

**AMENDMENT TO BOARD OF SUPERVISORS
AGREEMENT NO. 21-138**

This second Amendment to BOS Agreement No. 21-138 is entered into this 21st day of June, 2022, by and between the COUNTY OF MENDOCINO, a political subdivision of the State of California, hereinafter referred to as "COUNTY" and **Redwood Quality Management Company**, hereinafter referred to as "CONTRACTOR".

WHEREAS, BOS Agreement No. 21-138 was entered into on July 1, 2021; and

WHEREAS, first Amendment No. MH-21-036 was entered into on October 18, 2021; and

WHEREAS, upon execution of this document by the Chair of the Mendocino County Board of Supervisors and CONTRACTOR, this document will become part of the aforementioned contract and shall be incorporated therein; and

WHEREAS, it is the desire of CONTRACTOR and COUNTY to increase the amount set out in the original BOS Agreement No. 21-138, from \$17,361,861 to \$18,211,861; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to alter the Definition of Services, Exhibits A-1, A-2, and A-3 set out in the original BOS Agreement No. 21-138; and

WHEREAS, it is the desire of the CONTRACTOR and the COUNTY to alter the Payment Terms, Exhibits B-1, B-2, and B-3 set out in the first Amendment No. MH-21-036; and

WHEREAS, CONTRACTOR will continue to serve as the Administrative Services Organization for Mental Health Services in Mendocino County.

NOW, THEREFORE, we agree as follows:

1. The amount set out in the original BOS Agreement No. 21-138 is hereby increased from \$17,361,861 to \$18,211,861.
2. The Definition of Services, Exhibits A-1, A-2, and A-3, set out in the original BOS Agreement No. 21-138 are hereby superseded and replaced by the Exhibits A-1, A-2, and A-3, attached hereto and incorporated herein by this reference.
3. The Payment Terms, Exhibits B-1, B-2, and B-3, set out in the first Amendment No. MH-21-036 are hereby superseded and replaced by the Exhibits B-1, B-2, and B-3, attached hereto and incorporated herein by this reference.

All other terms and conditions of BOS Agreement No. 21-138 and first Amendment No. MH-21-036 shall remain in full force and effect.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

DEPARTMENT FISCAL REVIEW:

By: [Signature]
Jenine Miller, Psy.D., Behavioral Health
Director

Date: 6/2/22

Budgeted: ☒ Yes ☐ No

Budget Unit: 4050, 4051

Line Item: 86-3280

Org Code: MACSS, MH

Grant: ☐ Yes ☒ No

COUNTY OF MENDOCINO

By: [Signature]
TED WILLIAMS, Chair
BOARD OF SUPERVISORS

Date: 06/21/2022

ATTEST:

DARCIE ANTLE, Interim Clerk of said Board

By: [Signature]
Deputy 06/21/2022

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Interim Clerk of said Board

By: [Signature]
Deputy 06/21/2022

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 05/24/2022

CONTRACTOR/COMPANY NAME:

By: [Signature] MFT
Tim Schraeder

Date: 5/24/2022

NAME AND ADDRESS OF CONTRACTOR:

Redwood Quality Management Company

376 E. Gobbi St. Suite B

Ukiah, CA 95482

472-0350; tims@rgmc.org

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: [Signature]
Deputy

Date: 05/24/2022

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 05/24/2022

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; \$50,001+ Board of Supervisors
Exception to Bid Process Required/Completed ☒ EB 21-85
Mendocino County Business License: Valid ☐
Exempt Pursuant to MCC Section: within city limits of Ukiah

EXHIBIT A-1

Scope of Work – Specialty Mental Health Services

On behalf of the County of Mendocino, CONTRACTOR shall provide or arrange for the provision of and pay for medically necessary Specialty Mental Health Services (SMHS) within the Scope of Services defined in this contract and pursuant to the SMHS Payment Terms in Exhibit B-1. In the arrangement and provision of services, CONTRACTOR shall ensure compliance with all applicable Medicaid laws, and regulations, including the 1915(b) Medi-Cal Specialty Mental Health Services Waiver, the County of Mendocino State Mental Health Plan (MHP) Agreement, and Behavioral Health and Recovery Services (BHRS) policies and procedures.

- I. The following duties and obligations have been delegated to CONTRACTOR. COUNTY maintains the ultimate responsibility for ensuring compliance with the terms and conditions of the County of Mendocino State Mental Health Plan (MHP) Agreement and the requirements set forth in this Agreement. Compliance with the requirements of this Agreement shall be monitored by COUNTY on an ongoing basis.
 - A. CONTRACTOR shall arrange and pay for medically necessary covered Specialty Mental Health Services to Short-Doyle/Medi-Cal beneficiaries.
 - B. CONTRACTOR shall provide and pay for medically necessary covered Medication Support Services. These services shall be reimbursed at the following interim rates. Interim rates may be increased or decreased at the sole discretion of the County. All reimbursements for Specialty Mental Health services are subject to cost settlement.

		07/01/2021-06/30/2022
99201 thru 99205+ 90836 add on code	Evaluation and Management New Patient with 45 minutes of Psychotherapy	Evaluation and Manage \$6.00 per minute, Psychotherapy \$2.70 per minute
99211	Evaluation and Management- Established Patient	\$6.00 per minute
99212	Evaluation and Management- Established Patient	\$6.00 per minute
99213	Evaluation and Management- Established Patient	\$6.00 per minute

99214	Evaluation and Management- Established Patient	\$6.00 per minute
99215	Evaluation and Management- Established Patient	\$6.00 per minute
99211 thru 99215 + 90833 add on code	Evaluation and Management Established Patient with 30 minutes of Psychotherapy	Evaluation and Manage \$6.00 per minute, Psychotherapy \$2.70 per minute
99211 thru 99215 + 90836 add on code	Evaluation and Management Established Patient with 45 minutes of Psychotherapy	Evaluation and Manage \$6.00 per minute, Psychotherapy \$2.70 per minute
J0401	Injection code	\$6.00 per minute
J1631	Injection code	\$6.00 per minute
J2426	Injection code	\$6.00 per minute
J2680	Injection code	\$6.00 per minute
J2794	Injection code	\$6.00 per minute
T1017	Case Management	\$2.35 per minute
90791	Assessment	\$2.70 per minute
H0032	Plan Development	\$2.70 per minute
908	General time	\$0.00
M96	Client Cancelled	\$0.00
M97	Client Rescheduled	\$0.00
M98	Clinical Staff Cancelled	\$0.00
M99	Missed Med Visit	\$0.00

Billing for services must be completed as per instructions in Mendocino County Mental Health Policy and Procedure, "Claims Processing and Payment to Contract provider under the Mental Health Medi-Cal Managed Care Plan". All coordination of benefits procedures must be followed. CONTRACTOR shall be liable for any exceptions and shall reimburse COUNTY for any recoupments ordered by the State. CONTRACTOR shall provide COUNTY with an annual COST Report in the appropriate format for submission to the State of California, Department of Health Care Services Medi-Cal reimbursement. This Cost Report will establish the final basis upon which CONTRACTOR is reimbursed for services provided during the term of the Agreement. Final reimbursement shall not exceed the Department of Health Care Services audited Cost Report and EPSDT claim. COUNTY shall only reimburse CONTRACTOR for services provided to Medi-Medi beneficiaries upon receipt of a valid Explanation of

Medicare Benefits. COUNTY shall not reimburse services provided to non Medi-Cal beneficiaries; for services provided to indigent individuals, see Exhibit A3 and B3.

C. COUNTY shall provide and pay for the following mental health services to Short-Doyle/Medi-Cal beneficiaries:

1. Access Line Coverage
2. Lanterman-Petris-Short Conservatorship oversight and placement for individuals age 25 and older.
3. Mobile Outreach and Prevention Services (County Mobile Outreach teams to North County, South County, and Anderson Valley)
4. Probation Mental Health Services (AB109)
5. CalWorks Mental Health Services
6. Patient's Rights Advocate
7. Mobile Response Teams (Partnered with Law Enforcement)

D. CONTRACTOR shall ensure that all medically necessary covered Specialty Mental Health Services are sufficient in amount, duration, and scope to reasonably be expected to achieve the purpose for which the services are furnished.

E. CONTRACTOR shall ensure:

1. The availability of all Specialty Mental Health Services to address emergency psychiatric conditions twenty-four (24) hours a day, seven (7) days a week.
2. The availability of Specialty Mental Health Services to address urgent conditions twenty-four (24) hours a day, seven (7) days a week.
3. The availability of Specialty Mental Health Services within 60 miles or 90 minutes of travel for all beneficiaries.
4. Timely access to routine Specialty Mental Health Services, as determined by COUNTY to be required to meet needs.

F. CONTRACTOR shall, to the extent feasible, allow Medi-Cal beneficiaries to choose the person/agency providing the services.

G. Beginning 11/1/2021, CONTRACTOR shall use the modifiers for telehealth services set forth by the California Department of Health Care Services and CONTRACTOR will be liable for any audit findings on telehealth services that do not include a modifier. The telehealth modifiers are:

- a. Televideo Service: GT
- b. Telephone Service: SC
- c. Store and Forward (e-consult in DMC ODS): GQ

II. Availability and Accessibility of Services

A. CONTRACTOR shall ensure the availability and accessibility of adequate numbers and types of subcontractors to provide medically necessary Specialty Mental Health Services. At a minimum, CONTRACTOR shall:

1. Maintain and monitor a network of appropriate providers that is supported by subcontracts with providers and that is sufficient to provide adequate access to all Specialty Mental Health Services covered under this contract. CONTRACTOR is responsible for maintaining a network that meets the Network Adequacy requirements and completing, collecting, and submitting quarterly all Network Adequacy required data. CONTRACTOR must establish the network and monitor the network, taking into consideration all of the following:
 - a. Anticipated number of Medi-Cal eligible clients.
 - b. Expected utilization of services.
 - c. Expected number and type of subcontractors, including cultural competency of subcontractors.
 - d. Number of subcontractors not accepting new beneficiaries.
 - e. Geographic location of subcontractors and their access to beneficiaries.
 - f. Whether subcontractors are credentialed for the services being provided.
2. CONTRACTOR and subcontractors shall provide links to COUNTY of their list of individual provider staff and maintain a current list of their individual provider staff on their websites. COUNTY will maintain links on its website.

3. If CONTRACTOR determines that it is unable to arrange for access to all services covered under this contract, CONTRACTOR shall notify COUNTY in writing detailing the area and/or services CONTRACTOR is unable to fulfill under this contract. CONTRACTOR shall work with COUNTY to develop a plan for the provision of needed access and/or services to meet requirements set forth in this contract that CONTRACTOR has identified it cannot fulfill.
- B. CONTRACTOR shall comply with COUNTY requirements for timely access to services. CONTRACTOR shall:
1. Require all subcontractors to meet COUNTY standards for timely access to care and services, taking into account the urgency of need for services.
 2. Require all subcontractors to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the subcontractor offers services to non-Medi-Cal clients.
 3. Establish mechanisms to ensure that subcontractors comply with timely access requirements.
 4. Monitor subcontractors regularly to determine compliance with timely access requirements.
 5. Take corrective action if a subcontractor fails to comply with timely access requirements.
 6. Provide monthly timeliness access reports to COUNTY.
 7. Notify COUNTY when a subcontractor is failing to comply with timely access requirements and provide COUNTY with corrective action provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirement or subcontractor services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.

III. Quality Assessment and Performance Improvement

A. Quality Assessment

1. CONTRACTOR shall adhere to COUNTY Quality Assessment program which defines the structure and operational processes, assigns responsibility to appropriate individuals, and adopts or establishes

quantitative measures to assess performance and to identify and prioritize area(s) of improvement.

2. CONTRACTOR and COUNTY shall conduct performance monitoring activities throughout CONTRACTOR's operations. These activities shall include, but are not limited to, client system outcomes, utilization management, utilization review, subcontractor appeals, credentialing, and monitoring and assistance in the resolution of client grievances.
3. CONTRACTOR, in coordination with COUNTY, shall ensure coordination of care with community health centers, law enforcement, County jail, acute care hospitals, Public Guardians, Substance Use Disorders Treatment, and any other entity identified by COUNTY. Memorandums of Understanding (MOU) shall be developed by COUNTY with each entity. COUNTY shall assess the effectiveness of each MOU and CONTRACTOR shall work with the entity to improve identified problematic areas. COUNTY shall be available to help resolve any issue that cannot be resolved between the parties.
4. CONTRACTOR shall track underutilization of services and overutilization of services. CONTRACTOR shall provide monthly reports to the COUNTY on the underutilization and overutilization of services. COUNTY and CONTRACTOR shall review data to identify trends, access to services, and opportunities for improvement.
5. CONTRACTOR shall prevent and eliminate barriers to effective care, including but not limited to non-discrimination against particular subcontractors that serve high-risk populations or specialize in conditions that require costly treatment.
6. CONTRACTOR shall resolve any identified service delivery problems and take effective action when improvement is required or desired. COUNTY shall be notified by CONTRACTOR of any service delivery problem(s) and the steps being taken by CONTRACTOR to resolve the identified problem.
7. CONTRACTOR shall ensure that all subcontractors participate in COUNTY and State required beneficiary/family satisfaction surveys. CONTRACTOR shall submit to COUNTY all surveys by the due date. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.
8. CONTRACTOR shall ensure that all subcontractors adhere to COUNTY and Mental Health Plan (MHP) requirements for beneficiary grievances, appeals, fair hearings, and change of provider requests. CONTRACTOR shall ensure COUNTY receives all original documentation of beneficiary

grievances, appeals, fair hearings, and change of provider requests. COUNTY shall work with CONTRACTOR and subcontractors, as appropriate, to resolve all beneficiary problem resolution matters. CONTRACTOR shall work with COUNTY to use the data to identify trends and opportunities for improvement.

9. CONTRACTOR shall establish processes to ensure that all subcontractors remain in compliance with COUNTY and MHP requirements. If a subcontractor is not in compliance, CONTRACTOR will start the corrective action process. CONTRACTOR shall notify COUNTY of any subcontractor out of compliance and provide COUNTY with a copy of the corrective action request letter provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirements or subcontractor services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.
10. CONTRACTOR shall ensure that all relevant cultural and linguistic standards of care are incorporated into service delivery.
 - a. CONTRACTOR and/or subcontractors shall have evidence of culture-specific programs or referrals to community-based, culturally-appropriate, and non-traditional mental health subcontractors.
 - b. CONTRACTOR and/or subcontractors shall have evidence of the availability, as appropriate, of alternatives and options that accommodate the individual preference of clients.
11. CONTRACTOR shall participate in the Department of Health Care Services (DHCS) reviews. In preparation for reviews, CONTRACTOR shall provide COUNTY all requested information and data to maintain compliance. Information and data may be requested monthly to remain in compliance with set standards.

B. Performance Improvement

1. CONTRACTOR shall participate in COUNTY identified continuous performance improvement projects that ensure the appropriateness and effectiveness of Specialty Mental Health Services and meet the needs of the client. CONTRACTOR shall work with COUNTY to design and implement interventions for improving performance, and measure the effectiveness of interventions.

2. CONTRACTOR shall work with COUNTY to complete a minimum of two (2) Performance Improvement Projects (PIP) each fiscal year, one (1) clinical and one (1) non-clinical. CONTRACTOR shall provide COUNTY with all required information and data to be in compliance with the PIP requirements. These PIPs will measure performance using objective quality indicators and demonstrate planning for increasing or sustaining improvement.
3. CONTRACTOR shall ensure that all identified issues are tracked over time and reported to the COUNTY.
4. CONTRACTOR shall provide reports and performance data at COUNTY meetings, such as Quality Improvement/Quality Management, Behavioral Health Advisory Board (BHAB), Utilization Management, ASO Care Coordination and Quality Improvement Committee meetings.
5. CONTRACTOR shall participate in the Quality Improvement Committee meetings and provide reports and performance data as requested by the COUNTY and in relation to the goals set in the Quality Improvement Work Plan.
6. CONTRACTOR shall work with COUNTY annually to complete the Quality Improvement Work Plan and Quality Improvement Work Plan Evaluation. The Work Plan identifies key factors for quality improvement and utilization management. CONTRACTOR shall provide COUNTY with requested information and data in accordance with plan goals and objectives.
7. CONTRACTOR shall be responsible for providing data separated by Adult Services (18+), Children's Services (0-17), and Foster Care in the following categories:
 - a. Timeliness of initial request to first offered appointment
 - b. Timeliness of initial request to first kept appointment
 - c. Timeliness of initial request to first psychiatry appointment
 - d. Timeliness of service request for urgent appointment to actual encounter
 - e. Timeliness of follow-up encounters post-psychiatric inpatient discharge
 - f. Psychiatric readmission rates within 30 days

- g. Psychiatrist and clinician no-show rates
- h. Access to after-hours care
- i. Responsiveness of the crisis number

8. CONTRACTOR shall participate in the External Quality Review.

In preparation for the annual External Quality Review (EQR), CONTRACTOR shall provide COUNTY with all requested information and data to complete the EQR requirements. EQR data shall be requested monthly by COUNTY to remain in compliance with set standards and goals. EQR focus areas are categorized as follows:

- a. Service delivery capacity
- b. Service delivery system and meaningful clinical issues
- c. Service accessibility
- d. Continuity of care and coordination of care
- e. Beneficiary satisfaction

9. CONTRACTOR shall be responsible for the following:

- a. Collaboration and coordination among clients, Mendocino County Behavioral Health and Recovery Services (BHRS), subcontractors, and CONTRACTOR.
- b. Assessment of subcontractor performance, including peer review, when appropriate.
- c. Provision of sufficient resources and trainings to ensure compliance with regulations.
- d. The requirement that subcontractors participate in Performance Improvement activities.
- e. Management of service delivery utilizing a comprehensive Electronic Health Record (EHR) to facilitate the collection, management, and analysis of data needed for monitoring, evaluation, and improvement.

- f. The requirement that all subcontractors follow the goals of the Quality Improvement Work Plan.
- g. The requirement that all subcontractors adhere to COUNTY and MHP requirements.
- h. Ensuring Performance Improvement activities meet the requirements as specified by DHCS and SMHS requirements.
- i. The provision of necessary resources to ensure the delivery of culturally competent Specialty Mental Health Services.

C. Quality Assessment and Performance Improvement Committees

- 1. COUNTY shall be responsible for facilitation of a Quality Assessment and Performance Improvement (QAPI) Committee. CONTRACTOR shall participate on the QAPI committee and attend all meetings. QAPI recommends policy decisions, implements specific review and evaluation activities, and ensures follow-up of PI processes.
- 2. COUNTY shall facilitate an ASO Care Coordination Meeting that provides oversight, reviews the system of care, approves policy and system changes. Reports shall be prepared for data review and information concerning the MHP system of care. Identification and review of the MHP system of care shall allow for performance improvement and track success of improvement efforts over time:
 - a. Utilization Management (UM)
 - b. Subcontractor Relations
 - c. Client Services
 - d. Risk Management
 - e. Quality of Care

D. Utilization Management/Review

- 1. CONTRACTOR shall be responsible for ensuring that beneficiaries have appropriate access to Specialty Mental Health Services. CONTRACTOR shall assess the capacity of service delivery and accessibility of services to beneficiaries; this includes monitoring the number, type, and geographic

distribution of mental health services. This information shall be provided to COUNTY and reported at Utilization Management meetings monthly.

2. CONTRACTOR shall evaluate medical necessity appropriateness and efficiency of services provided to beneficiaries. CONTRACTOR shall track utilization of data to show client outcomes and performance indicators over time. CONTRACTOR shall track patterns, trends, outlier data, and monitor post care outcomes to assess effectiveness of care and services. This information shall be provided to COUNTY and reported at Utilization Management meetings monthly.
3. CONTRACTOR shall participate in COUNTY Utilization Management meetings and provide to COUNTY all requested information and data for each meeting.
4. CONTRACTOR shall implement mechanisms to ensure authorization decision standards are met and are in compliance with COUNTY and DHCS requirements. CONTRACTOR shall adhere to MHP requirements for processing requests for initial, continuing, and concurrent authorizations of services. Authorization decisions shall be made within the timeframe set by Title 42, Code of Federal Regulations (C.F.R.) § 438.210(d). CONTRACTOR may not require prior authorization for the following services: crisis intervention, crisis stabilization, assessment, plan development, rehabilitation, targeted case management, intensive care coordination, and medication support services (for the purpose of assessment, evaluation, plan development, or if there is a documented urgent need for the services). Prior authorization is required for Therapy, Intensive Home-Based Services, Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services, Therapeutic Foster Care, and Medication Support Services (except as described earlier).
5. CONTRACTOR shall have mechanisms in place to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting subcontractor when appropriate. CONTRACTOR shall authorize services based on medical necessity criteria and each client's level of service needs. Any decisions to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested shall be made by a professional who has appropriate clinical expertise in treating the client's condition or disease.
6. CONTRACTOR shall issue Notices of Adverse Benefit Determination (NOABD), per the MHP requirements, within the timeframe set forth in 42 C.F.R. 438.404(c). A copy of every NOABD issued shall be provided to COUNTY. NOABDs shall be provided to the COUNTY monthly. COUNTY shall maintain NOABD logs.

7. CONTRACTOR shall use COUNTY approved clinical documentation and forms. CONTRACTOR shall obtain in writing, approval from COUNTY Behavioral Health Director or designee before using new clinical documentation or forms subject to review or audit by the State of California or Federal Government. Failure by CONTRACTOR to obtain COUNTY approval may result in the inability of CONTRACTOR to bill for services.
8. COUNTY shall conduct clinical chart audits, treatment authorization audits, and billing audits. COUNTY shall notify CONTRACTOR in writing of audit results. Corrective Action Plans shall be required for any items found out of compliance as a result of the audit. Findings may also indicate a recoupment of funds as dictated by the annual DHCS Reasons for Recoupment list.
9. CONTRACTOR shall monitor the amount of time from initial request for services to first billable visit. This data shall be analyzed and findings reported on a monthly basis to the BHAB, Quality Improvement Committee, and reported through CSI.
10. CONTRACTOR shall act as the Point of Authorization (POA) for Specialty Mental Health Services for beneficiaries. At the same time, COUNTY shall retain authority as the official POA for all mental health services and shall have the right to review, audit, and deny services based on MHP requirements. All denials shall be reviewed with CONTRACTOR. CONTRACTOR has the right to appeal decisions to the Behavioral Health Director or designee.
11. CONTRACTOR shall provide utilization review of the activities listed below. CONTRACTOR shall monitor and measure System Performance on a monthly basis to include, but not be limited to, the following:
 - a. Inpatient hospitalizations
 - b. Crisis services
 - c. Timely access to outpatient and psychiatric services
 - d. No shows
 - e. Client outcomes
 - f. Client satisfaction

IV. Specialty Mental Health Services

A. Provision of Cultural Competence

1. CONTRACTOR shall ensure subcontractors provide culturally competent services. CONTRACTOR shall coordinate with COUNTY to comply with annual cultural competency skills training for its staff and for the staff of each of the subcontractors. COUNTY shall develop and revise the Cultural Competency Plan in collaboration and coordination with CONTRACTOR and stakeholders.
2. Areas of focus in the implementation of the Cultural Competency Plan shall include, but not be limited to, elimination of the disparities in service delivery to special populations (Latino and Native American clients).
3. In the event the CONTRACTOR and/or subcontractors provide cultural competency training, CONTRACTOR and/or subcontractors shall submit to COUNTY copies of agendas, sign-in sheets, handouts, and flyers for each cultural competency training provided to CONTRACTOR's and subcontractor's staff as the training occurs.

B. Client Rights

CONTRACTOR shall ensure that the screening of a client for a treatment or service program shall not result in the client being deprived of any rights, privileges, or benefits which are guaranteed to individuals by State or Federal law. CONTRACTOR shall ensure that services are provided in a safe, sanitary, least restrictive, and humane environment. All clients shall have the right to be treated with dignity and respect by CONTRACTOR and all subcontractors. CONTRACTOR shall work with the COUNTY's Patient's Rights Advocate to ensure proper client interactions and interventions.

C. Maintenance of Client Records

CONTRACTOR and subcontractors shall maintain client records. CONTRACTOR shall identify a compliance officer that is responsible for maintaining the integrity of clients' health care information. Records shall be organized in a systematic fashion and stored according to licensing/regulatory standards. Individual and aggregate records shall be accessible to clinicians, the Quality Management process, and Mendocino County BHRS. Records that are released to proper authorities, individuals, and others shall be released only with an appropriately signed Release of Information (ROI). CONTRACTOR and subcontractors shall comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, State and Federal laws, and other Mendocino County BHRS requirements for client

confidentiality and record security. Client records shall be kept and maintained for ten (10) years after client discharge.

D. Access to Quality Care with a “no wrong door” Access System

1. CONTRACTOR shall operate a “no wrong door” Access System for services. “No wrong door access” means that community members in need of services can present at any contracted Mendocino County mental health service program and receive help or services. More importantly the client will be engaged and assisted to meet his/her needs.
2. The Access System’s primary role shall be to receive all treatment requests for Specialty Mental Health Services made by clients, their families, County agencies, community subcontractors, or law enforcement.
3. CONTRACTOR’s Access System shall determine eligibility for services and medical necessity. When Mendocino County residents access services they will be provided with “no wrong door” access to avoid delays or long waits for mental health service regardless of where they live within Mendocino County, without regard to their financial ability, and in compliance with Mendocino County MHP rules and regulations for services. If requested, Medi-Cal beneficiaries shall receive a screening and, if initial screening indicates, shall receive further assessment. A NOABD shall be provided to all beneficiaries who, upon initial screening or assessment, do not meet medical necessity criteria.
4. Direct services shall be provided in the client’s preferred language or American Sign Language (ASL), if required. Language assistance, if needed, will be provided through the use of competent bilingual staff, staff interpreters, contractors, or formal arrangements with organizations providing interpretation or translation services. Language taglines shall be attached to vital documents, which shall be provided in current threshold languages. Accommodations to support access to vital documents shall be made for those beneficiaries with disabilities.
5. The scope of the Access System shall include, but is not limited to:
 - a. Prompt access to screening, assessment, and triage.
CONTRACTOR shall monitor and document the amount of time from initial request for services to first billable visit, client language, all service requests, and outcomes from initial contact through the crisis line. This data shall be analyzed and the findings reported on a monthly basis to the BHAB and Quality Improvement Committee.
 - b. Client intakes and eligibility determinations.

- c. Appropriate service referrals and authorizations within a Continuum of Care (CoC) appropriate to client's mental health needs.
 - d. Care manager assignments.
 - e. Transport coordination.
 - f. Coordination with primary care and/or substance abuse needs.
 - g. Offering hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation offered to commercial clients or comparable to Medi-Cal fee-for-service clients, if the subcontractor serves Medi-Cal clients.
6. CONTRACTOR's subcontractors shall provide assistance, linkage, and referrals to clients accessing services at multiple entry points. These entry points may include Community Based Organizations, Federally Qualified Healthcare Centers (FQHC), Rural Health Clinics, several Indian Health Clinics, three Hospital Emergency Rooms, Redwood Coast Regional Center, the community, and any mental health plan subcontractor.
- a. Hospital Emergency Rooms shall be the destination points for 5150 (5150 is a section of the California Welfare and Institution Code specifically, the Lanterman-Petris-Short Act or "LPS" which allows a qualified officer or professional to involuntarily confine a person deemed to have a mental disorder that makes them a danger to him or herself, and/or others, and/or who is deemed to be gravely disabled).
 - b. CONTRACTOR shall ensure that subcontractors provide: mental health assessments and referrals; supportive care management services; substance abuse linkage and referrals; integration with primary care; crisis intervention and stabilization services; and emergency mental health services.
7. Clients shall be provided with required information pamphlets that include Client Rights, Notice of Privacy Practices, Grievance and Appeals Process Brochure, Advanced Directives Brochure, Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Membership Handbook, Provider Directory, Mental Health Plan Beneficiary Handbook, and language taglines.

E. System of Care

1. CONTRACTOR shall arrange for an appropriate range of SMHS that are adequate for the anticipated number of clients that will be served by the MHP. CONTRACTOR shall provide oversight and regulation of the programs and services provided by subcontractors. SMHS include the following:
 - a. Mental health services;
 - b. Medication support services;
 - c. Day treatment intensive;
 - d. Day rehabilitation;
 - e. Crisis intervention;
 - f. Crisis stabilization;
 - g. Adult residential treatment services;
 - h. Psychiatric health facility services;
 - i. Intensive Care Coordination (for beneficiaries under the age of 21);
 - j. Intensive Home Based Services (for beneficiaries under the age of 21);
 - k. Therapeutic Behavioral Services (for beneficiaries under the age of 21);
 - l. Therapeutic Foster Care (for beneficiaries under the age of 21);
 - m. Psychiatric Inpatient Hospital Services; and,
 - n. Targeted Case Management
 - o. Lanterman-Petris-Short Conservatorships Oversight and Placement for individuals 18-24 years old
2. CONTRACTOR shall arrange for client advocacy and outreach services, coordinate local SMHS and medical care, provide interagency information and communication, arrange or provide local service transports and post-

discharge transportation from inpatient psychiatric hospitalizations, and maintain each client's care management record. Services shall include, but are not limited to:

- a. Crisis Services
 - b. Access System
 - c. Prompt access to screening and assessment; client intakes and eligibility determinations
 - d. Appropriate client service referrals within a CoC appropriate to client's mental health needs
 - e. Care management
 - f. Transport coordination
 - g. Coordination with primary care and co-occurring needs
 - h. Crisis intervention and stabilization
 - i. Coordination with law enforcement
 - j. Emergency response to hospital emergency rooms
 - k. Obtaining twenty-four (24) hour care service authorizations
3. Target Mental Health Population: The target population shall consist of Mendocino County Medi-Cal beneficiaries who meet medical necessity criteria for Mendocino County Mental Health Plan reimbursement as defined in Title IX, Article 2, Section 1830.205 and 1830.210 and meet the functional criteria for seriously mentally ill.
4. Specialty Mental Health Services: An array of Specialty Mental Health Services shall be available to Medi-Cal beneficiaries who meet medical necessity criteria. Services shall address a client's mental health diagnosis and functional impairment. Interventions shall be: individualized and designed to diminish impairments and prevent significant deterioration; culturally competent and appropriate services, which are sensitive and responsive to cultural and gender differences and special needs; and, delivered without regard to race, religion, national origin, gender, physical disability, or sexual orientation. Beneficiaries shall receive services in accordance with their level of medical necessity and unique needs.

Services shall be guided by an individualized client treatment plan, which shall be reviewed and revised annually. Specialty Mental Health Services shall include Assessment, Plan Development, Collateral, Therapy, Rehabilitation, and Crisis Intervention. Services shall be delivered within the least restrictive and most normative environment that is clinically appropriate

5. Services shall be available in person, on the phone, and/or through telecommunication. Services shall be timely and accessible, and delivered by licensed/waivered staff, mental health rehabilitation specialists, and care managers who perform duties within his/her scope of practice. Services shall be provided by or under the direction of mental health professionals functioning within the scope of their professional license and applicable State law. Transport services shall be available as needed.
6. Beneficiaries shall be linked to physical health care, dental services, benefits, employment, schools, training, transportation, and other non-mental health services as needed. Services shall also be coordinated with Federally Qualified Health Clinics (FQHC)/Rural Health Clinics (RHC), Probation, and Behavioral Health and Recovery Services (BHRS), as needed. Beneficiaries receiving Specialty Mental Health Services shall be supported to receive health care at community health care organizations, and CONTRACTOR shall ensure that ROI promote integrated health care services. Beneficiaries shall be assisted with applying for and maintaining housing. Services shall be reviewed regularly to ensure client access to appropriate care for mental health and physical health needs.
7. Targeted Case Management Services: Linkage services shall be provided to assist beneficiaries to receive appropriate services, arrange transportation to appointments and/or activities when needed, and help them perform activities of daily living. Targeted case management services are defined as services furnished to assist individuals in gaining access to needed medical, alcohol and drug treatment, social, educational and other services.
8. Assisted Outpatient Treatment (AOT): CONTRACTOR shall arrange for subcontractors to provide AOT services. Subcontractors shall participate in the AOT Team meetings as requested by COUNTY and participate in the initial investigation of AOT referrals, providing known history on potential AOT clients. CONTRACTOR's subcontractors shall accept referrals for Biopsychosocial Assessment and assess client, determine if client has a qualifying diagnosis that meets medical necessity for SMHS, understanding that many AOT clients may be reluctant to participate in voluntary services, and repeated and unique attempts to engage client in services may be necessary.

9. AOT requires subcontractor participation with the AOT treatment team and client in developing an AOT treatment plan. Assigned Care Managers shall assist clients in overcoming barriers, meeting treatment plan goals and reducing functional impairments toward reducing risk to self or others and increasing ability to participate meaningfully in independent living. Subcontractor shall testify in court when required regarding AOT qualifications, assessment, diagnosis, risk of client, and any other pertinent information to beneficiary.
10. AOT also requires completing any documents necessary for the AOT petition requested by the COUNTY or required by the Courts, which includes the Declaration stating that there is reason to believe AOT criteria are met according to WIC Code 5346(b)(5)(B). CONTRACTOR shall ensure that all timelines outlined in regulation or ordered by the court proceedings are met. Family and natural supports shall be included as part of the client's care plan. When successful treatment is sustained, CONTRACTOR shall facilitate transition of client to less restrictive treatment programs maintaining contact through a supported transition process.
11. COUNTY shall provide the following services for AOT:
 - a. Accept all referrals to AOT services.
 - b. Investigate all referrals.
 - c. Outreach to client, build rapport, and attempt to obtain engagement in voluntary services.
 - d. Coordinate services with the AOT treatment team consisting of Administrative Service Organization (ASO) Clinician, Counsel, County Behavioral Health Director, and ASO Care Manager.
 - e. Assist with determining Treatment Plan Goals.
 - f. Support client and Care Manager in initial services needs such as financial, housing, and other imminent basic needs.
 - g. Make determination of need to file Declaration of AOT criteria with Court.
 - h. Notification of Counsel and Courts.
 - i. Tracking of all timelines and communication with treatment team around court processes and deadlines.

- j. Complete documentation of non-compliance when necessary and communicate with Counsel.
 - k. Monitor and track transitions of client.
 - l. Report data to the State Department of Mental Health.
12. Therapeutic Behavioral Services (TBS): CONTRACTOR shall arrange for Subcontractors to provide TBS. TBS is an intensive, individualized, one-to-one behavioral mental health service available to children/youth with serious emotional challenges and their families, who are under 21 years old. TBS is available for children/youth who are being considered for placement in a Group Home Rate Classification Level 12 or above or who are at risk of hospitalization in an acute care psychiatric facility. TBS is designed to help children/youth and their parents/caregivers manage these behaviors utilizing short-term, measurable goals based on the child's and family's needs.
 13. Youth Community Based Services: CONTRACTOR shall, in collaboration with COUNTY, work together to implement community resources that support children and youth staying in their home, school, and community whenever possible. Such services shall be client focused, family driven, strength based, culturally competent, and delivered through multi-agency collaboration. Such services shall incorporate formal and informal resources and shall be designed to assist families with successful transitions from formal supports to full community integration.
 14. School Based Services: Educationally Related Mental Health Services (ERMHS) shall be provided through CONTRACTOR's coordination with the Special Education Local Plan Area (SELPA), based on needs identified on the client's Individual Education Plan (IEP) with ERMHS, through EPDST, and delivered through a partnership within Mendocino County. CONTRACTOR shall provide medically necessary EPSDT services to students attending the ORR Creek program.
 15. Forensic Services: CONTRACTOR shall establish a formal liaison with those agencies in the community that are primarily engaged with mental health care recipients who are actively connected to forensic, in order to be consistent with public safety and the needs of the individual. CONTRACTOR shall meet regularly in order to problem solve for concerns or specific clients, on an individual basis with offices that include, but are not limited to, the following:
 - a. Behavioral Health Court

- b. Mendocino County Office of the Public Guardian
- c. Mendocino County Jail and Sheriff
- d. City Police Departments
- e. California Forensics Medical Group (CFMG)
- f. Office of the Public Defender
- g. Mendocino County Probation Office
- h. Mendocino County Superior Court

A representative of COUNTY shall be invited to participate in any interagency deliberation or meeting.

16. Transportation Service: CONTRACTOR shall arrange for transportation services. CONTRACTOR shall have subcontractors coordinate transportation for clients for admission to authorized services or placement sites, transfers between placement sites and discharges from placement sites back to the community. This service shall be provided through a coordinated effort by care managers with the local ambulance company, local care managers, members of the subcontractor network, and transportation contractors.
17. Behavioral Health Court: CONTRACTOR shall arrange for the provision of care management and outpatient services to participants of the Behavioral Health Court. In addition, CONTRACTOR shall arrange for subcontractors to collaborate and coordinate with the multi-agency Behavioral Health Court planning group.
18. Outcome Measurement Tools: CONTRACTOR shall require all in-county subcontractors to use, based on client's age, the Adult Needs and Strengths Assessment (ANSA), the Child Assessment of Needs and Strengths 50 (CANS-50), and the Pediatric Symptom Checklist (PSC-35), to measure clients' functioning. CONTRACTOR shall work with out-of-county subcontractors on using the outcome measurement tools. The frequency and intensity of services shall be correlated with outcome measure data. Outcome measure data shall be collected at the beginning of treatment, every six months following the first administration, and at the end of treatment to ensure that services maintain the appropriate level of intensity, frequency, and duration and submitted to COUNTY electronically following DHCS data submission guidelines.

19. All urgent care needs related to medication management, routine visits, emergent conditions, and nonemergency crisis situations shall be assessed, treated, referred to a local clinic, and discharged to home or family, unless they have a medical or psychiatric emergency and are in need of supportive care or placement.
20. Medical needs shall be referred to a primary care clinic site within the System of Care network for assessment and treatment. Medical emergencies shall be referred to the appropriate emergency service or to the nearest hospital emergency room. Continued monitoring shall occur through an assigned care manager.
21. Psychiatric emergencies shall be assessed and referred to the appropriate level of the multi-tiered crisis service. Dispositions to crisis or twenty-four (24) hour care services shall be based on medically necessary interventions centered on client safety and rapid stabilization of the crisis episode.

F. Crisis Services

1. CONTRACTOR shall arrange for multi-tiered crisis intervention and crisis response services to Mendocino County residents. Crisis services shall be available to all Mendocino County residents that experience a mental health emergency and shall be accessible twenty-four (24) hours a day, seven (7) days a week. Crisis services shall be accessible via the telephone, walk-in crisis centers, and mobile response to designated community locations.
2. The Crisis Service's goals are:
 - a. Provide emergency assessments, appropriate emergency services/referrals, and a safe environment. CONTRACTOR's subcontractor shall maintain the response requirements.
 - b. Divert individuals from unnecessary presentations at local hospital emergency rooms.
 - c. Minimize the time involvement of emergency rooms and local law enforcement with each incident.
 - d. Reduce recidivism by linking client with appropriate resources and after care services.
 - e. Provide qualified professionals to respond to the local emergency rooms within twenty (20) minutes in Ukiah and Fort Bragg and

within forty-five (45) minutes or less to Willits in order to perform an assessment for a 5150 placement.

- f. Coordinate with law enforcement and hospital emergency departments to provide quality mental health services.
3. Crisis services shall be available to those in need, regardless of ability to pay. Once crisis services are accessed, assessments at every level of care shall determine the client's need for additional services. In every case, particular care shall be given to provide a safe, secure, and confidential experience. CONTRACTOR shall provide services to Medi-Cal clients and assist indigent clients to access mental health services. After stabilizing clients with insurance, CONTRACTOR shall provide referrals to the appropriate primary care provider/medical group network. CONTRACTOR shall bill crisis services covered by insurance to the appropriate third-party payor. Payment for crisis services that are not covered by insurance are the responsibility of the client.
4. Individuals may be self-referred, family-referred, referred by law enforcement, Mendocino County agency referred, or referred by community-based mental health or medical professionals. Each individual shall be provided the least restrictive intervention possible. Assessments at every level of care shall determine the individual's need for additional services. CONTRACTOR shall ensure that each crisis call is responded to promptly and that individuals who are determined to have a life-threatening or 5150 designation receive the highest priority.
5. Services by CONTRACTOR's subcontractors may be provided over the phone or in person. All crisis contacts shall be logged and/or documented in the EHR, thus allowing CONTRACTOR to monitor timeliness to access, appropriateness of intervention, and coordination of aftercare linkages, including, at times, access into mental health services. CONTRACTOR's subcontractor shall respond promptly and triage the crisis according to the individual's level of suicidal risk, homicidal risk, and/or grave disability. The subcontractor shall refer medical emergencies to the appropriate emergency service or to the nearest hospital emergency room.
6. CONTRACTOR shall ensure service provision meets the following levels of care:
 - a. Crisis Prevention and Outreach
 - i. CONTRACTOR shall work with subcontractors to ensure the provision of crisis prevention, outreach, and de-stigmatization services.

- ii. CONTRACTOR and subcontractors shall participate in education and awareness events held locally throughout the County.
 - iii. CONTRACTOR shall arrange for crisis response to local community tragedies and disasters, as deemed necessary.
 - iv. CONTRACTOR shall provide subcontractors with assigned duties in emergency community efforts as per direction from the Behavioral Health Director.
 - v. CONTRACTOR and subcontractors shall have informational pamphlets, flyers, and cards located throughout the County to ensure that beneficiaries have access to crisis services as needs arise.
 - vi. CONTRACTOR shall ensure appropriate networking to continue to expand local community supports and the development of a crisis continuum of care.
- b. Crisis Intervention
- i. CONTRACTOR shall ensure crisis services can be requested through self-referrals, as well as referrals from community mental health agencies/subcontractors, healthcare subcontractors, law enforcement, family members, friends, neighbors, landlords, or community members concerned about the welfare of an individual who appears to be in a mental health crisis. Referrals shall be accepted by CONTRACTOR through an advertised toll-free crisis phone number which shall operate twenty-four (24) hours a day, seven (7) days a week.
 - ii. CONTRACTOR shall ensure the operation of a minimum of two (2) Crisis Centers to be located inland and on the coast, with walk-in availability for individuals in crisis.
 - iii. CONTRACTOR's subcontractor shall have appropriately credentialed staff that is trained to manage the crisis intervention and to resolve problems and/or situations with the least restrictive crisis response.
 - iv. Criteria used by CONTRACTOR in assessing situations shall, at minimum, include deterioration of the mental health status or an increase in mental illness symptoms, along with:

- 1) Acute emotional distress
 - 2) Thoughts of suicide or wanting to hurt oneself
 - 3) Thoughts of harm to others
 - 4) Physical aggression toward others
 - 5) Refusal of psychiatric or medical care because of impaired insight or judgment
 - 6) Grave disability
- v. CONTRACTOR's subcontracted crisis staff shall, upon completion of the assessment, provide brief crisis interventions designed to de-escalate and resolve the crisis or diminish the symptoms.
 - vi. CONTRACTOR and subcontractors shall work to ensure that all parties involved in the initial crisis are content with the outcome of the initial assessment prior to determining a final disposition.
 - vii. CONTRACTOR shall ensure appropriate referrals are made for the individual to assist in the stabilization of functioning and reduce potential recidivism into the crisis continuum of care.
 - viii. CONTRACTOR shall assist subcontractors as needed to facilitate access to community resources such as housing, food, transportation, eligibility workers, and other domains of daily functioning to assist in the development of appropriate safety networks.
 - ix. CONTRACTOR shall ensure that crisis services are provided in the least restrictive setting.
 - x. CONTRACTOR shall ensure access to a psychiatrist twenty-four (24) hours a day, seven (7) days a week for available consultation on medication and psychiatric conditions, as well as requests for a second opinion when disagreements occur.
 - xi. Crisis staff shall assess the need for inpatient psychiatric hospitalization and will work to complete the assessment, broker the bed, and arrange transportation should acute care be required.

- xii. CONTRACTOR shall monitor outcomes and indicators to look for trends and ways to prevent future inpatient psychiatric hospitalization.

c. Respite Services

- i. CONTRACTOR shall arrange for Respite Care Services. Respite Care Services offer safe, temporary relief for adults who are experiencing a nonthreatening but difficult crisis situation, and for their care-givers. Respite programs provide short-term and time-limited breaks for mentally ill adults in need of temporary housing relief, without which emotional distress and situational trauma might increase, precipitating a need for more intensive services. It also operates as a support to unpaid caregivers of adults with a mental health diagnosis in order to support and maintain the care-giving relationship. Respite Care may be provided at a licensed community care facility or through temporary housing in a shelter, transitional housing sites, or a local motel and is available twenty-four (24) hours a day, seven (7) days a week. On occasion this service may be an alternative to costly higher levels of care, and avoids potential emergency room visits and law enforcement involvement. Respite care shall be accessed by referral and authorized by CONTRACTOR.

d. Inpatient Psychiatric Services

- i. CONTRACTOR shall arrange for the provision of voluntary and involuntary inpatient hospitalizations for clients when medical necessity has been determined. CONTRACTOR shall authorize placement, find a bed with a contracted psychiatric facility, and arrange for transportation. Examples of qualified inpatient subcontractors include St. Helena Hospital, Woodland Memorial Hospital, Aurora Behavioral Healthcare, Restpadd and Marin General Hospital. COUNTY expects length of stay to range from three (3) to seven (7) days. CONTRACTOR shall monitor inpatient care and coordinate linkage and treatment upon discharge. When or if hospital staff suggest that an LPS conservatorship may be necessary for a patient, CONTRACTOR will contact COUNTY to begin to formulate a discharge strategy

e. Supportive Aftercare Services

- i. Following the initial crisis episode, CONTRACTOR shall ensure subcontractors' timely follow-up is coordinated so as to

assist in stabilization of the crisis and linkage for ongoing supports. When appropriate, the client's identified natural supports shall be involved in the planning and aftercare process.

- ii. Following an inpatient psychiatric stay, CONTRACTOR shall ensure that subcontractor provides a post-discharge exit interview to the client and offer supportive aftercare services. This exit interview will happen within the first seventy-two (72) hours of discharge and timeliness will be reported with utilization review reports.
- iii. CONTRACTOR shall ensure that all Mendocino County clients are transported back to the County following an inpatient stay.
- iv. Supportive after care services shall be offered to all Medi-Cal beneficiaries who meet medical necessity criteria. After care may include respite, peer support, linkage to primary care and/or substance abuse programs, psychiatric follow-up, medication monitoring, care management, case consultation, and possibly other psychiatric emergency services. Support and aftercare shall be provided by subcontractors, even if the crisis is deemed not to be a mental health emergency.
- v. CONTRACTOR shall allow for post-crisis aftercare linkage and support services to Medi-Cal individuals. For individuals with insurance, CONTRACTOR shall provide referrals to the appropriate primary care provider/medical group network for post-crisis aftercare linkage and support services.
- vi. CONTRACTOR shall ensure that aftercare services are mobile and provided in the community. The mobile aftercare model will assist crisis staff in evaluating client's environment, developing appropriate coping strategies, monitoring functioning in life domains, streamlining linkage referrals, and working to expand natural resources.
- vii. CONTRACTOR shall, to the extent possible, work with subcontractors to develop new resources in underserved areas so that referrals are made within the community of origin during crisis.
- viii. CONTRACTOR shall make supportive aftercare services available for up to sixty (60) days post crisis to allow for stabilization and linkage to community supports.

f. Involuntary Detention:

- i. COUNTY shall provide 5150 training to all of CONTRACTOR's subcontractors who will be conducting 5150 assessments. All personnel conducting 5150 assessments shall be certified by the Behavioral Health Director. This training shall be conducted yearly to meet State requirements; all subcontractors need to be recertified yearly. Any subcontractor who does not attend the training or does not pass the training shall be unable to conduct 5150 assessments until the matter is rectified.

V. Administrative/Utilization Review Services

- A. CONTRACTOR shall provide administrative and utilization review services. CONTRACTOR shall partner with COUNTY to coordinate and/or consolidate existing administrative functions where appropriate. COUNTY shall retain certain functions including fiscal management, client billing to State, Chart Audits/Clinical Review and quality management. COUNTY shall perform oversight of the CONTRACTOR and the contract. CONTRACTOR shall provide the following administrative services to complete the mental health management structure for Mendocino County:

1. Administrative Services

- a. Care management technology
- b. Medi-Cal billing preparation
- c. Compliance management of administrative requirements
- d. Program system/data reports
- e. Subcontractor network development
- f. Subcontractor contracting and contract monitoring
- g. Subcontractor management/relations
- h. Subcontractor fiscal planning and budget monitoring
- i. Subcontractor cost report monitoring and oversight

- j. Mendocino County BHRS/ASO functions, systems and committee integration
- k. Mendocino County BHRS reporting/coordination/communication
- l. Mendocino County BHRS interagency coordination/communication
- m. Mendocino County BHAB, National Alliance on Mental Illness (NAMI) stakeholder relations
- n. Community relations

2. Utilization Review Services

- a. Client eligibility verification
- b. Medical necessity determination
- c. Service authorization
- d. Lockouts
- e. Utilization management
- f. Quality/outcome management
- g. Compliance management of utilization review services
- h. Clinician/agency credentialing

B. CONTRACTOR's contracts with subcontractors shall be developed, negotiated, and managed by the CONTRACTOR. CONTRACTOR's representative shall consult with Mendocino County Counsel regarding requirements and safeguards necessary for inclusion into each network subcontractor agreement. CONTRACTOR shall be responsible for contract management and shall be the point of contact between subcontractors and COUNTY. CONTRACTOR shall maintain regular and routine communication with the Behavioral Health Director to report progress, solve problems, coordinate resources, provide information and maintain relationships.

VI. Subcontracts

A. CONTRACTOR shall maintain and monitor a network of appropriate subcontractors that are supported by written contract. CONTRACTOR shall not

execute any subcontract prior to confirmation by COUNTY of subcontractor compliance with 42 CFR 455.104, Disclosures of Ownership and Control (Attachment 1). CONTRACTOR shall provide COUNTY with a copy of each executed subcontractor contract, at least yearly. In all contracts, CONTRACTOR and subcontractor must comply with the requirements of 42 C.F.R. § 438.214. CONTRACTOR also shall ensure all subcontractors adhere to COUNTY policies and procedures.

- B. CONTRACTOR shall not discriminate in the selection, or reimbursement, of any subcontractor who is acting within the scope of his or her license or certification under applicable State law, solely on the basis of that license or certification. CONTRACTOR shall ensure that subcontractors adhere to the COUNTY policy and procedure for selection, retention, credentialing, and re-credentialing of subcontractors.
- C. CONTRACTOR shall give written notice of the reason for deciding not to contract with a specific subcontractor or groups of subcontractors. A copy of the notice shall be provided to COUNTY.
- D. CONTRACTOR shall comply with California Code of Regulations (CCR) Title 9 § 1830.215 in the selection of subcontractors. Subcontractors shall maintain compliance with all MHP, State and Federal requirements. If a subcontractor does not maintain compliance CONTRACTOR shall issue a corrective action plan. COUNTY shall be notified when a subcontractor is failing to comply with requirements. CONTRACTOR shall provide COUNTY with a copy of the corrective action plan provided to subcontractor. CONTRACTOR shall continue to work with subcontractor until subcontractor is in compliance with requirement or subcontractor's services have been terminated. CONTRACTOR shall keep COUNTY informed throughout the corrective action process.
- E. CONTRACTOR shall ensure that subcontractors only use licensed, registered, or waived staff acting within their scope of practice for services which require a license, waiver, or registration.
- F. CONTRACTOR shall ensure that all subcontractor sites meet the requirements for Medi-Cal certification. COUNTY shall certify all subcontractors and recertify every three years. COUNTY shall conduct site reviews to verify that all subcontractors are in compliance with Medi-Cal site certification requirements. Any subcontractor found out of compliance shall receive a corrective action plan from COUNTY. COUNTY shall provide to CONTRACTOR a copy of any corrective action plan issued to a subcontractor. Failure to comply with the corrective action plan may result in termination of subcontractor's Medi-Cal certification.
- G. CONTRACTOR shall ensure that no subcontractor is on a list excluding them from billing Medi-Cal, such as:

1. Office of General Inspector General List of Excluded Individuals/Entities (LEIE).
 2. DHCS Medi-Cal List of Suspended or Ineligible Subcontractors
 3. Excluded Parties List System (EPLS)
 4. Social Security Death Master List
 5. Verification of licensure without restrictions
 6. National plan and subcontractor Enumeration System (NPPES)
- H. CONTRACTOR shall run monthly checks on the exclusion list sites, as directed by the COUNTY, and provide COUNTY monthly reports.
- I. CONTRACTOR's contracts with subcontractors shall include, but are not limited to, the following:
1. Anticipated number of Medi-Cal eligible clients.
 2. The expected utilization of services.
 3. The number and types of subcontractors in terms of training, experience and specialization needed to meet expected utilization.
 4. The number of subcontractors who are not accepting new clients.
 5. The geographic location of subcontractors and their accessibility to clients, considering distance, travel time, means of transportation ordinarily used by Medi-Cal recipients and physical access for disabled clients.
 6. Specific language stating the subcontractor is required to comply with all Federal, State and COUNTY requirements, regulations, and MHP policy and procedures for SMHS. This includes notification to COUNTY in a timely manner according to code provisions of Special Incidences, and communicating in writing to COUNTY throughout the process with status updates and outcomes.
- J. CONTRACTOR shall have a certification protocol for all subcontractors to ensure their capacity and capability for meeting the full requirements of the Mendocino County MHP. CONTRACTOR shall be responsible for financial and billing reconciliation, including cost reports, allowable costs, federal cost report compliance, etc. for all subcontractors.

- K. CONTRACTOR shall ensure that all subcontractors use an Electronic Health Record (EHR). The EHR allows subcontractor to enter client data, upload clinical documents, enter progress notes, and track outcome data. The EHR also allows CONTRACTOR to access various reports, to assist in monitoring:
1. Subcontractor scheduling and productivity
 2. Intensity and duration of services
 3. Demographic data
 4. Clinical data
 5. Service utilization
 6. Level of placement
 7. High-cost beneficiaries
- L. CONTRACTOR shall have a Chief Psychiatrist (licensed psychiatrist) who will be available to provide medical consultation as needed. CONTRACTOR's Chief Psychiatrist shall also assist with emergency ex partes, as needed. CONTRACTOR's Chief Psychiatrist shall have particular focus on medication, assessment, consultation, inpatient denials, appeals, and shall assist with recommendations for further treatment.
- M. CONTRACTOR shall be responsible for sending notification letters to clients, if a subcontractor terminates their contract with CONTRACTOR or CONTRACTOR terminates contract with COUNTY.

VII. Communication Plan

CONTRACTOR shall notify COUNTY of all communications with Media, including, but not limited to, press releases, interviews, articles, etc. CONTRACTOR shall not speak on behalf of COUNTY in any communications with Media but is encouraged to describe the services it provides and respond to questions about those services. CONTRACTOR is also encouraged, where appropriate, to provide timely and factual responses to public concerns.

- VIII. CONTRACTOR covenants that it presently has no interest and that it will not acquire any interest, direct or indirect, that represents a financial conflict of interest under state law or that would otherwise conflict in any manner or degree with the performance of its services hereunder. CONTRACTOR further covenants that in the performance of this Agreement, no person having any such interests shall be employed. In addition, if requested to do so by COUNTY, CONTRACTOR with 5%

or more direct or indirect ownership interest shall complete and file and shall require any other person doing work under this Agreement to complete and file a "Disclosure of Ownership & Control Interest" (Attachment 1) with COUNTY disclosing CONTRACTOR's or such other person's financial interests. Additionally, a background check, including fingerprinting, may be required for said persons if it is determined there is a "high" risk to the Medi-Cal program. Furthermore, CONTRACTOR shall ensure that all subcontracts include the Disclosure of Ownership requirement and that Disclosure of Ownership Forms will be submitted directly to the COUNTY.

IX. CONTRACTOR Notification of Breach or Improper Disclosures

The State Contract requires COUNTY to notify the state of any breach or improper disclosure of privacy and/or security of personal identifiable information (PII) and/or protected health information (PHI). CONTRACTOR shall, immediately upon discovery of a breach or improper disclosure of privacy and/or security of PII and/or PHI by CONTRACTOR, notify COUNTY of such breach or improper disclosure by telephone and either email or facsimile. In accordance with 45 CFR, upon COUNTY's knowledge of a material breach or violation by CONTRACTOR of the agreement between COUNTY and the CONTRACTOR, COUNTY shall:

Provide an opportunity for the CONTRACTOR to cure the breach or end the violation and terminate the agreement if the CONTRACTOR does not cure the breach or end the violation within the time specified by the Department; or immediately terminate the agreement if the CONTRACTOR has breached a material term of the agreement and cure is not possible.

In the event that the State Contract requires COUNTY to pay any costs associated with a breach of privacy and/or security of PII and/or PHI, including but not limited to the costs of notification, Contractor shall pay on COUNTY's behalf any and all such costs arising out of a breach of privacy and/or security of PII and/or PHI by CONTRACTOR.

[END OF EXHIBIT A-1]

EXHIBIT A-2

Scope of Work – Mental Health Services Act

On behalf of the County of Mendocino, CONTRACTOR agrees to arrange for the provision of, provide oversight of, and pay for Mental Health Services Act (MHSA) programs, services, and activities within the Scope of Services defined in this contract and pursuant to the MHSA Payment Terms in Exhibit B-2. Such services are to be provided in accordance with: the California Welfare and Institutions Code Sections 5848-5899; California Code of Regulations Title 9 Sections 3100-3856; the Mendocino County Mental Health Services Act Three Year Plan and Annual Plan Updates (MHSA Plan); Behavioral Health and Recovery Services (BHRS) policies and procedures; Mental Health Services Oversight and Accountability Commission guidance; Department of Health Care Services guidance; and with consideration of feedback from MHSA Stakeholders.

I. Management and Oversight of MHSA Services and Programs

- A. CONTRACTOR shall attend and participate in MHSA Forums, and other Community Program Planning activities, provide information about program areas, and answer questions as needed for the benefit to stakeholders and Forum Participants.
- B. CONTRACTOR shall be familiar with the demographic and geographic composition of the county and shall provide services in a manner that addresses disparities. Services shall provide equal opportunities for peers of diverse ethnic, cultural, and linguistic groups. Staff shall be trained in cultural responsiveness. Bilingual staff and or translation shall be utilized to provide services in consumer preferred languages.
- C. CONTRACTOR shall ensure the provision of community based services that increase access to mental health services, facilitate an integrated and collaborative service experience for the consumer, and prioritize least restrictive care environments.
- D. CONTRACTOR shall ensure that MHSA services are focused on mental health wellness, recovery, and resilience. Services shall be consumer driven, and when desired by the consumer shall include family and other supports (friends, neighbors, spiritual leaders, etc.) as indicated by the client.
- E. CONTRACTOR shall identify outcome measures appropriate to the services being provided. Outcome measures shall be designed to track the impact of services being provided and shall be approved by COUNTY prior to implementation.

II. Community Services and Supports (CSS) Programs

CONTRACTOR shall arrange for the provision of, provide oversight of, and issue payment for Community Services and Supports programs and services that focus on expanding and making more integrative and collaborative the specialty mental health service delivery systems for children and youth, transition age youth, adults, and older adults. These services shall focus on increasing recovery and consumer driven services to specialty mental health clients through integrated and intensive services that consider quality improvement and outcomes in collaboration with community partners.

- A. Community Services and Supports programs shall serve each of the four designated age groups: Child and youth (ages 0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). CONTRACTOR shall track and provide COUNTY with data on the services being provided, population being served, and demographics.
- B. CSS programs are designated in the MHSA Plan as either Full Service Partnership, General System Development, Outreach and Engagement, or Mental Health Services Act Housing Program. CONTRACTOR shall know the designation of each program and shall provide reports according to CCR Title 9 regulations for that program type.
- C. Full Service Partnerships (FSP) are an intensive collaborative relationship between client, providers, and when appropriate the client's family and personal supports. Full Service Partnerships are designed to provide more intensive services to reduce likelihood of intensive, high cost urgent, and emergency mental health services and/or other forms of institutionalization. CONTRACTOR shall ensure that:
 - 1. Each Full Service Partnership client has an Individualized Services and Supports Plan (ISSP). The ISSP shall be developed in collaboration with the client and when appropriate the client's family.
 - 2. Each ISSP shall include a Personal Services Coordinator to assist the client, and when appropriate family members, to access the services indicated in the ISSP.
 - 3. Full Service Partnerships and ISSP may include peer support.
 - 4. The ISSP shall include a plan for 24/7 access to urgent client needs. The service provider delivering 24/7 care needs, if not the Personal Services Coordinator, must be known to the client.

5. CONTRACTOR shall follow regulation (CCR TITLE 9 Section 3620.05) and COUNTY policy to ensure individuals meet Full Service Partnership Criteria and are enrolled according to COUNTY procedure.
 6. CONTRACTOR shall collect and report data on FSP clients in accordance with CCR Title 9 Section 3620.10 and COUNTY policy.
- D. General Service Delivery programs improve the mental health service delivery system for all clients and/or targeted services for clients and when appropriate, their family members. CONTRACTOR shall ensure that as appropriate programs shall include:
1. Peer support
 2. Alternative and culturally specific services
 3. Wellness Centers
 4. Strategies for reducing ethnic/cultural disparities
 5. Improvement of mental health service delivery
 6. Family Education Services
 7. Crisis Intervention/Stabilization Services
 8. Personal support services, when appropriate, for employment, housing, and or education
 9. Needs Assessment
 10. Project based housing
- E. CONTRACTOR shall ensure outreach and engagement programs identify unserved children and/or youth with serious emotional disorders and/or adults and older adults with serious mental health conditions, or at risk of acute inpatient hospitalization, crisis intervention, residential treatment due to mental health condition and psychosis, suicidality, or violence in order to engage the individual in the mental health system and appropriate services.
- F. CONTRACTOR acknowledges the following general data requirements for MHSA programs and that reports are due quarterly:
1. Quarterly CSS Demographic Reports for all CSS programs.

2. Monthly CSS FSP reports and outcome data as delineated in the COUNTY Policy and Procedure and CCR Title 9 Section 3530.

III. Prevention and Early Intervention Services (PEI)

CONTRACTOR shall be aware of, and collaborate with Prevention and Early Intervention (PEI) services. PEI programs are designed to prevent mental illnesses from becoming severe and disabling. PEI programs are designated as Prevention, Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Stigma and Discrimination Reduction, Programs for Access and Linkage to Treatment, and Suicide Prevention. CONTRACTOR shall know the designation of each type of program being provided and shall provide reports to COUNTY in accordance with CCR Title 9 Sections 3200.245-3755.010.

- A. CONTRACTOR acknowledges that PEI programs are designed to serve all ages. However, at least fifty-one percent (51%) of the PEI funding allocation shall be used to serve individuals who are twenty-five (25) years old or younger and/or their families.
- B. CONTRACTOR acknowledges the following general data requirements for PEI programs and that reports are due quarterly [Title 9 CCR [PEI Sections 3200.245-3755.010]
 1. Program Name
 2. Number of unduplicated clients and/or family members served with demographic information including, but not limited to:
 - a. Age
 - b. Race
 - c. Ethnicity
 - d. Gender assigned at birth
 - e. Gender identity
 - f. Primary language used in home
 - g. Sexual orientation

h. Veteran's Status

- i. Disability- which is not a result of severe mental illness, but includes physical, communication, health, or mental (including but not limited to a learning, or developmental disability)
- j. Number of respondents who refuse to answer any of the categories above

- 3. Description of culturally responsive considerations.
- 4. Description of any changes made in the program from beginning of year to end.
- 5. Description of any evidence-based practice, Promising Practice, or community based practices that were used.
- 6. Outcomes and indicators: approaches used to select specific indicators, and changes in outcomes and indicators as attributed to service delivery, including how often the data is collected and analyzed.
- 7. An analysis of the strengths and challenges experienced by the program in meeting prevention goals in the preceding year, which shall include a narrative of anecdotal information, with concrete examples, and/or quotes from participants, peer volunteers, and service providers that may be used to show effectiveness, and/or improve services.

- C. CONTRACTOR shall ensure that Stigma and Discrimination Reduction programs shall be activities or programs that reduce negative feelings, improve attitudes/beliefs/perceptions or increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and/or reduce stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking treatment for mental health services. Approaches shall be culturally congruent with the target population.

Stigma and Discrimination Reduction programs will document and report the number of individuals reached, demographic information for individuals served, which attitudes/beliefs/perceptions they aim to change, the target population, strategies and methods used to effect change, any measurement of change in attitudes/beliefs/perceptions.

CONTRACTOR acknowledges the following additional data required for Stigma and Discrimination programs and that reports are due quarterly:

- 1. Strategies to avoid stigma.

2. Description of any measured or anecdotal impact on community changes in attitude or behavior.
 3. Description of how the program reduced the negative attitudes, feelings, beliefs, perception, stereotypes, and/or discrimination related to having a mental illness.
 4. Description of funding other than MHSA that was used for the program.
- D. CONTRACTOR shall ensure that Access and Linkage to Treatment programs or activities shall connect individuals with serious mental illness as early in onset to the conditions as practical to medically necessary care and treatment. The care and treatment shall include but not be limited to services provided through the Mental Health Plan or other MHSA services. CONTRACTOR shall include strategies chosen to target the underserved population chosen and why the strategies were chosen for that population.

CONTRACTOR shall document and report the number of individuals referred to treatment, what kind of treatment the individuals were referred to, the number of individuals that followed through on treatment, and the duration of untreated mental illness prior to referral (as self-reported).

CONTRACTOR acknowledges the following additional data required for Access and Linkage to Treatment programs and that reports are due quarterly:

1. Program names and specific populations targeted.
2. Total number unduplicated clients referred to clinicians for treatment and what type of treatment (including other MHSA programs).
3. Number of clients with Serious Mental Illness.
4. Number of clients who followed through on referrals at least once.
5. Average interval between referral and participation to other services, and/or treatment disaggregated by demographic groups.
 - a. Standard deviation of average time to services
 - b. Whether the average time to services is considered a reduction (improvement) for the target population.
6. Average duration of untreated mental illness measured by the interval between referral and engagement in treatment.

7. Number of unique services provided to each client and/or family member.
 8. Description of ways the CONTRACTOR encouraged access to services and followed through on referrals.
 9. Strategies employed to promote access for the underserved population.
- E. All PEI programs shall be designed to be culturally responsive, and shall include the perspective of those with lived experience.
- F. CONTRACTOR shall submit required reports to COUNTY in accordance with the following schedule:
1. Semi-Annually Schedule:
 - a. July – December data – due January 31
 - b. January – June date – due July 31
 2. Quarterly Reporting Schedule:
 - a. October 31, 2021
 - b. January 31, 2022
 - c. April 30, 2022
 - d. July 31, 2022
- G. COUNTY shall issue Corrective Action Letters for reports not received on time.
- H. CONTRACTOR shall participate in and provide survey data to COUNTY pertaining to the semi-annual Consumer Perception Survey [CCR Title 9 Section 3530.30].
- I. CONTRACTOR shall provide to COUNTY the names of the staff conducting the MHSA Program, the fluent languages they speak, cultural proficiencies they have, and any cultural responsiveness training they have had during the reporting period.

[END OF EXHIBIT A-2]

EXHIBIT A-3

Scope of Work – Indigent Services / Misdemeanor Competency Restoration

CONTRACTOR agrees to arrange for the provision of and pay for medically necessary Mental Health Services for indigent residents (“Clients”) of Mendocino County within the Scope of Services defined in this contract and pursuant to the Indigent Services / Misdemeanor Competency Restoration Payment Terms in Exhibit B-3. In the provision of services, CONTRACTOR shall ensure compliance with the California Welfare and Institutions Code and the County of Mendocino Behavioral Health and Recovery Services (BHRS) policies and procedures.

- I. CONTRACTOR shall arrange and pay for medically necessary Mental Health Services for Clients on behalf of the County of Mendocino. The target population eligible for Mental Health Services shall consist of Mendocino County residents who meet medical necessity criteria for Mental Health Services defined in Title IX, Article 2, Section 1830.205 and 1830.210 and meet the functional criteria for seriously mentally ill.
- II. Services shall be available in person, on the phone, and/or through telecommunication. Services shall be timely and accessible, and delivered by licensed/waivered staff, mental health rehabilitation specialists, and care managers who perform duties within his/her scope of practice. Services shall be provided by or under the direction of mental health professionals functioning within the scope of their professional license and applicable State law. Transport services shall be available as needed.
- III. CONTRACTOR shall provide utilization review of Inpatient hospitalizations and Crisis Services. CONTRACTOR shall have mechanisms in place to ensure consistent application of review criteria for authorization decisions, and shall consult with the requesting subcontractor when appropriate. CONTRACTOR shall authorize services based on medical necessity criteria and each Client's level of service needs. Any decisions to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested shall be made by a professional who has appropriate clinical expertise in treating the Client's condition or disease.
- IV. CONTRACTOR shall arrange for the provision of Targeted Case Management Services to link Clients to appropriate services, including applying for and maintaining Medi-Cal eligibility and enrollment.
- V. CONTRACTOR and subcontractors shall maintain Client records. Records shall be organized in a systematic fashion and stored according to licensing/regulatory standards. Records that are released to proper authorities, individuals, and others shall be released only with an appropriately signed Release of Information (ROI). CONTRACTOR and subcontractors shall comply with the Health Insurance

Portability and Accountability Act of 1996 (HIPAA) regulations, State and Federal laws, and other Mendocino County BHRS requirements for client confidentiality and record security. Client records shall be kept and maintained for ten (10) years after Client discharge.

- VI. Misdemeanor Competency Restoration: CONTRACTOR shall provide or arrange for Misdemeanor Competency Restoration (Competency Restoration) Assessment and Training for inmates in the local county jail or within the community. Competency Restoration shall be provided to individuals who have been charged with a misdemeanor(s) and have been found Incompetent to Stand Trial (IST). Competency Restoration services include assessment, training, testifying when needed, counseling clients as needed, and attending court proceedings as requested. Competency Restoration process initiates only upon the direction of the Behavioral and Recovery Services Director or designee. Reports will be submitted to the COUNTY, who will be responsible for reviewing and submitting them to the Superior Court.
- VII. Direct Services shall be provided in the Client's preferred language or American Sign Language (ASL), if required. Language assistance, if needed, will be provided through the use of competent bilingual staff, staff interpreters, contractors, or formal arrangements with organizations providing interpretation or translation services.
- VIII. CONTRACTOR shall ensure that the screening of a client for a treatment or service program shall not result in the client being deprived of any rights, privileges, or benefits which are guaranteed to individuals by State or Federal law. CONTRACTOR shall ensure that services are provided in a safe, sanitary, least restrictive, and humane environment. All clients shall have the right to be treated with dignity and respect by CONTRACTOR and all subcontractors. CONTRACTOR shall work with the COUNTY's Patient's Rights Advocate to ensure proper client interactions and interventions.

[END OF EXHIBIT A-3]

EXHIBIT B-1

Payment Terms – Specialty Mental Health Services

COUNTY shall reimburse CONTRACTOR for Specialty Mental Health Services provided to eligible Short-Doyle/Medi-Cal beneficiaries as per the following instructions:

- A. CONTRACTOR shall provide or arrange for the provision of Specialty Mental Health Services as directed by the Mendocino County Behavioral Health Director and in compliance with the Mendocino County Mental Health Plan (MHP) Contract with the State of California.
- B. COUNTY shall reimburse CONTRACTOR for Specialty Mental Health Services, provided to Short-Doyle/Medi-Cal clients in compliance with the Mendocino County Mental Health Plan (MHP) Contract with the State of California, not to exceed Thirteen Million, Eight Hundred Thirty Nine Thousand, Four Hundred Eleven Dollars (\$13,839,411) for the term of this Agreement as follows:
 - a. Specialty Mental Health Services for Short-Doyle-Medi-Cal beneficiaries shall be reimbursed within 30 days of receipt of complete and accurate claims invoice/files.
 - b. COUNTY will reimburse all claims for Specialty Mental Health Services provided by subcontractors based on the amount claimed in an amount not to exceed Thirteen Million, Eight Hundred Thirty Nine Thousand, Four Hundred Eleven Dollars (\$13,839,411) for approved Specialty Mental Health Services provided the term of this Agreement as follows:
 - c. Billing for services shall be completed as per instructions in the DHCS Mental Health Services Division Medi-Cal Billing Manual, and the Mendocino County Mental Health Policy and Procedure, "Claims Processing and Payment to contract provider under the Mental Health Medi-Cal Managed Care Plan".
 - d. In no event shall COUNTY be obligated to pay CONTRACTOR for any Short-Doyle/Medi-Cal claims, where payment has been denied, disallowed by State or Federal authorities. Should such denials or disallowances occur, COUNTY may, at their discretion, deduct the value of the disallowances from future payments to CONTRACTOR.
 - e. In no event shall COUNTY be obligated to pay CONTRACTOR for any Short-Doyle/Medi-Cal claims for clients with other coverage where

CONTRACTOR has not billed for reimbursement or denial of benefits in accordance with coordination of coverage requirements. Coordination of Benefits (COB) information shall be provided to County at the time of submission or the claim will be denied. Per California Welfare and Institutions Code §14124.795, all other forms of coverage must pay their portion of a claim before Medi-Cal pays its portion. Medi-Cal is always the payer of last resort.

- f. Services provided to clients eligible for benefits under both Medicare (Federal) and Medi-Cal (CA) plans must be billed and adjudicated by Medicare before the claim can be submitted to County. Claims for reimbursement of Medicare-eligible services performed by Medicare-certified providers in a Medicare-certified facility must be submitted to Medicare before being submitted to Medi-Cal. Medicare Coordination of Benefits (COB) information shall be provided to County at the time of submission or the claim will be denied. The following specialty mental health services do not require Medicare COB as specified in Information Notices 09-09 and 10-11: T1017 Targeted Case Management, H2011 Crisis Intervention, H2013 Psychiatric Health Facility, H0018 Crisis Residential Treatment Services, H0019 Adult Residential Treatment Services S9484 Crisis Stabilization H2012 Day Treatment Intensive / Day Rehabilitation H2019 Therapeutic Behavioral Services, 0101 Administrative Day Services.
 - g. Some clients may have what is known as Medi-Cal Share of Cost (SOC). The SOC is similar to a deductible based on the fact that the client must meet a specified dollar amount for medical expenses before the COUNTY will pay claims for services provided over and above the amount of the SOC in that month. The SOC is usually determined by the County Department of Social Services and is based upon the client or family income.
- C. COUNTY shall reimburse CONTRACTOR for Administrative Services, Utilization Review Services, Quality Assurance and Quality Improvement Services required for the appropriate administration of the Mendocino County Mental Health Plan (MHP) Contract with the State of California.

Compensation payable to CONTRACTOR shall be dependent on CONTRACTOR compliance with all requirements of the Mendocino County Mental Health Plan (MHP) Contract with the State of California; direction(s) from the Behavioral Health

Director and all policies, procedures, letters and notices of the County of Mendocino and/or the California Department of Health Care Services (DHCS).

COUNTY shall reimburse CONTRACTOR for allowable costs of Administrative Services, Utilization Review, Quality Assurance and Quality Improvement activities, not to exceed One Million, Forty-Five Thousand, Forty-Nine Dollars (\$1,045,049) for FY 2021 – 22. Reimbursement shall be on a monthly basis in the amount of Eighty-Seven Thousand, Eighty-Seven Dollars and Forty-Two Cents (\$87,087.42).

COUNTY shall issue payment to CONTRACTOR no later than the 10th of each month.

COUNTY reimbursement has been determined based the Federal Uniform Admin Requirements, Cost Principles and Audit Requirements for Federal Awards 2 CFR 200 et. seq. and time study reports, completed by RQMC staff, documenting time spent on utilization review, quality assurance and quality improvement activities.

- D. CONTRACTOR shall submit Specialty Mental Health Services claims to COUNTY in HIPAA compliant electronic files or other COUNTY approved form as expeditiously as possible. For in-county providers, claims are due no later than sixty (60) days after the end of the month during which services were rendered (i.e. billing for services rendered in July are due no later than September 30). For out-of-county providers, claims are due no later than ninety (90) days after the end of the month during which services were rendered (i.e. billing for services rendered in July are due no later than October 31).
- E. Claims submitted by CONTRACTOR in excess of one hundred fifty (150) days from date of service must be accompanied with justification (i.e. explanation of benefits) for the late submission or services may be denied. Late claims will be reviewed with the Behavioral Health Director and Behavioral Health Fiscal Manager for approval regarding late submission. COUNTY is aware that some services may require a late submission. If CONTRACTOR and Behavioral Health Fiscal Manager are unable to come to an agreement regarding late submission, the Behavioral Health Director shall make the final determination as to whether payment is to be remitted to CONTRACTOR. If late submission is not approved, CONTRACTOR shall be responsible for payment to any subcontractors owed reimbursement for services subject to such late billing.
- F. COUNTY is responsible for the submission of Specialty Mental Health Services received from the CONTRACTOR for Short-Doyle/Medi-Cal services to the State. All services that do not meet medical necessity and are not sufficient to achieve the

purpose for which the services are furnished, shall be disallowed. COUNTY shall be reimbursed by CONTRACTOR for the total claimed amount of all services disallowed (by State and/or County) audit and/or review, within thirty (30) days of the notice of disallowance.

- a. CONTRACTOR shall submit to COUNTY, the following documents:
 - i. Monthly – by the 10th of the month, the previous month's Invoices related to Specialty Mental Health Services.
 - ii. Monthly – by the 10th of each month, the previous month's General Ledger Expenditure Reports.
 - iii. Monthly Administration and Utilization Review.
 - iv. Quarterly Expenditure Summary Actual Reports
 - b. Quarterly Reporting Schedule:
 - i. October 31, 2021
 - ii. January 31, 2022
 - iii. April 30, 2022
 - iv. July 31, 2022
 - c. If CONTRACTOR is out of compliance with the monthly or quarterly report submissions, CONTRACTOR agrees that funds to be distributed under the terms of this agreement shall be withheld until such time as CONTRACTOR submits acceptable monthly or quarterly documents.
- G. Prior to CONTRACTOR making any changes in payment rates of any amount, and/or changes of more than five percent (5%) to total budget amounts allocated to subcontractors, CONTRACTOR shall submit for approval to the Behavioral Health Director all such proposed changes.
- H. CONTRACTOR may request to shift funds between Specialty Mental Health and Indigent, within the same categories of funding, to meet the services needs of the community with prior approval from the Behavioral Health Director.

- I. CONTRACTOR shall comply with all requirements of the Mendocino County Mental Health Plan (MHP) Contract with the State of California; direction(s) from the Behavioral Health Director and all policies, procedures, letters and notices of the County of Mendocino and/or the California Department of Health Care Services (DHCS).
- J. CONTRACTOR is responsible for the submission of all subcontractor Initial Cost Reports for FY 21-22 by October 15, 2022. Initial Cost Reports must be completed using the appropriate templates approved by County and in accordance with the annual DHCS Fiscal Year Cost Report Policy Information Notice. Initial Cost Reports shall include all services delivered in FY 2021 – 2022. CONTRACTOR acknowledges the Initial Cost Report and final Expenditure Summary Report GL for all subcontractors are due no later than October 15, 2022.
- K. If the CONTRACTOR is out of compliance with the Initial Cost Report submission requirements under any previous Agreement, CONTRACTOR agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as CONTRACTOR submits acceptable Initial Cost Report(s). Acceptable Initial Cost Reports are Cost Reports that comply with State guidelines and are deemed complete by the COUNTY.
- L. CONTRACTOR is responsible for the submission of final claims reconciliation of all subcontractors for FY 2020-21 no later than October 15, 2021.
 - a. COUNTY will calculate the final settlement to cost for each subcontractor based on Cost Reports on file by October 15, 2021.
- M. The compensation payable to CONTRACTOR shall be dependent on CONTRACTOR satisfying all components of this Agreement, the State/County Mental Health Plan Contract, and all direction from the Behavioral Health Director.

The compensation payable to CONTRACTOR for Specialty Mental Health Services (which services are addressed in the Scope of Work located at Exhibit A-1) shall not exceed Fourteen Million, Eight Hundred Eighty Four Thousand, Four Hundred Sixty Dollars (\$14,884,460) for the term of this Agreement.

[END OF EXHIBIT B-1]

EXHIBIT B-2

Payment Terms – Mental Health Services Act

COUNTY shall reimburse CONTRACTOR for Mental Health Services Act (MHSA) services provided to all eligible clients as per the following instructions:

- A. CONTRACTOR shall provide or arrange for the provision of programs and services as directed by the Mendocino County Behavioral Health Director, and in compliance with the Mendocino County Mental Health Services Act plan and the California MHSA Plan.
- B. COUNTY shall provide reimbursement for MHSA Programs as follows:
 1. MHSA Services and Programs are funded by MHSA and shall be performed in accordance with the MHSA Annual Plan, MHSA laws, and regulations.
 2. CONTRACTOR shall provide COUNTY with copies of all MHSA contracts executed by CONTRACTOR.
 3. COUNTY shall reimburse CONTRACTOR for MHSA expenditures on a quarterly basis upon receiving complete and accurate documentation and invoices in a form and manner approved by COUNTY. Maximum annual reimbursement for MHSA programs and services is not to exceed Two Million, Six Hundred Sixty Thousand, One Hundred Forty Two Dollars (\$2,660,142.00) for the term of this Agreement, as follows
 - a. Maximum payable for Community Services and Support (CSS) programs and services for July 1, 2021 – June 30, 2022, not to exceed Two Million, Six Hundred Sixty Thousand, One Hundred Forty Two Dollars (\$2,660,142.00).
 4. COUNTY shall reimburse CONTRACTOR for Administrative Services, Utilization Review Services, Quality Assurance and Quality Improvement Services required for the appropriate administration of the Mendocino County Mental Health Plan (MHP) Contract with the State of California.

Compensation payable to CONTRACTOR shall be dependent on CONTRACTOR compliance with all requirements of the Mendocino County Mental Health Plan (MHP) Contract with the State of California; direction(s) from the Behavioral Health Director and all policies, procedures, letters and notices of the County of Mendocino and/or the California Department of Health Care Services (DHCS).

COUNTY shall reimburse CONTRACTOR for allowable costs of Administrative Services, Utilization Review, Quality Assurance and Quality Improvement activities, not to exceed One Hundred Twenty-Four Thousand, Five Hundred Sixty-Four Dollars (\$124,564) for FY 2021 – 22. Reimbursement shall be on a monthly basis in the amount of Ten Thousand, Three Hundred Eighty Dollars and Thirty-Three Cents (\$10,380.33). COUNTY shall issue payment to CONTRACTOR no later than the 10th of each month.

COUNTY reimbursement has been determined based the Federal Uniform Admin Requirements, Cost Principles and Audit Requirements for Federal Awards 2 CFR 200 et. seq. and time study reports, completed by RQMC staff, documenting time spent on utilization review, quality assurance and quality improvement activities.

5. CONTRACTOR shall provide COUNTY quarterly the following reports, in a form and manner approved by COUNTY:

- a. Complete and accurate spreadsheet reporting PEI and CSS expenditures by Provider with services categorized by Adult and Children.
- b. Quarterly invoices for PEI and CSS costs from each provider for the month being billed.
- c. Complete and accurate spreadsheet reporting MHSA Flex Fund expenditures by Provider with services categorized by Adult and Children.
- d. Quarterly invoices for MHSA Flex Fund for the quarter being billed.
- e. MHSA Quarterly Expenditure reports.

6. CONTRACTOR shall submit required reports to COUNTY in accordance with the following schedule:

- a. Quarterly Reporting Schedule:
 - i. October 31, 2021
 - ii. January 31, 2022
 - iii. April 30, 2022

iv. July 31, 2022

CSS: July 1, 2021 to June 30, 2022		
Program/Services	Service Provider	Maximum Payable
Transition Age Youth	RCS – Arbor Youth Resource Center	\$100,000.00
	Tapestry Family Services – Therapeutic Outreach for Underserved Latino and Native American Communities	\$60,000.00
Across the Lifespan	Flexible Funds for FSP/Outreach & Engagement (Children & Family, TAY, Adults, & Older Adults)	\$1,590,578.00
	RCS Crisis Prevention and Aftercare (FSP/O&E)	\$93,000.00
	Manzanita (Ukiah & Willits) Wellness Center	\$300,000.00
	Mendocino Coast Hospitality Center	\$142,000.00
	MCAHVN Wellness Center	\$20,000.00
	RCS – Stepping Stones	\$230,000.00
Total CSS July 1, 2021 to June 30, 2022		\$2,535,578.00

MHSA Evaluation and Administration: July 1, 2021 to June 30, 2022		
Program/Services	Funding Source	Maximum Payable
Evaluation and Administration	CSS	\$124,564.00
Total MHSA Maximum Payable July 1, 2021 to June 30, 2022		\$2,660,142.00

C. Prior to CONTRACTOR making any changes in MHSA payment rates of any amount and/or changes to total budget amounts allocated to subcontractors, CONTRACTOR shall submit for approval to the Behavioral Health Director all such proposed changes.

- D. CONTRACTOR shall comply with all direction(s) from the Behavioral Health Director and all policies, procedures, MHSA Plan, and the California Department of Health Care Services (DHCS) Information Notices. CONTRACTOR agrees to utilize all funds in accordance with the terms of this Agreement, and MHSA laws and regulations. Funds shall not be used for lobbying or other administrative activities not related to the delivery of services under the Mental Health Services Act Plan.
- E. All Specialty Mental Health Services provided as a component of an MHSA program shall comply with the applicable requirements of the County of Mendocino State Mental Health Plan (MHP) Agreement and California Code of Regulations (CCR) Title 9. Billing for Specialty Mental Health Services shall be completed as per instructions in the DHCS Mental Health Services Division Medi-Cal Billing Manual, and the Mendocino County Mental Health Policy and Procedure, "Claims Processing and Payment to contract provider under the Mental Health Medi-Cal Managed Care Plan".
- F. For Fiscal Year 2021 – 2022, CONTRACTOR is responsible for the submission of all subcontractor expenditure reports and final end of year MHSA Expenditures Reports by October 15, 2022. MHSA Expenditure Reports shall include costs of all programs and services delivered through June 30, 2022. Payment shall be made based on Expenditure Reports in accordance with the Mendocino County Mental Health Services Act plan and the California MHSA Plan.
- G. If the CONTRACTOR is out of compliance with the Revenue Expense Report (RER) submission requirements under this Agreement or any previous Agreement, CONTRACTOR agrees that funds to be distributed under the terms of this Agreement shall be withheld until such time as CONTRACTOR submits accurate and complete Expenditure Reports. Accurate and complete Expenditure Reports are Expenditure Reports that are deemed complete by the COUNTY.

The compensation payable to CONTRACTOR for MHSA services (which services are addressed in the Scope of Work located at Exhibit A-2) shall not exceed Two Million Six Hundred Sixty Thousand One Hundred Forty-Two Dollars (\$2,660,142) for the term of this Agreement.

[END OF EXHIBIT B-2]

EXHIBIT B-3

Payment Terms – Indigent Services / Misdemeanor Competency Restoration

COUNTY shall reimburse CONTRACTOR for Mental Health Services provided to indigent residents ("Clients") of Mendocino County as per the following instructions:

- A. COUNTY shall reimburse CONTRACTOR for Mental Health Services provided to Clients, not to exceed Six Hundred Twenty Nine Thousand, Eight Hundred Seventy Two Dollars (\$629,872) for the term of this Agreement as follows:
 - 1. Mental Health Services for Clients shall be reimbursed within 30 days of receipt of complete and accurate claims invoice/files.
 - a. COUNTY will reimburse all claims for Mental Health Services provided by subcontractors based on the amount claimed.
 - b. Billing for services shall be completed in accordance with Mendocino County Mental Health Policy and Procedure, "Claims Processing and Payment to contract provider under the Mental Health Medi-Cal Managed Care Plan".
 - c. In no event shall COUNTY be obligated to pay CONTRACTOR for any services or costs that have not been submitted as a claim for services.
- B. COUNTY shall reimburse CONTRACTOR for Administrative Services, Utilization Review Services, Quality Assurance and Quality Improvement Services required for the appropriate administration of the Mendocino County Mental Health Plan (MHP) Contract with the State of California.

Compensation payable to CONTRACTOR shall be dependent on CONTRACTOR compliance with all requirements of the Mendocino County Mental Health Plan (MHP) Contract with the State of California; direction(s) from the Behavioral Health Director and all policies, procedures, letters and notices of the County of Mendocino and/or the California Department of Health Care Services (DHCS).

COUNTY shall reimburse CONTRACTOR for allowable costs of Administrative Services, Utilization Review, Quality Assurance and Quality Improvement activities, not to exceed Thirty Thousand, Three Hundred Eighty-Seven Dollars (\$30,387) for FY 2021 – 22. Reimbursement shall be on a monthly basis in the amount of Two Thousand, Five Hundred Thirty-Two Dollars and Twenty-Five Cents (\$2,532.25). COUNTY shall issue payment to CONTRACTOR no later than the 10th of each month.

COUNTY reimbursement has been determined based the Federal Uniform Admin Requirements, Cost Principles and Audit Requirements for Federal Awards 2 CFR

200 et. seq. and time study reports, completed by RQMC staff, documenting time spent on utilization review, quality assurance and quality improvement activities.

- C. COUNTY shall reimburse CONTRACTOR for Misdemeanor Competency Restoration (Competency Restoration) Assessment and Training for inmates in the local county jail or within the community as per the following instructions:
1. Competency Restoration shall mean providing the Restoration of Competency Assessment and Training at the Mendocino County Jail or in the community with individuals who have been charged with a misdemeanor(s) and have been found Incompetent to Stand Trial (IST).
 2. CONTRACTOR shall provide or arrange for the provision of services as directed by the Mendocino County Behavioral Health Director, and in compliance with the Mendocino County policies and procedures and state and federal regulations.
 3. Funding provided by COUNTY during the term of this Agreement is subject to increase, decrease, or not change upon sole discretion of COUNTY. All funding amounts shall be determined by COUNTY.
 4. CONTRACTOR shall provide COUNTY with copies of all Competency Restoration contracts executed by CONTRACTOR. COUNTY shall reimburse CONTRACTOR for Competency Restoration expense on a monthly basis. Maximum annual reimbursement for Competency services is not to exceed Seven Thousand Dollars (\$7,000).
 5. CONTRACTOR shall provide COUNTY the following reports:
 - a. Complete and accurate data which includes number of individuals served, services provided, and length of services.
 - b. Monthly invoices reporting Competency Restoration expenditure.
- D. CONTRACTOR shall submit Mental Health Services claims to COUNTY in HIPAA compliance electronic files or other COUNTY approved form as expeditiously as possible. For in-county providers, claims are due no later than sixty (60) days after the end of the month during which services were rendered (i.e. billing for services rendered in July are due no later than September 30). For out-of-county providers, claims are due no later than ninety (90) days after the end of the month during which services were rendered (i.e. billing for services rendered in July are due no later than October 31). Claims submitted by CONTRACTOR in excess of one hundred fifty (150) days from date of service must be accompanied with justification (i.e. explanation of benefits) for the late submission or services may be denied. Late claims will be reviewed with the Behavioral Health Director and Behavioral Health Fiscal Manager for approval regarding late submission. COUNTY is aware that some services may require a late submission. If CONTRACTOR and Behavioral

Health Fiscal Manager are unable to come to an agreement regarding late submission, the Behavioral Health Director shall make the final determination as to whether payment is to be remitted to CONTRACTOR. If late submission is not approved, CONTRACTOR shall be responsible for payment to any subcontractors owed reimbursement for services subject to such late billing.

1. CONTRACTOR shall submit to COUNTY, the following documents:

- a. Monthly – by the 10th of the month, the previous month's Invoices related to Mental Health Services.
- b. Monthly – by the 10th of each month, the previous month's General Ledger Expenditure Reports.
- c. Monthly Administration/Utilization Review invoices related to Mental Health Services.
- d. Quarterly Expenditure Summary Actual Reports

2. Quarterly Reporting Schedule:

- a. October 31, 2021
- b. January 31, 2022
- c. April 30, 2022
- d. July 31, 2022

3. If CONTRACTOR is out of compliance with the monthly or quarterly report submissions, CONTRACTOR agrees that funds to be distributed under the terms of this agreement shall be withheld until such time as CONTRACTOR submits acceptable monthly or quarterly documents.

E. Prior to CONTRACTOR making any changes in payment rates of any amount, and/or changes of more than five percent (5%) to total budget amounts allocated to subcontractors, CONTRACTOR shall submit for approval to the Behavioral Health Director all such proposed changes.

F. CONTRACTOR may request to shift funds between Specialty Mental Health and Indigent, within the same categories of funding, to meet the services needs of the community with prior approval from the Behavioral Health Director.

The compensation payable to CONTRACTOR for Indigent Mental Health Services / Misdemeanor Competency Restoration (which services are addressed in the Scope of

Work located at Exhibit A-3) shall not exceed Six Hundred Sixty Seven Thousand, Two Hundred Fifty Nine Dollars (\$667,259) for the term of this Agreement.

[END OF EXHIBIT B-3]