, until CONTRACTOR's business operations for COUNTY have ceased. In no event shall CONTRACTOR be paid an amount in excess of the full price under this Agreement nor for profit on unperformed portions of service. CONTRACTOR shall furnish to COUNTY such financial information as in the judgment of COUNTY is necessary to determine the reasonable value of the services rendered by CONTRACTOR.

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### **20. SECTION HEADINGS**

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

### **21. SEVERABILITY**

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

### **22. REMEDIES NOT EXCLUSIVE**

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

### **23. TIME IS OF THE ESSENCE**

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

### **24. NO WAIVER OF DEFAULT**

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

### **25. ENTIRE AGREEMENT AND AMENDMENT**

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

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### **26. SUCCESSORS AND ASSIGNS**

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

### **27. COMPLIANCE WITH LAW**

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

### **28. CALIFORNIA LAW AND JURISDICTION**

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

### **29. EXECUTION OF COUNTERPARTS**

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

### **30. AUTHORITY**

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

### **31. SURVIVAL**

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

### **32. PRECEDENCE**

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



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### **33. COMPLIANCE WITH HIPAA**

CONTRACTOR is expected to adhere to the 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. The parties should anticipate that this Agreement will be modified as necessary for full compliance with HIPAA.

### **34. COURT APPEARANCES.**

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

### **35. PRIOR AGREEMENTS.**

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

### **36. MANDATORY DISCLOSURE.**

- A. **Violations of Criminal Law.** CONTRACTOR must disclose, in a timely manner, in writing to the COUNTY, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the award. Failure to make required disclosures can result in any of the remedies described in 45 C.F.R. Section 75.371, including suspension or debarment. (See also 2 C.F.R. part 180 and 376, and 31 U.S.C. 3321.)
- B. **Ownership or Controlling Interest.** As required by CFR sections 455.101 and 455.104, Contractor will complete a *Disclosure of Ownership or Controlling Interest* form provided by County.

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### **THIS AGREEMENT INCLUDES:**

1. EXHIBIT A –
  - I. A-1: STATEMENT OF WORK – PERFORMANCE REQUIREMENTS
  - II. A-2: STATEMENT OF WORK- PROGRAM SUMMARY, CRISIS RESPITE RESIDENTIAL HOUSE
  - III. Attachment A – SANTA BARBARA COUNTY MENTAL HEALTH PLAN QUALITY MANAGEMENT
  - IV. Attachment D – ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION
  - V. Attachment E – PROGRAM GOALS, OUTCOMES, AND MEASURES
2. EXHIBIT B -
  - I. EXHIBIT B – FINANCIAL PROVISIONS
  - II. EXHIBIT B-1 MH – SCHEDULE OF RATES AND CONTRACT MAXIMUM
  - III. EXHIBIT B-2 – CONTRACTOR BUDGET
3. EXHIBIT C – STANDARD INDEMNIFICATION AND INSURANCE PROVISIONS

## AGREEMENT

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

**IN WITNESS WHEREOF**, the parties have executed this Agreement to be effective on July 1, 2018.

### COUNTY OF SANTA BARBARA:

By: \_\_\_\_\_  
DAS WILLIAMS, CHAIR  
BOARD OF SUPERVISORS

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

### ATTEST:

MONA MIYASATO  
COUNTY EXECUTIVE OFFICER  
CLERK OF THE BOARD

### CONTRACTOR:

ANKA BEHAVIORAL HEALTH, INC.

By: \_\_\_\_\_  
Deputy Clerk

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

By: \_\_\_\_\_  
Authorized Representative

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

### APPROVED AS TO FORM:

MICHAEL C. GHIZZONI  
COUNTY COUNSEL

### APPROVED AS TO ACCOUNTING FORM:

THEODORE A. FALLATI, CPA  
AUDITOR-CONTROLLER

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

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

### RECOMMENDED FOR APPROVAL:

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

### APPROVED AS TO INSURANCE FORM:

RAY AROMATORIO  
RISK MANAGEMENT

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

By: \_\_\_\_\_  
Risk Management

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

**The following terms shall apply to all programs operated under this Agreement included as Exhibit A-2, as though separately set forth in the scope of work specific to each Program.**

1. **PERFORMANCE.** CONTRACTOR shall adhere to all COUNTY requirements and all relevant provisions of law that are now in force or which may hereafter be in force, including all relevant provisions of the following:
  - A. The County Mental Health Plan, Contract 12-89394 between the County Department of Behavioral Wellness (BWELL) and the State Department of Health Care Services (DHCS), available at <http://countyofsb.org/behavioral-wellness>, until such time as DHCS issues the FY 18-23 Mental Health Plan, which will supersede Contract 12-89394;
  - B. The BWELL Steering Committee Vision and Guiding Principles, available at <http://countyofsb.org/behavioral-wellness>;
  - C. California's Mental Health Services Act; and
  - D. California Code of Regulations Title 9, Division 1.
2. **STAFF.**
  - A. Program Staff providing direct services to clients shall be trained and skilled at working with persons with serious mental illness (SMI) and shall adhere to professionally recognized evidence-based best practices for rehabilitation assessment, service planning, and service delivery. In addition, these staff shall receive Documentation Training in accordance with the Behavioral Wellness Mandatory Trainings Policy and Procedure.
  - B. CONTRACTOR shall ensure that staff identified on the Centers for Medicare & Medicaid Services (CMS) Exclusions List or other applicable list shall not provide services under this Agreement nor shall the cost of such staff be claimed to Medi-Cal.
  - C. All staff performing services under this Agreement with access to the Behavioral Wellness electronic medical record shall be reviewed and approved by Behavioral Wellness Quality Care Management (QCM), in accordance with Behavioral Wellness Policy and Procedure #4.015, Staff Credentialing and Licensing.
  - D. CONTRACTOR shall notify COUNTY of any staffing changes as part of the quarterly Staffing Report, in accordance with Section 4.A. Reports Staffing herein. Contractor shall notify [bwellcontractsstaff@co.santa-barbara.ca.us](mailto:bwellcontractsstaff@co.santa-barbara.ca.us) within one week for unexpected termination when staff separates from employment or is terminated from working under this Agreement, or within one week of the expected last day of employment or for staff planning a formal leave of absence.
  - E. At any time prior to or during the term of this Agreement, the COUNTY may require that CONTRACTOR's staff performing work under this Agreement undergo and pass, to the satisfaction of COUNTY, a background investigation, as a condition of beginning and

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

continuing to work under this Agreement. COUNTY shall use its discretion in determining the method of background clearance to be used. The fees associated with obtaining the background information shall be at the expense of the CONTRACTOR, regardless if the CONTRACTOR's staff passes or fails the background clearance investigation.

- F. COUNTY may request that CONTRACTOR's staff be immediately removed from working on the COUNTY Agreement for good cause during the term of the Agreement.
- G. COUNTY may immediately deny or terminate COUNTY facility access, including all rights to COUNTY property, computer access, and access to COUNTY software, to CONTRACTOR's staff that does not pass such investigation(s) to the satisfaction of the COUNTY, or whose conduct is incompatible with COUNTY facility access.
- 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 Agreement.

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

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

### 4. REPORTS.

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

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

- B. Programmatic.** CONTRACTOR shall submit quarterly programmatic reports to COUNTY, which shall be received by COUNTY no later than twenty-five (25) calendar days following the end of the quarter being reported. Programmatic reports shall include the following:
- i. 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;
  - ii. CONTRACTOR shall include a narrative description of CONTRACTOR's progress in implementing the provisions of this Agreement, any pertinent facts or interim findings, staff changes, status of Licenses and/or Certifications, changes in population served and reasons for any such changes;
  - iii. The number of active cases and number of clients admitted/discharged,
  - iv. The Measures described in Attachment E, Program Goals, Outcomes Measures, or as otherwise collaboratively developed by CONTRACTOR and Behavioral Wellness. Amendments to Exhibit E do not require a formal amendment. In addition, CONTRACTOR may include any other data that demonstrate the effectiveness of CONTRACTOR'S programs.
- C. Annual Mandatory Training Report.** Contractor shall submit evidence of completion of the Mandatory Trainings identified in Section 15 on an annual basis to the County Systems Training Coordinator. Training materials, competency tests and sign-in sheets shall be submitted for each training no later than June 15<sup>th</sup> of each year.
- D. Additional Reports.** CONTRACTOR shall maintain records and make statistical reports as required by COUNTY and the State Department of Health Care Services or applicable agency, on forms provided by either agency. Upon COUNTY's request, CONTRACTOR shall make additional reports as required by COUNTY concerning CONTRACTOR's activities as they affect the services hereunder. COUNTY will be specific as to the nature of information requested and allow thirty (30) days for CONTRACTOR to respond.

## 5. MANDATORY DISCLOSURES.

- A. Disclosures of Interests of 5% or More.** As required by 42 CFR sections 455.101 and 455.104, Contractor will complete a *Disclosure of Ownership or Controlling Interest* form provided by County. In the event of change of ownership, or any person newly obtaining an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by Contractor, and that interest equals at least 5% of Contractor's property or assets, then the Contractor will submit an updated form within 35 days .
- B. Information Related to Business Transactions (42 CFR 455.105).** Contractor agrees to furnish to County or the Secretary of DHCS on request, information related to business transactions. Contractor shall submit, within 35 days of the date

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

on a request by County or the Secretary of DHCS full and complete information about:

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

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

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

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

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

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

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

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

#### 7. SITE STANDARDS.

- A. CONTRACTOR agrees to comply with all Medi-Cal requirements, including, but not limited to those specified in Attachment A, and be approved to provide Medi-Cal services based on Medi-Cal site certification, per Attachment D, Organizational Service Provider Site Certification.
- B. For programs located at CONTRACTOR'S offices, CONTRACTOR shall develop and maintain a written disaster plan for the Program site and shall provide annual disaster training to staff.

#### 8. **CONFIDENTIALITY.** CONTRACTOR agrees to maintain the confidentiality of patient records pursuant to: Title 42 United States Code (USC) Section 290 dd-2; Title 42 Code of Federal Regulations (CFR), Part 2; 45 CFR Section 96.132(e), 45 CFR Parts 160, 162, and 164; Title 22 California Code of Regulations (CCR) Section 51009; Welfare & Institutions Code (W&IC) Section 14100.2; Health and Safety Code (HSC) Sections 11812 and 118145.5; Civil Code Sections 56 – 56.37, 1798.80 – 1798.82, and 1798.85; and the Compliance with HIPAA section of this Agreement. Patient records must comply with all appropriate State and Federal requirements. Contractor shall ensure that no list of persons receiving services under this Agreement is published, disclosed, or used for any purpose except for the direct administration of this program or other uses authorized by law that are not in conflict with requirements for confidentiality contained in preceding codes.

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

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

#### 10. **CULTURAL COMPETENCE.**

- A. At all times, the CONTRACTOR's Program(s) shall either be staffed with personnel who can communicate in the client preferred language, or CONTRACTOR shall provide interpretation services, including American Sign Language (ASL);
- B. CONTRACTOR will strive to fill direct service positions with bilingual staff in COUNTY's threshold language Spanish that is reflective of the specific needs of each region. CONTRACTOR percentage goals are calculated based on U.S. Census language data by region: Santa Barbara Service area (including Goleta and Carpinteria) – 30%; Santa Maria service area (including Orcutt and Guadalupe) – 48%; Lompoc service area (including Buellton and Solvang) – 33% .
- C. CONTRACTOR shall provide services that consider the culture of mental illness, as well as the ethnic and cultural diversity of clients and families served; materials provided to the public must be printed in Spanish (threshold language).



## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

- D. Services and programs offered in English must also be made available in Spanish, if clients identify Spanish as their preferred language, as specified in section B above.
- E. As applicable, a measurable and documented effort must be made to conduct outreach to and to serve the underserved and the non-served communities of Santa Barbara County.

### 11. NOTIFICATION REQUIREMENTS

- A. CONTRACTOR shall immediately notify Behavioral Wellness QCM Division at 805-681-5113 in the event of:
  - i. Known serious complaints against licensed/certified staff;
  - ii. Restrictions in practice or license/certification as stipulated by a State agency;
  - iii. Staff privileges restricted at a hospital; or
  - iv. Other action instituted which affects staff license/certification or practice (for example, sexual harassment accusations).
  - v. Any event triggering Incident Reporting, as defined in Behavioral Wellness Policy and Procedure #28, Unusual Occurrence Incident Report.
- B. Contractor shall immediately contact the Behavioral Wellness Compliance Hotline (805-884-6855) should any of the following occur:
  - i. Suspected or actual misappropriation of funds under CONTRACTOR's control;
  - ii. Legal suits initiated specific to the CONTRACTOR's practice;
  - iii. Initiation of criminal investigation of the CONTRACTOR;
  - iv. HIPAA breach.
- C. For clients receiving direct services from both Behavioral Wellness and CONTRACTOR staff, CONTRACTOR shall immediately notify the client's Behavioral Wellness Case Manager or other Behavioral Wellness staff involved in the client's care, or the applicable Regional Manager should any of the following occur: side effects requiring medical attention or observation, behavioral symptoms presenting possible health problems, or any behavioral symptom that may compromise the appropriateness of the placement.
- D. CONTRACTOR may contact [bwellcontractsstaff@co.santa-barbara.ca.us](mailto:bwellcontractsstaff@co.santa-barbara.ca.us) for any contractual concerns or issues.
- E. "Immediately" means as soon as possible but in no event more than twenty-four (24) hours after the triggering event. CONTRACTOR shall train all personnel in the use of the Behavioral Wellness Compliance Hotline (Phone number: 805-884-6855).

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

#### 12. UTILIZATION REVIEW.

- A. CONTRACTOR agrees to abide by COUNTY Quality Management standards, provided in Attachment A, and to cooperate with the COUNTY's utilization review process which ensures medical necessity, appropriateness and quality of care. This review may include clinical record review; client survey; and other utilization review program monitoring practices. CONTRACTOR will cooperate with these programs, and will furnish necessary assessment and Client Service Plan information, subject to Federal or State confidentiality laws, and provisions of this agreement.
- B. CONTRACTOR shall identify a senior staff member who will be the designated Behavioral Wellness QCM Division contact and will participate in any provider QCM meetings, to review current and coming quality of care issues.

#### 13. REVIEWS.

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

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

#### 15. TRAINING REQUIREMENTS.

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

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

#### 16. SIGNATURE PADS.

- A. County shall purchase one signature pad for each physical address identified for Contractor in this Agreement. The signature pad will be compatible with the County's Electronic Health Record (EHR) Clinicians Gateway. Contractor shall use the electronic versions of the Client Assessment, Client Plan, and Medication Consent Form to ensure a complete client medical record exists within Clinicians Gateway. Contractor shall obtain client signatures on these electronic documents using the signature pads. Upon initial purchase, County shall install the signature pads on Contractor's hardware and provide a tutorial for Contractor's staff. Contractor shall be responsible for ongoing training of new staff.
- B. In the event that Contractor damages or loses the signature pads provided by County, Contractor shall be responsible for purchasing a new Clinicians Gateway compatible signature pad as a replacement from the County inventory at the current cost of replacement.

#### 17. ADDITIONAL PROVISIONS.

- A. CONTRACTOR agrees to hold harmless the State and beneficiaries in the event the COUNTY cannot or does not pay for services performed by the contractor.
- B. CONTRACTOR will not discriminate against beneficiaries on the basis of health status or need for health care services, pursuant to 42 C.F.R. §438.6(d)(3).
- C. CONTRACTOR agrees to comply with all applicable federal and state law, particularly the statutes and regulations incorporated by reference below. CONTRACTOR agrees to comply with any changes to these statutes and regulations that may occur during the contract period and any new applicable statutes or regulations, but either the COUNTY or CONTRACTOR may request consultation and discussion of new or changed statutes or regulations, including whether contract amendments may be necessary.
- D. Pursuant to Welf. & Inst. Code § 14704, a regulation or order concerning Medi-Cal specialty mental health services adopted by the State Department of Mental Health pursuant to Division 5 (commencing with Section 5000), as in effect preceding the effective date of this section, shall remain in effect and shall be fully enforceable, unless and until the readoption, amendment, or repeal of the regulation or order by the State Department of Health Care Services (DHCS), or until it expires by its own terms.
- E. The following federal law applies to this contract:
  - i. Title 42 United States Code, to the extent that these requirements are applicable;
  - ii. 42 C.F.R. to the extent that these requirements are applicable;
  - iii. 42 C.F.R. § 438 – Managed Care, limited to those provisions that apply to Prepaid Inpatient Health Plans (PIHP);
  - iv. 45 C.F.R. §§ 160 and 164 to the extent that these requirements are applicable;

## EXHIBIT A-1

### STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

- v. Title VI of the Civil Rights Act of 1964;
- vi. Title IX of the Education Amendments of 1972;
- vii. Age Discrimination Act of 1975;
- viii. Rehabilitation Act of 1973;
- ix. Titles II and III of the Americans with Disabilities Act;
- x. Deficit Reduction Act of 2005;
- xi. Balanced Budget Act of 1997;
- xii. CONTRACTOR shall comply with the provisions of the Copeland Anti- Kickback Act, which requires that all contracts and subcontracts in excess of \$2000 for construction or repair awarded by the CONTRACTOR and its subcontractors shall include a provision for compliance with the Copeland Anti-Kickback Act.
- xiii. CONTRACTOR shall comply with the provisions of the Davis-Bacon Act, as amended, which provides that, when required by Federal Medicaid program legislation, all construction contracts awarded by the CONTRACTOR and its subcontractors of more than \$2,000 shall include a provision for compliance with the Davis-Bacon Act as supplemented by Department of Labor regulations.
- xiv. CONTRACTOR shall comply with the provisions of the Contract Work Hours and Safety Standards Act, as applicable, which requires that all subcontracts awarded by the CONTRACTOR in excess of \$2,000 for construction and in excess of \$2,500 for other subcontracts that involve the employment of mechanics or laborers shall include a provision for compliance with the Contract Work Hours and Safety Standards Act.

F. The following State law applies to this contract:

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

EXHIBIT A-1

STATEMENT OF WORK-PERFORMANCE REQUIREMENTS

viii. Cal. Code Regs., tit. 22, §§ 51014.1 and 51014.2.

EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

1. **PROGRAM SUMMARY: Crisis Respite Residential House.** The Crisis Respite Residential Houses (CRRHs) in the North and South regions of Santa Barbara County provide short-term crisis residential services. The Program shall be licensed as a Social Rehabilitation Program by the Department of Health Care Services. The Programs in the North County will be located at 212 Carmen Lane Suite 201, Santa Maria, California and 116 & 110 Agnes Avenue, Santa Maria, California and the Program in the South County will be located at 66 South San Antonio Road, Santa Barbara, California 93110.

2. **SERVICES.**

- A. CONTRACTOR shall provide crisis respite and intervention 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 CRRHs will be voluntarily accessed by clients who are motivated to obtain help to recover from their current crisis situations and want to learn skills and access community resources to prevent further crisis situations. Residential stays will be used as “transitional” experiences for patients re-entering the community from higher levels of care, such as inpatient stay, to reduce the potential for re-hospitalization.

Within a welcoming environment, intentionally designed and maintained to be such by the CONTRACTOR, services offered to program clients include, but are not limited to:

- i. Crisis Respite Residential Treatment Service. Crisis Respite Residential Treatment Service means a safe and therapeutic environment where each resident will be assisted to: stabilize the symptoms of mental illness and co-occurring conditions; gain skills to manage his/her condition more effectively; make progress on the path to personal recovery; and engage community supports that will enable him/her to leave the facility, participate fully in necessary follow-up treatment, and develop a strong network of supports for community life, including linkage to community services.

Trained and certified Consumer and Family Member Peers (CFMP) will be employed to provide daily in-house program services to include:

- a) Support groups in daily living skill enhancement (e.g. cooking, laundry, shopping, using the bus, budgeting, socialization opportunities, building a stress management toolkit);
      - b) Assistance connecting with community resources (e.g. local Recovery Learning Communities, housing options, Department of Social Services, Public Health, Food banks, Goodwill, Department of Rehabilitation Vocational services, services to meet unique multi-cultural needs, AA/NA meetings); and
      - c) Help with building ongoing personal support systems (e.g. therapy, peer support groups, involvement in a faith community, connections with family

EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

and/or friends, planning doctor visits, how to talk to your other care providers).

The facility will be accessed by clients recovering from a crisis situation or as a way to prevent crisis escalation. Crisis Respite stays will also be used as “transitional” experiences for individuals being discharged from inpatient psychiatric care as a way to reduce days hospitalized and to reduce the potential for re-hospitalization. The facility will focus on individuals with complex needs such as those challenged to obtain permanent housing, and those in recovery from mental illness and co-occurring conditions; making sure to provide support that will avoid using the more restrictive settings in the care continuum. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention, as defined in Title 9 CCR Section 1810.208;

- ii. Case Management. Services that assist a client to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure client access to service and the service delivery system; monitoring of the client's progress; placement services; and plan development, as defined in Title 9 CCR Section 1810.249;
- iii. Assessment including evaluation of mental health and co-occurring substance abuse conditions;
- iv. Crisis intervention including emotional support and de-escalation of crisis situations;
- v. Gathering information from the client, family members, and professionals already serving the client (collateral);
- vi. Working with individuals on development of a collaborative recovery plan;
- vii. Temporary respite from a living situation that was contributing to the crisis;
- viii. Respite housing for those in recovery from crisis in need of support;
- ix. Assisting clients in the self-administration of medications;
- x. Helping clients to access medication management and support services;
- xi. Brief treatment (crisis intervention, individual, family, and group counseling & psychotherapy);
- xii. Therapy groups addressing coping and functional skill development at least 5 times per week;

EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

- xiii. Education about alcohol & drug problems, mental disorders, and community resources;
  - xiv. Rehabilitation services that include skill development for activities of daily living;
  - xv. Targeted Case Management services to assist with linkage to vital supports in the community, including assistance with obtaining entitlements, community housing, community treatment resources, and referral to appropriate medical services;
  - xvi. Peer involvement that ensures access to a wide range of supported wellness programs, including recovery plans, relaxation techniques, exercise, peer support, therapy, nutrition, self-care education, Person-Directed Planning, and Advance Directives;
  - xvii. Intensive planning and implementation of aftercare services, to include short- and long-term goals for return to the community, including linkage to family, friends, and community groups, and other supports;
  - xviii. Testing for alcohol and other drug intoxication as recommend by the CONTRACTOR;
  - xix. Transporting clients to and from CONTRACTOR's facility provided or arranged by a CONTRACTOR staff member.
3. **CLIENTS.** CONTRACTOR shall provide 12 crisis residential beds at the Carmen Lane facility, 10 crisis residential beds at the Agnes Street facility and 10 crisis residential beds at the San Antonio facility, with services as described in Section 2 to clients who present with subacute psychiatric symptoms and have the potential to be stabilized without hospitalization, and are without medical complications requiring nursing care. These clients may also have co-occurring substance abuse conditions.
4. **LENGTH OF STAY.**
- A. CONTRACTOR shall ensure that no client's length of stay exceeds 30 days. In the event that a client's length of stay needs to exceed 30 days, CONTRACTOR shall first obtain authorization from County.
  - B. CONTRACTOR and COUNTY staff will provide a medical necessity structured and written review of individual cases every seven (7) days until discharge.
  - C. No client who meets medical necessity and who is authorized for and receiving Medication Assisted Treatment (MAT) will be denied Residential Treatment Services.



EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

**5. REFERRALS.**

**A. ADMISSION PROCESS.**

- i. CONTRACTOR shall admit clients as directed by COUNTY.
- ii. CONTRACTOR shall accept admissions between the hours of 8 am and 10 pm, 7 days per week and 365 days per year.
- iii. 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.
- iv. CONTRACTOR shall provide daily status updates on bed availability and participate in daily crisis triage teleconference with COUNTY staff, in order to facilitate efficient use of resources and effective assignment of beds for consumers.

**B. REFERRAL PACKET.** CONTRACTOR shall have shared access to COUNTY Behavioral Wellness Department's client medical record, and shall access the record for each client referred and treated to review the following:

- i. The client face sheet;
- ii. The most recent comprehensive assessment and/or assessment update;
- iii. The most recent medication record and health questionnaire;
- iv. The currently valid Client Service Plan (CSP) indicating the goals for client enrollment in the Program and identifying the CONTRACTOR as service provider;
- v. Client's Medi-Cal Eligibility Database Sheet (MEDS) file printout will be provided to CONTRACTOR in the initial Referral Packet.

**C. EXCLUSION CRITERIA AND PROCESS.** On a case-by-case basis, an individual's history of, or pending charges of violent crime or sexual predation may be cause for exclusion from the Program, subject to approval by the Designated COUNTY Liaison in collaboration with CONTRACTOR. As defined by CCLD rules, individuals with infectious disease, contagious conditions, substantial primary medical needs (restricted health conditions); or an extensive history of fire setting may also be excluded from the Program.

**6. DISCHARGES.**

- A.** CONTRACTOR shall work closely with each client to establish a written discharge plan that is responsive to the client's needs and personal goals. CONTRACTOR and COUNTY shall collaborate in planning for discharge and transition;

EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

- B. Clients and their families shall be involved as much as possible in the discharge and graduation process;
  - C. COUNTY shall receive a copy of the final discharge plan;
  - D. Clients may be immediately discharged by CONTRACTOR when clients go AWOL from the program or for other reasons when collaboratively agreed upon by the CONTRACTOR and the COUNTY.
  - E. CONTRACTOR shall provide client drug testing, as described in Section 2.A. (Services), and shall refer clients to appropriate services.
7. **STAFFING.** CONTRACTOR shall establish and employ a service delivery team for the program as follows:

- A. State regulations for Certification of Social Rehabilitation Programs require the following staffing levels:

Scheduling of staff which provides for at least two (2) staff members to be on duty 24 hours a day, seven (7) days per week. If program design results in some clients not being in the facility during specific hours of the day, scheduling adjustments may be made so that coverage is consistent with and related to the number and needs of clients in the facility. During the night time hours, when clients are sleeping, only one of the two on duty staff members need be awake, providing the program does not accept admissions at that time. There shall be a staffing ratio of at least one (1) full-time equivalent direct service staff for each 1.6 clients served. (9 CCR § 531 (a) (2))

- B. The staffing pattern required in the contract will include at minimum:

- i. Three (3) FTE Program Administrators (who will be a California licensed LVN, LPT, LCSW or MFT or Psychologist) will work onsite during the week and be available on-call after hours, this individual shall be able to report to 24/7 in cases of emergency.
- ii. Individuals trained and certified in peer recovery principles with one year experience (including lived experiences) providing care to people with psychiatric, physical or developmental disabilities will be on duty each day from 9:00 AM – 9:00 PM.
- iii. Three (3) FTE masters level clinicians employed 40 hours a week will work with consumer family member peers to develop and oversee daily programming.
- iv. 3.2 FTEs consisting of trained and certified consumer and family member peer staff (under the supervision of the Masters level lead clinician) will work each day from 9:00 AM – 6:00 PM to facilitate the daily programming and peer support.
- v. Two (2) FTE drivers to pick up newly admitted clients from Crisis Stabilization Unit and hospitals and transport to Crisis Respite Residential Treatment , transport

EXHIBIT A-2-  
STATEMENT OF WORK- PROGRAM SUMMARY  
**Crisis Respite Residential House**

clients between CRRT's to ensure maximization of all CRRT beds and assist in client transportation upon discharge.

- vi. Additional staff include as follows:
  - a. 3 FTEs Case Manager.
  - b. 1 Unlicensed Clinician
  - c. 1.5 FTEs Administrative Assistant position.
  - d. 3 Licensed Vocational Nurses (LVN) and 3 LVN/Licensed Practitioner Therapist Swing positions (6 FTEs)
  - e. 3 FTEs Team Lead Mental Health Rehabilitation Worker (MHRW) - Alcohol and Other Drugs (AOD)
  - f. 9 FTEs MHRW
  - g. 7.2 FTEs MHRW AOD Swing/NOC positions
  - h. 0.3 Regional Administrator.
  - i. Relief staff

## ATTACHMENT A

### SANTA BARBARA COUNTY MENTAL HEALTH PLAN, QUALITY MANAGEMENT STANDARDS

The Santa Barbara County Department of Behavioral Wellness is Santa Barbara County's Medi-Cal Mental Health Plan (MHP) and has established standards for Assessments, Plans of Care, and Progress Notes, as detailed in the Behavioral Wellness Documentation Manual, for all organizational, individual, and group providers furnishing Specialty Mental Health Services. This Attachment A and the Behavioral Wellness Documentation Manual available <http://countyofsb.org/behavioral-wellness>, incorporated herein by reference, provides minimum standards for all services provided under this Agreement, unless a stricter standard is provided in the Exhibit A(s) to this Agreement.

#### 1. Additional Requirements

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

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

## ATTACHMENT A

- G. CONTRACTOR shall not create, support or otherwise sanction any policies or procedures that discriminate against Medi-Cal beneficiaries. CONTRACTOR shall offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries or, in the alternative, CONTRACTOR shall offer hours of operation that are comparable to those hours offered to Medicaid fee-for-service clients, if the provider serves only Medicaid beneficiaries.
- H. CONTRACTOR shall be notified of possible corrective actions to be taken when the CONTRACTOR does not adhere to MHP established standards or respond to corrective actions. The process for ensuring compliance and implementing corrective actions is as follows, as described in Behavioral Wellness's Policy and Procedure #24:
  - i. If CONTRACTOR is identified as operating outside of the compliance standards, CONTRACTOR shall be notified of lack of compliance with Federal and State standards and shall be asked to rectify the areas in which they have been out of compliance. A copy of this notification shall be placed in the provider file. CONTRACTOR is expected to complete all corrections within ninety (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 ninety (90) day Period of Review, should CONTRACTOR be unable to fulfill contractual obligations regarding compliance, CONTRACTOR shall meet with the Behavioral Wellness Quality Care Manager within thirty (30) calendar days to identify barriers to compliance. If an agreement is reached, the CONTRACTOR shall have not more than thirty (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, termination of Agreement, or other measures.

Reference: The County Mental Health Plan, Contract 12-89394, between the State of California, Department of Health Care Services and the Department of Behavioral Wellness, available at <http://countyofsb.org/behavioral-wellness>, until such time as DHCS issues the FY 18-23 Mental Health Plan, which will supersede Contract 12-89394.

## **ATTACHMENT D**

### **ORGANIZATIONAL SERVICE PROVIDER SITE CERTIFICATION**

(Applicable to program described in Exhibit A2)

#### **COMPLIANCE REQUIREMENTS**

1. In order to obtain site certification as a Medi-Cal provider, CONTRACTOR must be able to demonstrate compliance with the following requirements:
  - A. CONTRACTOR is currently, and for the duration of this Agreement shall remain, licensed in accordance with all local, State, and Federal licensure requirements as a provider of its kind.
  - B. The space owned, leased, or operated by the CONTRACTOR and used for services or staff meets all local fire codes. CONTRACTOR shall provide a copy of a current fire clearance to Behavioral Wellness Quality Care Management.
  - C. The physical plant of the site owned, occupied, or leased by the CONTRACTOR and used for services or staff is clean, sanitary, and in good repair.
  - D. CONTRACTOR establishes and implements maintenance policies for the site owned, occupied, or leased by the CONTRACTOR and used for services or staff, to ensure the safety and well-being of clients and staff.
  - E. CONTRACTOR has a current administrative manual which includes: personnel policies and procedures, general operating procedures, service delivery policies, and procedures for reporting unusual occurrences relating to health and safety issues.
  - F. The CONTRACTOR maintains client records in a manner that meets the requirements of the COUNTY pursuant to the latest edition of the County Mental Health Plan, Contract 12-89394 between Behavioral Wellness and DHCS, and applicable state and federal standards until such time as DHCS issues the FY 18-23 Mental Health Plan, which will supersede Contract 12-89394.
  - G. CONTRACTOR has staffing adequate to allow the COUNTY to claim federal financial participation for the services the CONTRACTOR delivers to Medi-Cal beneficiaries.
  - H. CONTRACTOR has written procedures for referring individuals to a psychiatrist when necessary, or to a physician, if a psychiatrist is not available.
  - I. CONTRACTOR has, as a head of service, a licensed mental health professional or rehabilitation specialist, in accordance with Title 9 California Code of Regulations Sections 622-630.
  - J. For CONTRACTORS that provide or store medications, the CONTRACTOR stores and dispenses medications in compliance with all pertinent State and Federal standards, specifically:
    - i. All drugs obtained by prescription are labeled in compliance with Federal and State laws. Prescription labels may be altered only by authorized personnel.

## ATTACHMENT D

- ii. Drugs intended for external use only or food stuffs are stored separately from drugs for internal use.
  - iii. All drugs are stored at proper temperatures. Room temperature drugs should be stored at 59 – 86 degrees Fahrenheit, and refrigerated drugs must be stored at 36 – 46 degrees Fahrenheit. Any room or refrigerator used to store drugs must be equipped with a thermometer.
  - iv. Drugs are stored in a locked area with access limited only to those medical personnel authorized to prescribe, dispense, or administer medication.
  - v. Drugs are not retained after the expiration date. IM (Intramuscular) multi-dose vials are to be dated and initialed when opened.
  - vi. A drug log is to be maintained to ensure the CONTRACTOR disposes of expired, contaminated, deteriorated, and abandoned drugs in a manner consistent with State and Federal laws.
  - vii. CONTRACTOR's Policies and Procedures manual addresses the issues of dispensing, administration and storage of all medications.
2. **CERTIFICATION** - On-site certification is required every three (3) years. Additional certification reviews may be necessary if:
- A. The CONTRACTOR makes major staffing changes.
  - B. The CONTRACTOR makes organizational and/or corporate structural changes (i.e., conversion from non-profit status).
  - C. The CONTRACTOR adds Day Treatment or Medication Support services requiring medications to be administered or dispensed from CONTRACTOR's site.
  - D. There are significant changes in the physical plant of the provider site (some physical plant changes could require new fire clearance).
  - E. There is a change of ownership or location.
  - F. There are complaints regarding the CONTRACTOR.
  - G. There are unusual events, accidents, or injuries requiring medical treatment for clients, staff or members of the community.

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

**ATTACHMENT E**  
**Program Goals, Outcomes and Measures**

Adult Program Evaluation Crisis Respite Residential Services		
Program Goal	Outcome	Crisis Residential Services
Provide transitional crisis residential services in order to stabilize clients and reduce the need for involuntary or higher level of care services	1. Clients incarcerated	5% or less
	2. Client psychiatric inpatient admissions	5% or less
	3. Clients hospitalized for physical health reasons	10% or less
	4. Clients transitioning to a lower level of care	100%
	5. Clients discharged will have a discharge plan	100%
	6. Clients with stable/permanent housing (or housing plan) at discharge	100%



## **EXHIBIT B**

This Exhibit B includes the following:

- i. EXHIBIT B – Financial Provisions
- ii. EXHIBIT B-1 MH– SCHEDULE OF RATES AND CONTRACT MAXIMUM
- iii. EXHIBIT B-2 – Contractor Budget

## EXHIBIT B

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

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

### I. PAYMENT FOR SERVICES

- A. Performance of Services. CONTRACTOR shall be compensated on a cost reimbursement basis, subject to the limitations described in this Agreement and all exhibits hereto, for provision of the Units of Service (UOS) or other deliverables as established in Exhibit B-1-MH based on satisfactory performance of the services described in the Exhibit A(s).
- B. Medi-Cal Billable Services. The services provided by CONTRACTOR's Program described in the Exhibit A(s) that are covered by the Medi-Cal Program will be reimbursed by COUNTY from Federal Financial Participation (FFP) and State and local matching funds as specified in Exhibit B-1-MH and subject to Paragraph I.F (Funding Sources) of this Exhibit B.
- C. Non-Medi-Cal Billable Services. COUNTY recognizes that some of the services provided by CONTRACTOR's Program, described in the Exhibit A(s), may not be reimbursable by Medi-Cal, and such services may be reimbursed by other COUNTY, State, and Federal funds to the extent specified in Exhibit B-1-MH and pursuant to Paragraph I.F (Funding Sources) of this Exhibit B. 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. Medi-Cal Subsidy: COUNTY may provide a subsidy to CONTRACTOR, as specified in Exhibit B-1-MH for Non-Medi-Cal services provided in Medi-Cal programs. Subsidy shall not be used to reimburse disallowed costs including those in excess of budgeted amounts, improper costs, and any audit exceptions or adjustments. Reallocation of subsidy is at the discretion of the Behavioral Wellness Director or designee. CONTRACTOR shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate subsidy as outlined in Exhibit B-1-MH between programs. Behavioral Wellness Director or designee reserves the right to approve a subsidy reallocation in the year end cost cost settlement.
- E. Limitations on Use of Funds Received Pursuant to this Agreement. CONTRACTOR shall use the funds provided by COUNTY exclusively for the purposes of performing the services described in the Exhibit A(s) to this Agreement. Expenses shall comply with the requirements established in OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and all other applicable regulations. Violation of this provision or use of COUNTY funds for purposes other than those described in the Exhibit A(s) shall constitute a material breach of this Agreement.
- F. Funding Sources. The Behavioral Wellness Director or designee may reallocate between funding sources at his/her discretion, including to utilize and maximize any additional

## **EXHIBIT B**

funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Behavioral Wellness Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

### **II. MAXIMUM CONTRACT AMOUNT.**

The Maximum Contract Amount of this Agreement shall not exceed **\$ 2,970,618** for **FY 18-19** and shall consist of COUNTY, State, and/or Federal funds as shown in Exhibit B-1–MH and subject to the provisions in Section I. 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.

### **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). The approved Operating Budget shall be attached to this Agreement as Exhibit B-2. COUNTY may disallow any expenses in excess of the adopted operating budget. Indirect costs are limited to 15% of direct costs and must be allocated in accordance with a cost allocation plan that adheres with OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- B. Provisional Rate. COUNTY agrees to reimburse CONTRACTOR at a Provisional Rate (the "Provisional Rate") during the term of this Agreement. For recurring contracts, the Provisional Rate shall be established by using the historical data from prior fiscal periods. The COUNTY Maximum Allowable rate will be the Provisional Rate for all new contracts. Quarterly, or 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 and the volume of services provided in prior quarters.

### **IV. ACCOUNTING FOR REVENUES**

- A. Accounting for Revenues. CONTRACTOR shall comply with all COUNTY, State, and Federal requirements and procedures, including, but not limited to, those described in California Welfare and Institutions Code (WIC) Sections 5709, 5710 and 14710, relating to: (1) the determination and collection of patient/client fees for services hereunder based on Uniform Method for Determining Ability to Pay (UMDAP), (2) the eligibility of patients/clients for Medi-Cal, Medicare, private insurance, or other third party revenue, and (3) the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. 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. Contributions designated in Exhibit B-1-MH shall be offset from invoices and the annual cost report.
- B. Internal Procedures. CONTRACTOR shall maintain internal financial controls which adequately ensure proper billing and collection procedures. CONTRACTOR shall pursue payment from all potential sources in sequential order, with Medi-Cal as payor of last

## EXHIBIT B

resort. All fees paid by or on behalf of patients/clients receiving services under this Agreement shall be utilized by CONTRACTOR only for the delivery of service units specified in the Exhibit A(s) to this Agreement.

### V. REALLOCATION OF PROGRAM FUNDING

Funding is limited by program to the amount specified in Exhibit B-1-MH. CONTRACTOR cannot move funding between programs without explicit approval by Behavioral Wellness Director or designee. CONTRACTOR shall make written application to Behavioral Wellness Director or designee, in advance and no later than April 1 of each Fiscal Year, to reallocate funds as outlined in Exhibit B-1-MH 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 Behavioral Wellness Director's or designee decision of whether to allow the reallocation of funds shall be in writing to CONTRACTOR prior to implementation by CONTRACTOR. The Behavioral Wellness Director or designee also reserves the right to reallocate between programs in the year end cost settlement and will notify CONTRACTOR of any reallocation during the cost settlement process.

### VI. BILLING AND PAYMENT PROCEDURES AND LIMITATIONS

#### A. Submission of Claims and Invoices.

1. Submission of Claims and Invoices for Medi-Cal Services. Services are to be entered into the Clinician's Gateway System based on timeframes prescribed in the Behavioral Wellness Documentation Manual. Late service data and claims may only be submitted in accordance with State and federal regulations. Behavioral Wellness shall provide to CONTRACTOR a report that: i) summarizes the Medi-Cal UOS approved to be claimed for the month, multiplied by the provisional rate in effect at the time of service, ii) states the amount owed by COUNTY, and iii) includes the Agreement number. CONTRACTOR shall review the report and indicate concurrence that the report will be the basis for CONTRACTOR's provisional payment for the month. CONTRACTOR shall indicate concurrence within two (2) business days electronically to the COUNTY designated representative or to:

[financecbo@sbcbswell.org](mailto:financecbo@sbcbswell.org)

Santa Barbara County Department of Behavioral Wellness  
ATTN: Accounts Payable  
429 North San Antonio Road  
Santa Barbara, CA 93110-1316

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

2. Submission of Claims and Invoices for Non Medi-Cal Services. CONTRACTOR shall submit a written invoice within 10 calendar days of the end of the month in which non-Medi-Cal services are delivered that: i) depicts the actual costs of providing the services less any applicable revenues, including the provisional Medi-

## EXHIBIT B

Cal payment as described in VI.A.1 of this Exhibit B, as appropriate, ii) states the amount owed by COUNTY, and iii) includes the Agreement number and signature of CONTRACTOR's authorized representative. Invoices shall be delivered to the designated representative or address described in Section VI.A.1 of this Exhibit B MH. Actual cost is the actual amount paid or incurred, including direct labor and costs supported by financial statements, time records, invoices, and receipts.

3. The Program Contract Maximums specified in Exhibit B-1-MH and this Exhibit B are intended to cover services during the entire term of the Agreement, unless otherwise specified in the Exhibit A(s) MH to this Agreement (such as time-limited or services tied to the school year). Under no circumstances shall CONTRACTOR cease services prior to June 30 due to an accelerated draw down of funds earlier in the Fiscal Year. Failure to provide services during the entire term of the Agreement may be considered a breach of contract and subject to the Termination provisions specified in the Agreement.

The Behavioral Wellness Director or designee shall review the monthly claim(s) and invoices to confirm accuracy of the data submitted. 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 in this Agreement and all exhibits hereto.

- B. Subsidy Payments. This section applies to providers with programs that have subsidy funding allocations. For each program with subsidy funding comprising 5% or less, of the total program funding allocation set forth in Exhibit B-1 MH, payment of subsidy will occur at cost settlement after the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations. For providers with more than 5% total subsidy funding in any program, the final subsidy payment, or up to a maximum of 20% of total subsidy funding allocated for the given program in Exhibit B-1, will be withheld until the year end cost report has been submitted and costs are determined to be in compliance with contract terms and State and Federal regulations.
- C. Monthly Financial Statements. Within 15 calendar days of the end of the month in which services are delivered, CONTRACTOR shall submit monthly financial statements reflecting the previous month's and cumulative year to date direct and indirect costs and other applicable revenues for CONTRACTOR's programs described in the Exhibit A(s). If a program has both Medi-Cal billable costs and Non-Medi-Cal billable costs, CONTRACTOR shall separately identify Non-Medi-Cal billable costs on their financial statements.
- D. Withholding of Payment for Non-submission of Service Data and Other Information. If any required service data, invoice, financial statement or report 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 correct data and such data has been reviewed and approved by Behavioral Wellness Director or designee. Behavioral Wellness Director or designee shall review such submitted service data within sixty (60) calendar days of receipt.
- E. Withholding of Payment for Unsatisfactory Clinical Documentation. Behavioral Wellness

## EXHIBIT B

Director or designee shall have the option to deny payment for services when documentation of clinical services does not meet minimum Federal, State and COUNTY written standards.

### F. Claims Submission Restrictions.

1. 12-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 12 months from the month of service to avoid denial for late billing.
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.

G. 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.

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

## VII. COST REPORT

- A. Submission of Cost Report. Within three weeks of the release of the cost report template by the Department of Health Care Services (DHCS) but no sooner than 30 days after the end of the fiscal year, CONTRACTOR shall provide COUNTY with an accurate and complete Annual Cost Report (original cost report) with a statement of expenses and revenue and other supporting schedules for the applicable prior fiscal year. The Annual Cost Report shall be prepared by CONTRACTOR in accordance with all applicable Federal, State and COUNTY requirements and generally accepted accounting principles. CONTRACTOR shall allocate direct and indirect costs to and between programs, cost centers, services, and funding sources in accordance with such requirements and consistent with prudent business practice. All revenues received by CONTRACTOR shall be reported in its annual Cost Report, and shall be used to offset gross cost. CONTRACTOR shall maintain source documentation to support the claimed costs, revenues and allocations which shall be available at any time to Behavioral Wellness Director or Designee upon reasonable notice. A final (reconciled) cost report is also due approximately 1-2 years after submission of the original cost report. The specific deadline for the final cost report is determined by the State. CONTRACTOR shall submit a final (reconciled) cost report within three weeks of the COUNTY's formal request.

## EXHIBIT B

- B. Cost Report to be Used for Settlement. The Cost Report shall be the financial and statistical report submitted by CONTRACTOR to COUNTY, and shall serve as the basis for settlement with CONTRACTOR as set forth in Section VIII (Pre-audit Cost Report Settlements) below. CONTRACTOR shall document that costs are reasonable and allowable and directly or indirectly related to the services to be provided hereunder.
- C. Penalties. Failure of CONTRACTOR to submit accurate and complete Annual Cost Report(s) within 45 days after the due date set in Section VII.A above 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 forty-sixth (46<sup>th</sup>) day after the deadline or the expiration or termination date of this Agreement. The late fee will be invoiced separately or deducted from future payments due to CONTRACTOR under this Agreement or a subsequent agreement.
  2. In the event that CONTRACTOR does not submit accurate and complete Annual Cost Report(s) by the one-hundred and fifth (105<sup>th</sup>) day after the due date set in Section VII.A or the expiration or termination date of this Agreement, then all amounts paid by COUNTY to CONTRACTOR in the Fiscal Year for which the Annual Cost Report(s) is (are) outstanding shall be repaid by CONTRACTOR to COUNTY. Further, COUNTY may terminate any current contracts entered into with CONTRACTOR for programs covered by the outstanding Annual Cost Reports.
- D. 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.
- E. Single Audit Report: If CONTRACTOR is required to perform a single audit and/or program specific audit, per the requirements of OMB Uniform Administrative Requirements, Cost Principles, and Audit Requirements of Federal Awards, CONTRACTOR shall submit a copy of such single audit to COUNTY within thirty (30) days of receipt.

## VIII. PRE-AUDIT COST REPORT SETTLEMENTS.

- A. Pre-audit Cost Report Settlements. Based on the original and final/reconciled 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 COUNTY will perform pre-audit cost report settlement(s). Such settlements 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. In no event shall the settlement exceed the maximum amount of this agreement. Settlement for services shall be adjusted to the lower of:

## EXHIBIT B

1. CONTRACTOR's published charge(s) to the general public, as approved by the CONTRACTOR's governing board; unless the CONTRACTOR is a Nominal Fee Provider. This federal published charges rule is applicable only for the outpatient, rehabilitative, case management and 24-hour services.
  2. The CONTRACTOR's actual costs.
  3. The COUNTY Maximum Allowable rate.
- 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 CONTRACTOR's submission of the original and final/reconciled cost reports.
- 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 or withholding of future payments due to CONTRACTOR under this Agreement or a subsequent agreement, if any, at the sole discretion of the Behavioral Wellness Director or designee.

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

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



# EXHIBIT B-1

## EXHIBIT B-1 MH DEPARTMENT OF BEHAVIORAL WELLNESS SCHEDULE OF RATES AND CONTRACT MAXIMUM

CONTRACTOR NAME: Anka Behavioral Health, Incorporated

FISCAL YEAR: 18/19

Contracted Services (1)	Service Type	Mode	Service Description	Unit of Service	Service Function Code	County Maximum Allowable Rate
Medi-Cal Billable Services	24-Hour	05	Adult Crisis Residential	Bed Day	40	\$420.63
	Outpatient Services	15	Targeted Case Management	Minutes	01	\$2.46
Non - Medi-Cal Billable Services	Support Services	60	Life Support: Board and Care	N/A	40	Actual Cost

	PROGRAM					TOTAL
	Crisis Residential North	Crisis Residential South	Agnes Street CRT			
GROSS COST:	\$ 1,057,586	\$ 1,099,923	\$ 813,109			\$2,970,618
LESS REVENUES COLLECTED BY						
PATIENT FEES						\$ -
CONTRIBUTIONS						\$ -
OTHER (LIST):						\$ -
TOTAL CONTRACTOR REVENUES	\$ -	\$ -				\$0
MAXIMUM CONTRACT AMOUNT PAYABLE:	\$ 1,057,586	\$ 1,099,923	\$ 813,109			\$ 2,970,618

SOURCES OF FUNDING FOR MAXIMUM CONTRACT AMOUNT (2)						
MEDI-CAL (3)	\$ 793,190	\$ 824,942	\$ 609,832			\$ 2,227,964
NON-MEDI-CAL	\$ 52,879	\$ 54,996	\$ 40,655			\$ 148,531
SUBSIDY	\$ 211,517	\$ 219,985	\$ 162,622			\$ 594,124
OTHER (LIST):						\$ -
TOTAL (SOURCES OF FUNDING) (3)	\$ 1,057,586	\$ 1,099,923	\$ 813,109			\$ 2,970,618

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

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

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

(1) Additional services may be provided if authorized by Director or designee in writing.

(2) The Director or designee may reallocate between funding sources at his/her discretion during the term of the contract, including to utilize and maximize any additional funding or FFP provided by local, State, or Federal law, regulation, policy, procedure, or program. The Director or designee also reserves the right to reallocate between funding sources in the year end cost settlement. Reallocation of funding sources does not alter the Maximum Contract Amount and does not require an amendment to the contract.

(3) Source of Medi-Cal match is State and Local Funds including but not limited to Realignment, MHSA, General Fund, Grants, Other Departmental and SB 163.

\* MHS Assessment and MHS Therapy services may only be provided by licensed, registered or waived Mental Health clinicians, or graduate student interns under direct supervision of a licensed, registered or waived Mental Health clinician.

## EXHIBIT B-2

### Santa Barbara County Department of Behavioral Wellness Contract Budget Packet Entity Budget By Program

AGENCY NAME: Anka Behavioral Health Inc

COUNTY FISCAL YEAR: 2018-2019

Gray Shaded cells contain formulas, do not overwrite

LINE #	COLUMN#	1	2	3	4	5	6	7	8	9	10	11	12	13
		I. REVENUE SOURCES:	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Santa Barbara CRT	Santa Maria CRT	Agnes St CRT	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
1		Contributions		\$ -										
2		Foundations/Trusts		\$ -										
3		Miscellaneous Revenue		\$ -										
4		Behavioral Wellness Funding	\$ 56,648,738	\$ 2,970,618	\$ 1,099,923	\$ 1,057,586	\$ 813,109							
5		Other Government Funding		\$ -										
6		Managed Care Mental Health Services	\$ 9,103,030	\$ -										
7		Other (specify)		\$ -										
8		Other (specify)		\$ -										
9		Other (specify)		\$ -										
10		Total Other Revenue	\$ 65,751,768	\$ 2,970,618	\$ 1,099,923	\$ 1,057,586	\$ 813,109	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
I.B Client and Third Party Revenues:														
11		Client Fees		\$ -										
12		SSI	\$ 1,381,238	\$ -										
13		Other (specify)		\$ -										
14		Total Client and Third Party Revenues (Sum of lines 19 through 23)	\$ 1,381,238	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15		GROSS PROGRAM REVENUE BUDGET	\$ 67,133,006	\$ 2,970,618	\$ 1,099,923	\$ 1,057,586	\$ 813,109	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

## EXHIBIT B-2

	III. DIRECT COSTS	TOTAL AGENCY/ ORGANIZATION BUDGET	COUNTY BEHAVIORAL WELLNESS PROGRAMS TOTALS	Santa Barbara CRT	Santa Maria CRT	Agnes St CRT	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)	Enter PROGRAM NAME (Fac/Prog)
	III.A. Salaries and Benefits Object Level												
16	Salaries (Complete Staffing Schedule)	34,422,106	\$ 1,642,646	\$ 629,650	\$ 550,971	\$ 462,026	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Employee Benefits--Health/life Insurance, 401K, Unemployment, Workers Comp	4,775,858	\$ 208,616	\$ 79,965	\$ 69,973	\$ 58,677							
18	Payroll Taxes - FICA	2,633,291	\$ 125,662	\$ 48,168	\$ 42,149	\$ 35,345							
19	Salaries and Benefits Subtotal	\$ 41,831,255	\$ 1,976,925	\$ 757,783	\$ 663,094	\$ 556,048	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	III.B Services and Supplies Object Level												
20	Professional Fees	3,389,272	\$ -										
21	Office Supplies, Postage/Shipping	239,125	\$ 12,090	\$ 4,920	\$ 3,480	\$ 3,690							
22	Training & Transportation Costs	1,852,890	\$ 52,964	\$ 15,477	\$ 25,879	\$ 11,608							
23	Waste Water, Gas/Electric, Alarm, Hazmat	717,286	\$ 13,875	\$ 4,500	\$ 6,000	\$ 3,375							
24	Building Lease	3,670,778	\$ 229,296	\$ 74,400	\$ 99,096	\$ 55,800							
25	Furniture/Fixtures - Expendable	310,273	\$ 1,550	\$ 600	\$ 500	\$ 450							
26	Software, Licensing, Data, Phone, IT Support	2,676,451	\$ 90,545	\$ 28,405	\$ 40,836	\$ 21,304							
27	Payroll Service Fees	432,774	\$ 9,048	\$ 3,360	\$ 3,168	\$ 2,520							
28	Depreciation	404,989	\$ -										
29	Insurance/General	408,942	\$ 19,045	\$ 6,456	\$ 7,747	\$ 4,842							
30	Quality Management	680,414	\$ 46,200	\$ 16,800	\$ 16,800	\$ 12,600							
31	Pre-Employment Expense, Advertising/Employment Ads	147,193	\$ 14,138	\$ 3,960	\$ 5,208	\$ 4,970							
32	Accreditation, Certification, Audit Fees	\$ 323,796	\$ 11,505	\$ 3,516	\$ 5,352	\$ 2,637							
33	Services and Supplies Subtotal	\$ 15,254,183	\$ 500,256	\$ 162,394	\$ 214,066	\$ 123,796	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	III.C. Client Expense Object Level Total (Not Medi-Cal Reimbursable)												
34	Client Services -- Linen/Household Supplies, Program Expenses, Food Supplies, Medication/Laboratory, Socialization-Media	2,084,521	\$ 105,967	\$ 36,278	\$ 42,480	\$ 27,209							
35	SUBTOTAL DIRECT COSTS	\$ 59,169,959	\$ 2,583,147	\$ 956,455	\$ 919,640	\$ 707,052	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	IV. INDIRECT COSTS												
36	Administrative Indirect Costs (Reimbursement limited to 15%)	7,269,275	\$ 387,471	\$ 143,468	\$ 137,946	\$ 106,057							
37	GROSS DIRECT AND INDIRECT COSTS (Sum of lines 35+36)	\$ 66,439,234	\$ 2,970,618	\$ 1,099,923	\$ 1,057,586	\$ 813,109	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\*\* QA Costs are reimbursable only to the extent that State and Federal regulations permit contractor to claim reimbursement for said costs through the cost report process and that QA activities and staff satisfy all regulatory requirements, including DMH notices and letters regarding allowable QA act

**EXHIBIT C**  
**INDEMNIFICATION AND INSURANCE REQUIREMENTS**  
**(FOR PROFESSIONAL CONTRACTS)**

**1. INDEMNIFICATION**

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

**2. NOTIFICATION OF ACCIDENTS AND SURVIVAL OF INDEMNIFICATION PROVISIONS**

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

**3. INSURANCE**

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

**A. Minimum Scope of Insurance**

Coverage shall be at least as broad as:

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

If the Contractor maintains higher limits than the minimums shown above, the County requires and shall be entitled to coverage for the higher limits maintained by the

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Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the County.

**B. Other Insurance Provisions**

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

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

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coverage throughout the term of the Agreement. The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.

8. **Failure to Procure Coverage** – In the event that any policy of insurance required under this Agreement does not comply with the requirements, is not procured, or is canceled and not replaced, County has the right but not the obligation or duty to terminate the Agreement. Maintenance of required insurance coverage is a material element of the Agreement and failure to maintain or renew such coverage or to provide evidence of renewal may be treated by County as a material breach of contract.
9. **Subcontractors** – Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that County is an additional insured on insurance required from subcontractors.
10. **Claims Made Policies** – If any of the required policies provide coverage on a claims-made basis:
  - i. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
  - ii. Insurance must be maintained and evidence of insurance must be provided for at least five (5) years after completion of contract work.
  - iii. If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a Retroactive Date prior to the contract effective date, the Contractor must purchase “extended reporting” coverage for a minimum of five (5) years after completion of contract work.
11. **Special Risks or Circumstances** – County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

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

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