



County of Solano Standard Contract

For County Use Only
CONTRACT NUMBER:
03724-26
(Dept., Division, FY, #)
H&SS/MH
BUDGET ACCOUNT:
7781
SUBJECT ACCOUNT:
3153

1. This Contract is entered into between the County of Solano and the Contractor named below:

Rio Vista CARE, Inc.

CONTRACTOR'S NAME

2. The Term of this Contract is:

July 1, 2025 to June 30, 2026

3. The maximum amount of this Contract is:

\$168,000

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of this Contract:





Exhibit A – Scope of Work

Exhibit B – Budget Detail and Payment Provision

Exhibit C – General Terms and Conditions

Exhibit D – Special Terms and Conditions

This Contract is made on May 19, 2025.

CONTRACTOR	COUNTY OF SOLANO
<u>Rio Vista CARE, Inc.</u> CONTRACTOR'S NAME	<u>Bill Emlen</u>  06/30/2025 01:05 PM EDT <u>Bill Emlen</u> <u>County Administrator</u> DATED TITLE
<u>Cynthia Bradford</u>  05/19/2025 04:43 PM EDT SIGNATURE DATED <u>Cynthia Bradford, Executive Director</u> PRINTED NAME AND TITLE	<u>275 Beck Avenue, MS 5-200</u> ADDRESS <u>Fairfield</u> <u>CA</u> <u>94533</u> CITY STATE ZIP CODE Approved as to Content:
<u>628 Montezuma Street</u> ADDRESS <u>Rio Vista</u> <u>CA</u> <u>94571</u> CITY STATE ZIP CODE	<u>Emery Cowan</u>  05/19/2025 06:34 PM EDT <u>Emery Cowan, Director</u> <u>Health & Social Services Department</u> Approved as to Form: <u>Kelly Welsh</u>  05/20/2025 04:46 PM EDT COUNTY COUNSEL

Rev. 12/17/09

CONTRACT MUST BE EXECUTED BEFORE WORK CAN COMMENCE

EXHIBIT A **SCOPE OF WORK**

I. PROGRAM DESCRIPTION

Contractor shall provide school-based prevention and early intervention mental health brief treatment services for children/youth ages 6-21 attending school at three school sites located within the Solano County jurisdiction: D.H. White Elementary, Riverview Middle School, and Rio Vista High School. These school-based prevention and early intervention mental health treatment services are outlined in the Solano County Mental Health Services Act (MHSA) Three-Year Plan.

II. CONTRACTOR SHALL BE RESPONSIBLE FOR THE FOLLOWING:

1. PROGRAM SPECIFIC ACTIVITIES

- A. Targeted Prevention Strategies in person and/or virtual (A minimum of 85 unduplicated individuals served)
 - 1) Provide a minimum of three (3) training for school personnel for each of the three (3) school sites and/or districtwide. Trainings topics to school personnel and teachers include stigma reduction and mental health topics such as: signs of mental health conditions, exposure to trauma, risk/protective factors, wellness practices, effective supports and responses and/or other related topics as identified by the school community. Training opportunities may be held in person or virtually for the following but not limited to:
 - a. Site-based in-service trainings;
 - b. Staff meetings;
 - c. District-wide staff development trainings;
 - i. Contractor shall administer and collect the Prevention and Early Intervention (PEI) demographic form provided by the County for each in-person or virtual training.
 - ii. Contractor will administer training evaluations at each training event to measure learning acquired by school personnel.
 - 2) Provide a minimum of two (2) trainings or educational event for parents/caretakers for each of the three (3) school sites and/or districtwide.

Training will consist of support and skills-development to help parents understand and respond to their children's social/emotional needs and behaviors and to combat stigma. Training opportunities may include but are not limited to:

 - a. Back to School Nights;
 - b. Site-based in-service trainings;
 - c. District-wide parent/caretaker trainings/events.
 - i. Contractor shall administer and collect the PEI demographic form provided by the County at each in-person or virtual training.
 - ii. Contractor will administer training evaluations at each training event to measure learning acquired by parents/caretakers.
 - 3) Coordinate with participating school sites to schedule a minimum of four (4) student workshops for each of the three (3) school sites for the 2024-2025 school year. Student workshops can range from one-hour workshops to workshops that take place over a number of weeks and will be focused on socio-emotional development topics tailored to meet needs of school community and may include but are not limited to:
 - a. Bullying prevention, depression, anxiety, stress management, trauma, and anger management etc. as identified by school sites or district personnel.
 - b. Students participating in the workshops will be identified by school site personnel or students may self-refer.

- c. Contractor shall administer and collect the PEI demographic form provided by the County for each workshop/group participant.
 - d. Contractor will administer post evaluations to measure learning and progress made as a result of participation in workshops/groups.
 - B. Early Intervention Strategies (a minimum of 35 unduplicated consumers served)
 - 1) Provide clinical assessments for students referred to determine mental health and socio/emotional needs.
 - a. Assessments provided for students served through school sites will be completed within 2 sessions but no more than 10 days from the date of admission.
 - b. Providers will administer the Quality of Life Survey during the intake session and at discharge.
 - c. Other inventory screening tools to measure anxiety, depression, trauma as clinically appropriate.
 - 2) Provide short-term targeted individual therapy services. Contractor will utilize evidence-based practices including but not limited to traditional Cognitive Behavioral Therapy (CBT).
 - a. Once the assessment is complete, brief treatment services for students served through school sites will range from 3-5 months.
 - b. In the event that longer term treatment is needed Contractor will refer the consumer to another long-term provider or in special circumstance may request approval for an extension from the County Contract Manager or designee.
 - c. For any uninsured or Medi-Cal eligible youth that needs higher-level services due to risk factors such as being at risk for hospitalization, involvement with law enforcement or child welfare, commercial sexual exploitation should be referred to the County through the Youth-Transitions in Care (Y-TIC) referral process. For privately insured youth that require higher-level services the clinician shall engage in case management services to link the consumer to the most appropriate service to meet the consumer's needs.
 - 3) Direct service providers who identify a consumer who is experiencing an acute psychiatric crisis, e.g., suicidal ideation, homicidal ideation or grave disability will collaborate with school site staff to engage Mobile Crisis Services.
 - C. Linkage Services
 - 1) For program participants determined to need ongoing mental health treatment services including higher level services, Contractor shall provide consumer a written referral (referral form provided by County) linking consumer to an appropriate mental health provider in a timely manner.
 - 2) Using the tool provided by the County, Contractor will track the referrals made to include the name of the individual referred for alternative mental health services, date of referral, and where individual was referred to.

2. GENERAL ACTIVITIES

While providing the specific activities, Contractor agrees to:

- A. Provide mental health services that are strengths-based, person-centered, safe, effective, timely and equitable, supported by friends, family, and the community; with an emphasis on promoting whole health, wellness and recovery.
- B. Ensure that service frequency is individualized and based upon best practices related to the need of each health plan member and in accordance with the Solano County Behavioral Health Plan (BHP) level of care system.

- C. Make coordination of service care an integral part of service delivery which includes providing education and support to health plan member/family members as well as consulting with community partners including but not limited to: other behavioral health service providers; physical care providers; schools (if appropriate); etc.
- D. Maintain documentation/charting according to industry standards and strengths-based best practices. For all health plan member entered into the Solano County BHP electronic health record, Contractor shall adhere to documentation standards set forth by the BHP in accordance with Solano Behavioral Health trainings, practices and documentation manuals.
- E. Ensure that direct clinical services are provided by licensed, registered or waived clinicians or trained support counselors or peer specialists.
 - 1) Assessment activities and clinical treatment services (i.e., 1:1 therapy, family therapy, and group psychotherapy) can only be provided by licensed or registered clinicians.
 - 2) "Other Qualified Providers," such as mental health specialist level staff or peer specialists, are authorized to bill for Medi-Cal reimbursable mental health services, such as targeted case management, rehabilitative services, collateral, or plan development.
 - 3) If Contractor employs staff with less education than a BA in a mental health or social work field, and less experience than 2 years in a mental health related field, the Contractor will provide and document training around any service activity for which the staff will be providing.
- F. Supervise unlicensed staff in accordance with Medi-Cal and the applicable California State Board guidelines and regulations.
- G. Utilize clinical outcome measures and level of care assignment tools prescribed by the County. Such measure and tools will remain in effect until County officially notifies Contractor of a change in practice. Contractor will work with County BHP Quality Assurance (QA) Unit when implementing additional measures. County required measures include, but are not limited to:
 - 1) Medi-Cal Cases: CANS – Beneficiaries age 0-20
 - 2) Medi-Cal Cases: Pediatric Symptom Checklist (PSC-35) – Caregiver of health plan members 3-18
 - 3) Additional or replacement measures as allowed or determined by the County BHP.
- H. Provide information (including brochures, postings in lobby, after-hours voicemail message, etc. that communicates how mental health plan members can access 24/7 services (e.g., crisis stabilization unit phone number and after-hours phone lines for full services partnerships) when medically necessary.
- I. All media related to services provided through contract and provided to the public must include a reference to the Solano County Board of Supervisors, Health and Social Services and include the County logo; any programs also funded by the MHSA as the sponsors must also include the MHSA logo.
- J. Representatives from the Contractor organization must make efforts to attend the monthly local Mental Health Advisory Board meeting, MHSA partner meetings, and participate in the community planning meetings, including those for the MHSA Annual Update or Three-Year Plan, planning for housing services, suicide prevention planning, etc.

3. PERFORMANCE MEASURES

- A. Prevention Strategies:
 - 1) Contract shall provide prevention services to a minimum of 85 students, school personnel and parents/caretakers.
 - a. At least 75% of training/workshop participants will demonstrate an increase in knowledge in the topic of focus as evidenced by training evaluations/surveys.

- 2.) Provide a minimum of three (3) trainings for school personnel for each of the 3 school sites and/or districtwide.
- 3.) Provide a minimum of two (2) trainings for parents/caregivers/caretakers for each of the 3 school sites and/or districtwide.
- 4.) Provide a minimum of four (4) student workshops for each of the three (3) school sites for a total of 12 workshops.

B. Early Intervention Strategies:

- 1) On an annual basis assess a minimum of 35 children/youth for mental health and socio/emotional needs
- 2) Provide brief counseling treatment services for a minimum of 24 children/youth.
- 3) At least 75% of the children/youth who receive mental health treatment services will demonstrate improved functioning as evidenced by the Quality of Life Survey.

4. REPORTING REQUIREMENTS

- A. Contractor will collect, compile, and submit monthly agreed upon contract deliverables and consumer demographic data by the 15th of each month unless granted an extension by the County Contract Manager or designee and be responsible for the following:
 - 1) Submit the monthly Service Delivery Reporting Form, which includes:
 - a. Number of unduplicated individuals served;
 - b. Number of services provided per specific program activity;
 - c. Unduplicated count of health plan members served in each program activity;
 - 2) Qualitative outcomes agreed upon in this contract. Submit the monthly Demographic Report Form to include demographic categories determined by MHSA regulations, which include:
 - a. Age group;
 - b. Race;
 - c. Ethnicity;
 - d. Primary Languages;
 - e. Sexual orientation;
 - f. Gender assigned sex at birth;
 - g. Current gender identity;
 - h. Disability status;
 - i. Veteran status.
 - 3) For PEI funded contracts: Per Title 9 CCR Section 3560.010, Contractor shall collect and report demographic data which will include outreach and prevention activities as well as early intervention activities. Contractor to collect demographics for:
 - a. Participants of prevention activities including trainings, support groups, outreach events, etc.
 - b. Health plan members served in prevention and early intervention programs.
- B. Contractor will submit an annual MHSA Narrative Report (tool provided by County) of program activities, submitted by July 15th. The following information will be included:
 - 1) Overall program outcome tools used to capture impact of services for consumers or participants served;
 - 2) Overall program milestones/successes and challenges/barriers;
 - 3) Program efforts to address cultural and linguistic needs of service recipients;
 - 4) % of expenditures allocated to prevention-only activities
 - 5) % of expenditure allocated to early intervention activities
- A. Contractor shall submit document (sample tool to be provided by County) outlining the workflow related to data collection and outcome reporting. This tool shall identify

the system or internal processes used to track demographic data and performance measures (electronic health record, database, logs, paper forms, etc.); the responsible party designated to collect and report data to the County and a designated back-up person; data analysis practices; where backup documentation is stored; etc. Contractor will provide updates to the initial document outlining the internal data tracking/reporting workflow to the County by August 1st each year following the initial submission.

5. CONTRACT MONITORING MEETINGS

Contractor shall ensure at least one member of the leadership team is available to meet with the County Contract Manager or designee for check-in technical assistance meetings to ensure that data is being collected and reported correctly including data related to demographics, linkages and outcomes. Additionally, Contractor shall ensure that staff providing program oversight and management attend the performance review meeting as scheduled by the County to review the SOW and to discuss performance measures, fiscal expenditures, and clinical progress of program participants as appropriate per contract.

6. PATIENT RIGHTS

- A. Patient rights shall be observed by Contractor as provided in Welfare and Institutions Code section 5325 and Title 9 of the California Code of Regulations, the Health Information Technology for Economic and Clinical Health (HITECH) Act, and any other applicable statutes and regulations. County's Patients' Rights advocate will be given access to health plan members, and facility personnel to monitor Contractor's compliance with said statutes and regulation.
- B. Freedom of Choice: County shall inform individuals receiving mental health services, including patients or guardians of children/adolescents, verbally or in writing that:
 - 1) Acceptance and participation in the mental health system is voluntary and shall not be considered a prerequisite for access to other community services;
 - 2) They retain the right to access other Medi-Cal or Short-Doyle/Medi-Cal reimbursable services and have the right to request a change of provider or staff persons.

7. CULTURAL & LINGUISTIC RESPONSIVITY

Contractor shall ensure the delivery of culturally and linguistically appropriate services to health plan members by adhering to the following:

- A. Contractor shall provide services pursuant to this Contract in accordance with current State statutory, regulatory and policy provisions related to cultural and linguistic competence as defined in California State Department of Mental Health (DMH) Information Notice No: 97-14, "Addendum for Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services-Cultural Competence Plan Requirements," and the Solano County BHP AAA203 *Ensuring and Providing Multi-Cultural and Multi-Lingual Mental Health Services* Policy. Specific statutory, regulatory and policy provisions are referenced in Attachment A of DMH Information Notice No: 97-14, which is incorporated by this reference.
- B. Agencies which provide mental health services to Medi-Cal members under Contract with Solano County are required to participate as requested in the development and implementation of specific Solano County Diversity & Equity Plan provisions. Accordingly, Contractor agrees at a minimum:
 - 1) Utilize the national Culturally and Linguistically Appropriate Services (CLAS) Standards in Health Care under the Quality Assurance/Quality Improvement

(QA/QI) agency functions and policy making. For information on the CLAS Standards please refer to the following link:

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

- 2) Contractor will use the agency Cultural Responsivity Plan developed previously to guide practices and policies in order to ensure culturally and linguistically appropriate service delivery.
 - a. The agency Cultural Responsivity Plan shall be reviewed and updated at least annually, and a copy submitted to County BHP Ethnic Services Coordinator or Contract Manager as directed for qualitative review, feedback, and approval no later September 30th. The Plan update will include progress on goals and newly developed goals for the next year.
 - b. Contractor will submit a revised plan if County determines the plan to be inadequate or not meeting fidelity to the CLAS Standards.
 - 3) Develop and assure compliance with administrative and human resource policy and procedural requirements to support the intentional outreach, hiring, and retention of a diverse workforce;
 - 4) Provide culturally sensitive service provision and staff support/supervision, including assurance of language access through availability of bilingual staff or interpreters and culturally appropriate evaluation, diagnosis, treatment and referral services.
- C. Contractor will ensure agency representation for the County Diversity and Equity Committee held bi-monthly (every other month) in order stay apprised of—and inform—strategies and initiatives related to equity and social justice as informed by the goals included in the County BHP Diversity and Equity Plan and Annual Updates.
- 1) Assign an agency staff member designated to become an active committee member attending meetings consistently. Designee will be required to complete the *Diversity and Equity Committee Participation Agreement* form.
 - 2) Make an effort to ensure that the designated representative can also participate in ad hoc sub-committee meetings scheduled as needed to work on specific initiatives related to goals in the BHP Diversity and Equity Plan.
 - 3) Identify a back-up person to attend committee meetings in the absence of the designated person.
- D. Provision of Services in Preferred Language:
- 1) Contractor shall provide services in the preferred language of the health plan member and/or family member with the intent to provide linguistically appropriate mental health services per Affordable Care Act section 1557 45 CFR 92, nondiscrimination in healthcare programs. This may include American Sign Language (ASL). This can be accomplished by a bilingual clinician or the assistance of an interpreter. The interpreter may not be a family member unless the health plan member or family expressly refuses the interpreter provided.
 - 2) Contractor may identify and contract with an external interpreter service vendor or may avail themselves to using the vendor provided and funded through Solano County Health and Social Services.
 - 3) Contractor shall ensure that interpretation services utilized for communications or treatment purposes are provided by interpreters who receive regular cultural competence and linguistic appropriate training. Training specifically used in the mental health field is recommended.
 - 4) Contractor shall ensure that all staff members are trained on how to access interpreter services used by the agency.

- 5) Contractor will provide informational materials as required by Section 8.G below, legal forms and clinical documents that the health plan member or family member may review and/or sign shall be provided in the health plan member/family member's preferred language whenever possible.
 - 6) Contractor shall at a minimum provide translation of written informing materials and treatment plans in the County's threshold language of Spanish as needed for health plan members and/or family members.
- E. Cultural Humility Training:
- 1) Contractor shall ensure that all staff members including direct service providers, medical staff, administrative/office support, reception staff, and leadership complete at least one training in cultural humility and social justice per year.
 - a. On a monthly basis, Contractor shall provide County QA Unit with an updated list of all staff and indicate the most date of completing Solano BHP approved cultural humility and/or social justice training. Evidence, including sign-in sheets based on organizational charts, of Contractor staff receiving cultural humility training, should also be provided to County QA Unit at that time.
- F. Contractor will Participate in County and agency sponsored training programs to improve the quality of services to the diverse population in Solano County.

8. QUALITY ASSURANCE ACTIVITIES

- A. Regulation changes that occur during the life of this agreement:
- 1) If/When Federal and/or State agencies officially communicate changes/additions to current regulations, County will communicate new expectations via County QI Information Notice, and such requirements will supersede contractual obligations delineated in this agreement.
- B. Medi-Cal Certification:
- 1) If the Contractor has Medi-Cal claiming programs, then Contractor will meet and maintain standards outlined on the most up-to-date Department of Healthcare Services (DHCS) Certification Protocols, as well as any standards added by the County through the most recent County Behavioral Health Division policy.
 - 2) Contractor shall inform County of any changes in Contractor status, including changes to ownership, site location, organizational and/or corporate structure, program scope and/or services provided, Clinical Head of Service.
 - 3) Contractor will communicate any such changes within 60 days to County QA Unit, utilizing the most up-to-date version of the *Solano County Behavioral Health Division Medi-Cal Certification Update Form* Staff Credentialing:
 - a. Contractor shall adhere to credentialing and re-credentialing requirements as stipulated in Department of Health Care Services Mental Health & Substance Use Disorder Services (MHSUDS) Information Notice 18-019.
 - b. All Contractor staff providing services that are entered into the County billing and information system must have the staff names and other required information communicated to County QA Unit using County Staff Master form.
 - c. Contractor shall provide County BHP QA with a monthly updated list of Contractor staff by the date provided by BHP QA.

- d. Contractor shall not employ or subcontract with any provider excluded from participation in Federal health care programs.
- e. Contractor shall notify County QA when a staff provider will be terminating and shall demonstrate a good faith effort to notify in writing all individuals who were actively receiving services of the termination within 15 calendar days of receiving the termination notice from the staff.
- f. Contractor shall work with County Provider Eligibility Coordinator to ensure that all licensed staff are accurately enrolled in the DHCS Provider Application and Validation for Enrollment (PAVE) system.

C. Access:

- 1) Contractor must have hours of operation during which services are provided to Medi-Cal health plan members that are no less than the hours of operation during which the provider offers services to non-Medi-Cal health plan members. If Contractor only serves Medi-Cal health plan members, Contractor must provide hours of operation comparable to the hours the Contractor makes available for Medi-Cal services that are not covered by the contract or another mental health plan.
- 2) Contractor must meet the state standards for timely access to care and services, taking into account the urgency of need for services. If there is a failure to comply with timely access requirements, corrective action can and will take place.
 - a. Contractor will ensure that upon receiving written referral or request for service, Contractor will contact health plan member within 1-2 business days.
 - b. For urgent service requests, Contractor will offer an assessment appointment that is 48 hours from date of service request from Solano BHP.
 - c. For routine service requests, Contractor will offer an assessment appointment within DHCS timeliness requirements, which include:
 - i. Routine Requests: 10 business days from the date service was requested from Solano BHP.
 - ii. Urgent Care Requests for Services that do not require prior authorization: Must be provided within 48 hours.
 - 1. Crisis intervention
 - 2. Crisis Stabilization
 - 3. Mental Health Services
 - 4. Targeted Case Management
 - 5. Intensive Care Coordination
 - 6. Medication Support Services
 - iii. Urgent Care Requests for Services that require prior authorization: Must be provided within 96 hours.
 - 1. Intensive Home-Based Services
 - 2. Day Treatment Intensive
 - 3. Day Rehabilitation
 - 4. Therapeutic Behavioral Services
 - 5. Therapeutic Foster Care
 - iv. If Contractor provides psychiatric medication services, Psychiatry appointments (for both adult and children/youth) must be offered to Medi-Cal health plan members within 15 business days from the date the health

plan member or a provider acting on behalf of the health plan member, requests a referral for a medically necessary service. Appointment data must be recorded, tracked and submitted to the County Quality Improvement Unit monthly.

- d. In the event that this timeline cannot be met:
 - i. **Notification:** Contractor will notify the appointed County Contract Manager or the County designee within one business day for Urgent referrals and within two business days for Routine referrals.
 - ii. NOABD: For health plan members with Medi-Cal insurance who are not offered an assessment appointment within timeliness requirements listed above, a Notice of Adverse Benefit Determination (NOABD) will be completed and sent to the health plan member and County QA Unit in accordance with Solano BHP guidelines.
 - e. The County will monitor timeliness for every Medi-Cal Behavioral Health program on a monthly basis, per County Behavioral Health Division policy AAA227 – Timely Access Tracking and Monitoring. Programs not meeting the standards 80% of the time for 4 consecutive months will be placed on a Corrective Action Plan (CAP).
- 3) If Contractor acts as a “point of access” for Solano BHP, the Contractor will utilize the County’s electronic health record “Access Screening and Referral” form to screen all new health plan members requesting services directly from the Contractor.
 - 4) Contractor will provide staff to work with County Quality Assurance to make multiple (no less than four) test calls for the County business and after-hours access telephone line, during one month per FY.
 - 5) Contractor will monitor internally the Contractor’s timeliness in terms of responding to requests for service, as indicated above in the “Access” section of this contract. Contractor will review timeliness with County Contract Manager, or designee on a regular basis. Failure to demonstrate consistent adherence to these timeliness standards may result in an official Plan of Correction being issued to the Contractor.
 - 6) Once Contractor initiates the Assessment process with the consumer (Assessment Start Date), Contractor shall complete and finalize the Assessment for that consumer as evidenced by provider signature, credential, , date of service, and date assessment was entered into the medical record,, within 20 business days of the Assessment Start Date.
 - a. Per CalAIM Documentation Redesign parameters, Contractor shall have the flexibility to initiate treatment services prior to the Assessment being completed and finalized, if the needs of the health plan member require it and CalAIM Medical Necessity requirements are met.
 - b. Contractor shall initiate non-urgent, non-psychiatric treatment services no later than 10 business days of the assessment completion date, and for Psychiatric treatment within 15 business days of assessment completion date.
 - 7) Contractor shall abide by CalAIM Medical Necessity requirements that are listed in both DHCS *Behavioral Health Information Notice (BHIN) 21-073 Criteria for*

beneficiary access to Specialty Mental Health Services (SMHS), medical necessity and other coverage requirements, as well as any additional clarification of those parameters provided by the County via QI Information Notice and/or formal training.

D. CalAIM Documentation Redesign:

- 1) Contractor shall abide by and agrees to amend current paper and/or electronic medical record documentation to the standards put forth by DHCS and the County regarding CalAIM Documentation Redesign, in conjunction with BHIN 22-019 Documentation Requirements for all Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) services. County will provide contractor with updated requirements as they are made available via DHCS BHINs, County QI Information Notices, policy updates and/or training documentation.

E. CalAIM BHQIP Requirements:

- 1) County is responsible, per DHCS BHIN 21-074 CalAIM Behavioral Health Quality Improvement Program (BHQIP), for creating a Behavioral Health Quality Improvement Implementation Plan in order to implement system changes in the categories of Payment Reform, Behavioral Health Policy Changes, and Data Exchange. Contractor shall be responsible for any updates to policy, data systems, workflows, and any other aspect of Contractor functioning related to CalAIM BHQIP requested by the County in order for the County and its subcontractors to meet DHCS requirements.

F. CalAIM No Wrong Door requirements:

- i. Per DHCS BHIN 22-011, regardless of the system of care or the point of access, whether MCP or BHP, the health plan member is entitled to receive initial care, prior to being referred to the appropriate system of care. This includes assessment and treatment services. If a health plan member receives an assessment from a MCP program, the BHP shall honor that assessment and shall not facilitate another complete assessment.

G. CalAIM Screening and Transition in Care Tools:

- i. Per DHCS BHIN 22-065, all BHPs must utilize the universal Adult and Youth screening tools to determine appropriate system of care at the point of access. Generally, this will occur at the County level to determine if a health plan member should be served in the Mild-to-Moderate Managed Care Plan (MCP) system of care or the Moderate to Severe Behavioral Health Plan (BHP) system of care.
- ii. If a health plan member has been served by a BHP program and there is evidence that an alternate system of care would be more appropriate, the program should use the universal Transition in Care tool to determine if the health plan member is appropriate to step down to the MCP system of care.

H. Service Authorization

- 1) Per County Behavioral Health Division policy AAA219 – Authorization Standards, as well as BHIN 22-016 Authorization of Outpatient Specialty Mental Health Services (SMHS), Contractor will request prior authorization from the County for the following services:
 - a. Intensive Home-Based Services
 - b. Day Treatment Intensive

- c. Day Rehabilitation
 - d. Therapeutic Behavioral Services (TBS)
 - e. Therapeutic Foster Care (TFC)
- 2) Also, per County Behavioral Health Division policy AAA219 – Authorization Standards and DHCS BHIN 22-016, Contractor will demonstrate medical necessity via a County initiated Quality Review of a consumer’s assessment and consumer plan prior to providing the following services for which prior authorization is not permitted:
- a. Crisis Intervention
 - b. Crisis Stabilization
 - c. Mental Health (MH) Services
 - d. Targeted Case Management (TCM)
 - e. Intensive Care Coordination (ICC)
 - f. Medication Support Services

I. Informing Materials

- 1) Informing materials include Solano County BHP Guide to Mental Health Services, Provider Directory, Problem Resolution forms, notices of service denial or termination.
- 2) Contractor shall ensure that informing materials are printable and given to those requesting services within 5 business days in a minimum of 12 point font.
- 3) Contractor shall ensure that Informing Materials are made available in County threshold language of Spanish as well as the language of Tagalog, and in alternative formats (audio and large font).
- 4) Contractor shall provide written taglines communicating the availability of written translations or oral interpretation in specific other languages.
 - a. A hard-copy page of taglines in all prevalent non-English languages in the State of California, as provided by County BHP QA, must be attached to all written materials provided to those requesting services.
 - b. A hard-copy page of taglines must also be available in large print (font no smaller than 18 pt.) for those with visual impairments.

J. Notice of Adverse Benefit Determination

- 1) Contractor shall provide an individual requesting services with a NOABD [formerly referred to as NOA-A and NOA-E], per County BHP’s Policy and Procedure AAA201 Notices of Adverse Benefits Determination Requirements under the following circumstances:
 - a. The denial, limited authorization, or modification of a requested service, including determinations based on the type or level of service, based on the type or level of service requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
 - b. The failure to provide services in a timely manner (within 10 business days from point of access to initial assessment);
 - c. The denial of a health plan member’s request to dispute financial liability, including cost sharing and other health plan member financial liabilities.

- K. Contractor shall maintain medical records in such a manner that all required documentation for every health plan member is stored in a secure medical record. Additionally, documentation will be completed with an emphasis on both timeliness and clinical accuracy, in order to establish medical necessity for all specialty mental health services provided by the Contractor, as outlined in Solano County Behavioral Health Quality Improvement documentation trainings and manual.

- 1) Only one assessment and treatment plan covering the annual service period is necessary to justify medical necessity for services. If another program is the Primary Service Coordinator and has completed an assessment and treatment plan, Contractor will utilize the already completed documentation to establish medical necessity for treatment or complete a brief update to any area in need of supplemental information.
 - 2) Required documentation includes, but is not limited to, the following:
 - a. Informing Materials
 - b. Clinical Behavioral Health Assessment
 - c. Beneficiary Problem List
 - d. Beneficiary Care Plan (for health plan members receiving TCM or Peer services)
 - e. Beneficiary Treatment Plan (only for health plan members receiving STRTP or FSP services)
 - f. Service Authorization (when/if preauthorization is required)
 - g. General Consent for Treatment
 - h. Medication Consent
 - i. Authorizations to Release Medical Records
 - j. Acknowledgement of Receipt of Notice of Privacy Practices
 - k. Notices of Action (if applicable, must be sent to Quality Improvement within 5 business days)
- L. Quality Review of MH Assessments, Problem Lists and Consumer Plans:
- 1) Contractor shall coordinate with County QA Unit once the contractor has established medical necessity for a consumer's care, to provide information as requested regarding the completion of an Assessment, Problem List, and any Plans required by CalAIM and the County Beneficiary Treatment Plan, and any other relevant documents deemed necessary by County prior to providing planned services.
 - 2) Contractor will respond to County QA Unit's request for clinically amended documentation and resubmit documentation within 5 business days of receiving County's request in order to complete the Clinical Quality Review process.
- M. Problem Resolution
- 1) Contractor shall adopt and implement the County Health and Social Services Department, Behavioral Health Division's Problem Resolution process.
 - a. The County Problem Resolution process includes Grievance, Appeal, and Expedited Appeals, as stipulated in County policy *ADM141 Beneficiary Problem Resolution Process – Grievances*, *ADM142 Beneficiary Problem Resolution Process – Appeals and Expedited Appeals*, *ADM132 Request to Change Service Provider*, *AAA210 Beneficiary Right of a Second Opinion*, and *ADM136 Mental Health Services Act (MHSA) Issue Resolution Process*.
 - 2) Contractor duties regarding Problem Resolution include, but are not limited to, the following:
 - a. Contractor shall post County notices and make available County forms and other materials informing health plan members of their right to file a grievance and appeal. Required materials include the following brochures: "Beneficiary Rights & Problem Resolution Guide", "Appeal Form", "Compliment/Suggestion Form", "Grievance Form", "Request to Change Service Provider", and the "MHSA Issue-Suggestion Form". Contractor shall aid health plan members in filing a grievance when requested and shall not retaliate in any manner against anyone who files a grievance.
 - b. Contractor shall forward all Problem Resolution Process brochures written and completed by or on behalf of a health plan member of

the BHP to County Quality Assurance, immediately but no later than 24 hours from receipt, whether or not Contractor has resolved the problem.

- c. Contractor shall provide “reasonable assistance” to individuals completing problem resolution forms, such as providing interpreting services and free access to TTY/TTD services.
- d. Contractor shall communicate and collaborate directly with the County Quality Assurance Problem Resolution Coordinator to provide any additional information needed regarding any follow up actions to investigate/resolve the problem identified through the problem resolution process.
- e. Contractor shall provide at no cost and sufficiently in advance of a resolution timeframe for appeals, information that the health plan member may want to use to support the case, including parts of their medical records, other documents and records, and any new or additional evidence considered, relied upon, or generated by the Plan in connection with the appeal of the adverse benefit determination.

N. Serious Incident Reports (SIRs):

- 1) Contractor will communicate the occurrence of serious incidents to the County by completing an official County Serious Incident Report form following the process outlined in County policy *ADM-1.10 Serious Incident Reporting*, including but not limited to the following:
 - a. Contractor shall verbally notify County QA immediately but no later than 4 hours after a serious incident.
 - b. Contractor shall submit the SIR electronically to County QA within 24 hours of the incident or sooner via Symplr Compliance website.
 - c. Contractor shall communicate directly with the County Quality Improvement designee to provide any additional information needed regarding the reported incident.
 - d. Contractor and County Behavioral Health Administration/QA shall discuss and develop recommendations to achieve more desired outcomes in the future. An Adverse Outcome meeting may be scheduled, in which the contractor may need to attend, in order to discuss the SIR, interventions and recommendations for policy/program quality improvement.
 - e. Data breaches or security incidents are required to be reported to both County QA and County Health and Social Service Compliance Unit concurrently immediately upon discovery and no later than 24 hours.

O. Contractor Quality Improvement Process:

- 1) Contractor will establish and maintain an internal agency quality improvement and quality assurance process, including but not limited to the following:
 - a. Internal Quality Improvement Work Plan – The plan will set goals around Access, Timeliness, Quality and Outcomes for the Contractor and will be evaluated at least annually. A new plan will be created annually, and a copy submitted to County QA Unit by July 30th for the current FY for the current FY. Contractor will submit a revised plan if County determines the plan to be inadequate.
 - b. Internal review of Assessments –A quarterly report will be sent to County QA.

- c. Internal review of provider progress notes –A quarterly report will be sent to County QA.
 - d. Monitoring safety and effectiveness of medication practices – If Contractor provides medication services, Contractor will establish official policy for monitoring medication practices, including operating a Medication Prescriber peer review process. Contractor policy will specifically address procedures Contractor utilizes to monitor prescribing to children and youth.
- P. Quality Improvement Committee:
 - 1) Contractor will provide a representative to participate in County quarterly Quality Improvement Committee (QIC).
 - 2) If Contractor's place of business is not located within Solano County boundaries, Contractor's representative may request to participate remotely via conference call and/or web-based interface.
 - 3) Contractor will provide data related to objectives/goals outlined in the County Quality Assessment and Performance Improvement Plan in a timely fashion prior to quarterly QIC meeting as requested by the County designee.
- Q. Annual County review of Contractor service delivery site and chart audit:
 - 1) County will engage in a site and chart review annually, consistent with practices outlined in the most up-to-date version of the *County Mental Health Utilization Review Handbook and County Chart Audit tools which are consistent with DHCS Reasons for Recoupment*.
 - 2) Contractor will provide all requested medical records and an adequate, private space in which for County staff to conduct the site review and chart audit.
 - 3) If Contractor operates a fee-for-service program and the chart audit results in service disallowances, County will subtract the audit disallowance dollars from a future vendor claim, once County audit report is finalized.
 - 4) County, State or Federal Officials have the right to audit for 10 years from any previous audit, therefore Contractor will retain records for 10 years from the completion of any audit.
- R. Fraud, Waste, and Abuse:
 - 1) Contractor shall maintain policies and procedures designed to detect and prevent fraud, waste, and abuse, and to promptly inform County Behavioral Health Administration and QA when detected.
 - 2) Contractor must have a mechanism in place to report to the County when it has received an overpayment, to return the overpayment to the County within 45 calendar days after the date the overpayment was identified, and to notify the BHP in writing of the reason for the overpayment.
 - 3) At any time during normal business hours and as often as the County may deem necessary, Contractor shall make available to County, State or Federal officials for examination all of its records with respect to all matters covered by this Contract. Additionally, Contractor will permit County, State or Federal officials to audit, examine and make excerpts or transcripts from such records, and to make audits of all invoices, materials, payrolls, records of personnel, information regarding health plan members receiving services, and other data relating to all matters covered by this Contract.
- S. Service Verification:
 - 1) Contractor will submit an executed copy of Contractor Service Verification Policy once created and will provide County a copy of Contractor's revised policy any time policy is revised/updated.
 - 2) Contractor policy will contain measures as strict or stricter than the current County policy *QI620 Service Verification Requirements*

- 3) Contractor will provide evidence of following policy to QA Service Verification Coordinator at intervals during the FY as stipulated by County policy *QI620*.
- T. Conflict of Interest – Expanded Behavioral Health Contract Requirements:
 - 1) Contractor will abide by the requirements outlined in County policy *ADM146 Disclosure of Ownership, Control and Relationship Information of Contracted Agencies*, including but not limited to the following:
 - a. Contractor will disclose the name of any person who holds an interest of 5% or more of any mortgage, deed of trust, note or other obligation secured by the Contractor to the County
 - b. Contractor will ensure all service providers receive a background check as a condition of employment as stringent as the County background policy requirements.
 - c. Contractor will require any providers or any other person within the agency with at least a 5% ownership interest to submit a set of fingerprints for a background check.
 - d. Contractor will terminate involvement with any person with a 5% ownership interest in the Contractor who has been convicted of a crime related to Medicare, Medicaid, or CFR title XXI within the last 10 years.
- U. Contractor will ensure that all Contractor staff, including administrative, provider, and management staff, receive formal Compliance encompassing Federal HIPAA and state regulations regarding data privacy and security training on an annual basis.
 1. On a monthly basis, Contractor shall provide County QA with an updated list of all staff and indicate the most recent date of completing Solano BHP approved compliance training. Evidence, including sign in sheets, training syllabi, certificates of completion, and tracking sheets based on organizational charts, of Contractor staff receiving compliance training, should also be provided to County QA at that time.
- V. Performance Data
 - 1) Contractor will provide County with any data required for meeting 1915b Waiver Special Terms and Conditions requirements communicated by California DHCS, within the timeline required by DHCS.
 - 2) Contractor will provide County with data required by DHCS on a monthly basis, including but not limited to CANS, PSC-35, CSI Timeliness, Provider Directory, 274 Expansion data, etc.
- W. Utilization Management
 - 1) Contractor will work with the County Contract Manager to monitor the following Contractor efforts:
 - a. Expected capacity to serve Medi-Cal Eligible health plan members
 - b. Expected service utilization
 - c. Number and types of providers needed in terms of training, experience and specialization
 - d. Number of Contractor providers not accepting new consumers
 - e. Geographical location to health plan members in terms of distance, travel time, means of transportation typically used by health plan members, and physical access for disabled health plan members
 - f. Contractor ability to communicate with limited English proficient health plan members in their preferred language

- g. Contractor's ability to ensure: physical access, reasonable accommodations, culturally competent communications, accessible equipment for health plan members with physical or mental disabilities
 - h. Available triage lines or screening systems
 - i. Use of telemedicine or other technological solutions, if applicable
- 2) Additional areas of monitoring include:
- a. Blocked billing due to missing treatment plans or MH diagnosis that results in lost revenue

X. Performance Outcome Measures

1) Adult

- a. Adult Programs will utilize, Reaching Recovery Measures, or another set of measures approved by County Contract Manager and County Quality Improvement for adult consumers ages 18 and older. Frequency of reevaluation is determined by County QA.
 - b. Adult services contractors will also be required to complete a CANS measure with any young adults, ages 18-20.
 - c. Adult services contractors will also be required to request authorization from any 18-year-old consumer to complete PSC-35 with the consumer's identified parent/caregiver. PSC-35 shall only be initiated if consumer authorizes the caregiver to participate in the treatment process.
- 2) Child and Adolescent Services Providers:
- a. CANS measures shall be used with all County health plan members 0-17 years old. PSC-35 shall be provided to the caregiver of any health plan members 3-17 years old. These measures shall be completed every six months.
- 3) Only one set of measures shall be completed at each required interval per health plan member. The Primary Service Coordinator administer the measures.
- 4) When acting as the Primary Service Coordinator, Contractor shall administer the CANS and PSC-35 measures at the required intervals of initial assessment, every 6-months thereafter, and at discharge from treatment.
- 5) Primary Service Coordinators and Treatment planning teams shall use Outcome measure data to determine treatment progress, areas of treatment focus, and level of care.
- 6) Contractor shall manually data enter or submit a data upload of CANS and PSC-35 data monthly by the deadline established by County BHP QA.

Y. Network Adequacy Certification

- 1) Contractor must submit network adequacy data to the County at a frequency (either annually, quarterly or monthly), in a manner and format determined by the County, by or before deadlines officially communicated to the Contractor by County QA.
- 2) Contractor will maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered by this contract, per California MHSUDS Information Notice 18-011 (dated February 13, 2018).

Z. Provider Directory

- 1) Contractor will ensure that Contractor's Provider Directory captures various elements about their providers including their license number and type, NPI, language(s), cultural capabilities, specialty, services, if the provider is accepting new health plan members, and any group affiliations.
- 2) Contractor will also ensure that the Provider Directory captures basic information about the facility where the provider serves health plan members to include

address, telephone number, email address, website URL, hours of operation, and whether the providers' facility is accessible to persons with disabilities.

- 3) Any changes to the Provider Directory must be reported to the County monthly per MHSUDS Info. Notice No. 18-020 (dated April 24, 2018) – Federal Provider Directory Requirements for BHPs and by deadlines established by the County.

AA. Physical Accessibility Requirements

- 1) Contractor must provide physical access, reasonable accommodations, and accessible equipment for Medi-Cal health plan members with physical or mental disabilities.
- 2) County QA will provide Physical Accessibility ratings for Contractor's facilities/offices during Medi-Cal certification site visits. Contractor's facilities/offices will be rated as having "Basic" or "Limited" accessibility for seniors and persons with disabilities.
 - a. "Basic" access is granted when the facility/office demonstrates access for the members with disabilities to parking, interior and exterior building, elevator, treatment/interview rooms, and restrooms.
 - b. "Limited" accessibility is granted when the facility/office demonstrates access for a member with a disability are missing or incomplete in one or more features for parking, building, elevator, treatment/interview rooms, and restrooms.
 - c. If Contractor's facility/offices are given a "Limited" rating, a Plan of Correction will be issued.
- 3) If there is a change to the physical accessibility of the contracted agency/individual, it must be reported to the County via the County's BHP monthly Provider Directory update process.

BB. Language Line Utilization

- 1) If not using the County Health and Social Services interpreter vendor, Contracted agencies/individuals must submit language line utilization data monthly detailing use of interpretation services for health plan members' face-to-face and telephonic encounters.
- 2) Language line utilization data submission should include (for each service encounter that required language line services):
 - a. the reporting period;
 - b. the total number of encounters requiring language line services;
 - c. the language utilized during the encounter requiring language line services;
 - d. the reason services were not provided by a bilingual provider/staff or via face-to-face interpretation.
- 3) Language line utilization data must be submitted to and as requested by County BHP QA, using the template provided by County BHP QA and following the instructions contained on the reporting tool.

9. CONFIDENTIALITY OF MENTAL HEALTH RECORDS

- A. Contractor warrants that Contractor is knowledgeable of Welfare and Institutions Code section 5328 respecting confidentiality of records pursuant to 45 CFR Part 160 (HIPAA). County and Contractor shall maintain the confidentiality of any information regarding health plan members (or their families) receiving Contractor's services. Contractor may obtain such information from application forms, interviews, tests or reports from public agencies, counselors or any other source. Without the health plan members' written permission, Contractor shall divulge such information only as necessary for purposes related to the performance or evaluation of services provided pursuant to this Contract,

and then only to those persons having responsibilities under this Contract, including those furnishing services under Contractor through subcontracts.

- B. Contractor and staff will be responsible for only accessing health plan member data from the County's electronic health record or the Contractor's health records for health plan members for which they have open episodes of care and for which individual staff have a specific business purpose for accessing. All attempts to access health plan member data that do not meet those requirements will be considered data breaches and Contractor is responsible for reporting such breaches to County QA Unit and Health and Social Services Department Compliance unit immediately or within 4 hours of discovery.
- C. In the event of a breach or security incident by Contractor or Contractor's staff, any damages or expenses incurred shall be at Contractor's sole expense.

III. COUNTY RESPONSIBILITIES

County will:

- A. Provide technical assistances in the form of phone consultations, site visits and meetings to provide clinical guidance and address challenges in the clinical program, implementation and/or performance of the SOW.
- B. Provide training and technical assistance on the use of the Netsmart Avatar electronic health record system.
- C. Assign a Quality Assurance Liaison for programs under the BHP billing Medi-cal.
- D. Provide feedback on performance measures objectives and fiscal expenditures in a timely manner to seek a proactive solution.
- E. Make available electronically all policies and procedures referenced herein and inform the Contractor as polices are reviewed and updated so that the Contractor is aware of changes.
- F. For Contractors utilizing the County H&SS interpreter/translation vendor, County will provide training on how to access the interpreter services and translation services.

EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS

1. METHOD OF PAYMENT

- A. Upon submission of an invoice and a Solano County vendor claim by Contractor, and upon approval by County, County shall, in accordance with the "Contract Budget" attached to this Contract as Exhibit "B-1" and incorporated into this Contract by this reference, pay Contractor monthly in arrears for fees and expenses actually incurred the prior month, up to the maximum amount set forth in **Section 3 of the Standard Contract**. Monthly claims for payment should be submitted to County by the 15th day of the subsequent month.
- B. Claims submitted by Contractor must meet the criteria set forth in section I. E and be documented by a fiscal monitoring report (Exhibit B-2). **Each invoice must specify actual charges incurred.**
- C. Contractor must request prior written approval, which approval may be withheld at the sole and absolute discretion of County, for transfers between budget categories or the addition of line items within the operating expenses category, which are set forth in Exhibit B-1, when the cumulative amount of such transfers or additions exceed the lesser of \$10,000 or 10% of the total contract budget for the fiscal year. County may authorize the proposed transfers between budget categories or the addition of line items within a budget category under this section, except for personnel, subcontractors, indirect costs and capital expenditures (equipment or real property), provided that such transfers or additions do not substantially change the scope of services to be provided under this Contract and do not increase the contract amount. Requests for transfers between budget categories or addition of budget line items within a budget category over the aforementioned threshold must be presented to the County on the County's "Budget Modification Request Form". Budget modifications below the threshold must be presented on Exhibit B-2 Fiscal Monitoring Report and submitted with the monthly vendor claim and invoice. Contractor is limited to 3 budget modifications per fiscal year and must be submitted by June 30th.
- D. Contractor must repay the County for any disallowed costs identified by County through monthly reports, audits, Quality Assurance monitoring, or other sources within thirty days of receipt of notice from County that the costs have been disallowed. Contractor agrees that funds to be disbursed under the terms of this contract will be withheld if repayment is not received by the County within thirty days of receipt of notice from County. Contractor may submit a written appeal to a disallowance to the County Health and Social Services Behavioral Health Deputy Director, or designee, within fifteen days of receipt of a disallowance notice. The appeal must include the basis for the appeal and any documentation necessary to support the appeal. No fees or expenses incurred by Contractor in the course of appealing a disallowance will be an allowable cost under this Contract and will not be reimbursed by County. The decision of the County regarding the appeal will be final.
- E. The following criteria apply to Contract Budget submitted by Contractor under this Contract:
 - 1. Requests for payment of personnel costs must include positions, salary, and actual percentage of time for each position. If Contractor provides fringe benefits to part time employees, salary and fringe benefits must be pro-rated for non-full-time employees. Salaries are fixed compensation for services performed by staff who are directly employed by Contractor and who are paid on a regular basis. Employee benefits and employer payroll taxes include Contractor's contributions or expenses for social security, employee's life and health insurance plans, unemployment insurance, pension plans, and other similar expenses that are approved

by County. **These expenses are allowable only when included in accordance with Contractor's approved written policies and allocation plan.**

2. Salaries and benefits of personnel involved in more than one contract, grant, or project must be charged to each grant based on the actual percentage of time spent on each grant or project. Timesheets and time studies for each employee whose time is charged to this contract must be maintained by Contractor and available upon request by the County.
3. Allowable operating expenses are defined as necessary expenditures exclusive of personnel salaries, benefits, equipment or payments to subcontractors. The expenses must be to further the program objectives as defined in Exhibit A of this Contract and be incurred during the invoiced period. County reserves the right to make the final determination if an operating expense is allowable and necessary.
4. Indirect costs are shared costs that cannot be directly assigned to a particular activity but are necessary to the operation of the organization and the performance of the program. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs. Contractor must use a negotiated indirect cost rate with a federal agency. A Contractor who does not have a negotiated indirect cost rate agreement may claim an indirect cost rate of up to 10% of modified total direct costs.
5. Regardless of whether Contractor claims indirect costs through a negotiated indirect cost rate, Direct Allocation Method or the 10% of modified total direct costs, Contractor must provide the County with a cost allocation plan that clearly differentiates between direct and indirect costs. Contractor ensures that the same costs that have been treated as indirect costs have not been claimed or budgeted as direct costs, and that similar types of costs in like circumstances have been accounted for consistently. Contractor will provide this plan to County upon request. In the event that Contractor is unable to provide County with an acceptable cost allocation plan, County may disallow any indirect cost billed amounts.

2. ACCOUNTING STANDARDS

- A. Contractor shall establish and maintain a system of accounts for budgeted funds that complies with generally accepted accounting principles and practices for organizations/governmental entities as described in Exhibit C – section 13C.
- B. Contractor's cost allocation method must be supported by a cost allocation plan with a quantifiable methodology validating the basis for paying such expenditures. The cost allocation plan should be prepared within the guidelines set forth under 2 CFR Part 200, subpart E, Cost Principles and Appendix IV to Part 200, Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Nonprofit Organizations.
- C. Contractor shall document all costs by maintaining complete and accurate records of all financial transactions associated with this Contract, including, but not limited to, invoices, time studies, and other official documentation that sufficiently support all charges under this Contract.

3. PERSONAL PROPERTY

Contractor shall develop and maintain a system to track the acquisition of tangible personal property purchased with County funds having a cost of at least \$1,500 and submit, upon County's request, an annual accounting of all such property purchased that includes information on cost and acquisition date. Contractor shall ensure adequate safeguards are in place to protect such assets and shall exercise reasonable care over such assets to protect against theft, damage or unauthorized use. Contractor shall, upon County's request, return such assets to the County upon contract termination; unless the depreciated value of the asset is \$0, based on a straight-line method of depreciation (refer to CFR part 200.436).

4. FINANCIAL STATEMENTS, AUDITS, AND FISCAL REPORTING

- A. Contractor agrees to furnish annual audited financial statements to the County, which must be submitted within 30 days of its publication. If Contractor is not required by federal and/or state regulations to have an independent audit of its annual financial statements, Contractor agrees to furnish unaudited annual financial statements by September 1.
- B. Contractor agrees to furnish all records and documents within a reasonable time, in the event that the County, State or Federal Government conducts an audit.
- C. County may request cost information from contractors if cost reporting is required by state or federal law, or if the County determines that cost information is beneficial to advance the goals of the California Advancing and Innovating Medi-Cal (CalAIM) Act. If requested, Contractor will submit the financial report and any requested supporting documentation by a deadline set by the County. The financial report must be complete, accurate and formatted within the guidelines provided by the Solano County Health and Social Services Department.

5. BILLING EXPECTATIONS

- A. Prior to submitting an invoice for services rendered under this Contract, Contractor must determine if there are any available revenues from all possible sources other than the County that can be claimed for reimbursement for treatment of services provided under this Contract and submit claims for funding accordingly. Such revenues shall include, but are not limited to, Short Doyle Medi-Cal, patient fees, patient insurance, Medicare and payments from other third party payers. Contractor shall provide the County with the necessary payer financial information in a form and manner prescribed by the County so that all revenues can be claimed timely. Amounts of claims against other revenue sources which remain unpaid due to untimely, incomplete, or improper information received from the Contractor shall be recouped from the Contractor.
- B. Determination of patient eligibility for coverage under Medicare and other reimbursement programs is the responsibility of the Contractor. County does not assume responsibility for such determination.
- C. Contractor understands and agrees that Contractor and any subcontractors will bill Short Doyle Medi-Cal for services provided. The authorized billing codes are listed in Exhibit B-3 as Contract Billing Codes.

- D. Contractor will enter services into Avatar, the County approved computerized billing system. County will provide Contractor access to Solano County's computerized billing system.
- E. Contractor will submit adequate supporting documentation as to Medi-Cal services provided no later than sixty (60) days after the last day of the month in which those services were provided.
- F. County will reconcile supporting documentation with the services in Avatar. Documentation not accurately reconciled to services entered into Avatar will be returned to the Contractor for corrections to be resubmitted within thirty (30) days.
- G. Periodically, Contractor will meet with County to review Medi-Cal reimbursable units and any disallowances. The amount of disallowances identified from the Avatar will be deducted from a following months invoice provided that the disallowance was due to delays in Contractor providing County the necessary information for billing.

EXHIBIT B-1
BUDGET DETAIL AND PAYMENT PROVISIONS
FY 2025/26

DIRECT COSTS

For Service Delivery of Contracted Services

A. Personnel Expenses				
Job Title	FTE			Total
Executive Director	.38			\$42,588
Associate Marriage and Family Therapist	.80			\$48,838
Administrative Assistant	.30			\$15,519
Total Salaries				\$106,945
Total Fringe Benefits				\$12,500
Total Personnel Expenses (Salaries + Fringe Benefits)				\$119,445
B. Operation Expenses				
Line Item				Total
Rent				\$8,050
Utilities				\$3,450
Office Supplies & Materials				\$2,408
Telephone/Communications				\$1,500
Reproduction/Copying				\$1,600
Grounds Maintenance & Custodial				\$4,002
Insurance Expense				\$7,500
Equipment Purchase & Repair				\$3,772
Intern Stipend				\$1,000
Total Operation Expenses				\$33,282
C. Indirect Expenses up to 10%				\$15,273
TOTAL BUDGET				\$168,000

EXHIBIT B-2: FISCAL MONITORING REPORT

Vendor Name: Rio Vista Care

Contract#: 03724

July 1, 2025 - June 30, 2026

Line Item	FY 2025/26 Approved Contract Budget	Budget Modification 1: Date mm/dd/yy	Budget Modification 2: Date mm/dd/yy	Revised Contract Budget	YTD Paid Invoices	% Used (YTD Paid Invoices/ Revised Contract Budget)	Current Month Invoice: mm/yy	Contract Balance
<u>Personnel</u>								
Staff Member 1								
Staff Member 2								
Staff Member 3								
Staff Member 4								
Benefits								
Subtotal Personnel	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Operating Expenses</u>								
Rent & Utilities								
Office Supplies & Materials								
Telephone/ Communications								
Postage/Mailing								
Reproduction/Copying								
Travel								
Training/Conferences								
Other								
Subtotal Operating Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Subcontractors</u>								
Subcontractor 1								
Subcontractor 2								
Subtotal Subcontractors	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
<u>Indirect Costs</u>								
Subtotal Indirect	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Grand Total Expenses	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Total Budget Balance								\$ -

**BILLING RATE
EXHIBIT B-3**

Exhibit B-1 LPHA & LPHA Student Trainees Provider Codes

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
ASSESSMENT (Licensed/Registered/Waivered) 60 mins *	90791	\$323.79
ASSESSMENT IHBS (Licensed/Registered/Waivered) 60 mins *	90791IHBS	\$323.79
ASSESSMENT (COLLATERAL) - Licensed/Registered/ Waivered) 60 mins *	90791COL	\$323.79
MH ASSESSMENT (Non-Physician) 15 mins	H0031	\$80.95
MH ASSESSMENT (IHBS) - Non-Physician 15 mins	H0031IHBS	\$80.95
MH ASSESSMENT (COLLATERAL) - Non- Physician 15 mins	H0031COL	\$80.95
PSYCH EVAL OF EXT RECORDS: 60 mins *	90885	\$323.79
INDIVIDUAL THERAPY Service time range: 16-37 min Reimbursement Rate: 30 mins @ per min rate	90832	\$161.88
INDIVIDUAL THERAPY Service time range: 38-52 min Reimbursement Rate: 45 mins @ per min rate Note: Code will crosswalk in Avatar to appropriate CPT code for billing based on duration.	90832	\$242.83

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
<p>INDIVIDUAL THERAPY</p> <p>Service time range: 53-60 min</p> <p>Reimbursement Rate: 60 mins @ per min rate</p> <p>Note: Code will crosswalk in Avatar to appropriate CPT code for billing based on duration. **</p>	90832	\$323.77
<p>INDIVIDUAL THERAPY (IHBS)</p> <p>Service time range: 16-37 min</p> <p>Reimbursement Rate: 30 mins @ per min rate</p>	90832IHBS	\$161.88
<p>INDIVIDUAL THERAPY (IHBS)</p> <p>Service time range: 38-52 min</p> <p>Reimbursement Rate: 45 mins @ per min rate</p> <p>Note: Code will crosswalk in Avatar to appropriate CPT code for billing based on duration.</p>	90832IHBS	\$242.83
<p>INDIVIDUAL THERAPY (IHBS)</p> <p>Service time range: 53-60 min</p> <p>Reimbursement Rate: 60 mins @ per min rate</p> <p>Note: Code will crosswalk in Avatar to appropriate CPT code for billing based on duration. **</p>	90832IHBS	\$323.77
FAMILY THERAPY - W/ CLIENT 50 mins ***	90847	\$269.81
MULTIPLE-FAMILY GROUP THERAPY 43-84 min *** (84 mins)	90849	\$100.72
GROUP PSYCHOTHERAPY 50 mins. **	90853	\$59.95
INDIVIDUAL REHAB 15 mins	H2017I	\$80.95

Exhibit B-1 LPHA & LPHA Student Trainees Provider Codes

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
INDIVIDUAL REHAB (COLLATERAL) 15 mins	H2017COL	\$80.95
GROUP REHABILITATION 15 mins.	H2017G	\$17.99
GROUP REHABILITATION (COLLATERAL) 15 mins.	H2017GCOL	\$17.99
INTENSIVE HOME-BASED SERVICES (IHBS) 15 mins	H2017IHBS	\$80.95
PLAN DEVELOPMENT (non-physician) 15 mins	H0032	\$80.95
PLAN DEVELOPMENT (IHBS) 15 mins	H0032IHBS	\$80.95
TCM (TARGETED CASE MANAGEMENT) WITH CLIENT/CAREGIVER 15 mins	T1017	\$80.95
TCM (TARGETED CASE MANAGEMENT) W/O CLIENT/CAREGIVER 15 mins	NT1017	\$80.95
TCM (COLLATERAL) 15 mins	T1017COL	\$80.95
INTENSIVE CARE COORDINATION (CFTM-ICC) 15 mins	T1017CFTM	\$80.95
INTENSIVE CARE COORDINATION (ICC) WITH CLIENT/CAREGIVER 15 mins	T1017ICC	\$80.95
INTENSIVE CARE COORDINATION (ICC) W/O CLIENT/CAREGIVER 15 mins	NT1017ICC	\$80.95
Case Conference Face to Face w/ Patient and/or Family (minimum of 30+ mins or more)	99366	\$161.88
Case Conference Face to Face w/o Patient and/or Family (minimum of 30+ mins or more)	99368	\$161.88

Exhibit B-1 LPHA & LPHA Student Trainees Provider Codes

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT – per standardized instrument (60 min – minimum of 31 mins) **	96127	\$323.77
CRISIS INTERVENTION SERVICE 15 min increments (up to 24 units)	H2011	\$80.95
PSYCHOTHERAPY FOR CRISIS, Service time range: Minimum of 30-74 min Reimbursement Rate: 52 mins	90839	\$280.60
<u>AUTO ADD-ON CODE FOR PSYCHOTHERAPY FOR CRISIS</u> (each additional minimum of 30 mins)	90840	\$161.88
<u>Auto Add-On Code</u> for services identified with <u>one</u> asterisk (*) above. <u>Do not</u> include in service upload file or enter in Avatar (Codes will auto add-on for Prolonged Office visit on the back end) - (15-minute increments).	T2024	\$80.95
<u>Auto Extended Duration</u> for services identified with <u>two</u> asterisks (**) above. <u>Do not</u> include in service upload file or enter in Avatar (Codes will auto crosswalk for Prolonged Office visit on the back end) - (15-minute increments).	T2021	\$80.95
<u>Auto Extended Duration</u> for Group services identified with two asterisks (***) above. <u>Do not</u> include in service upload file or enter in Avatar (Codes will auto crosswalk for Prolonged Office visit on the back end) - (15-minute increments).	T2021G	\$17.99
No Show - Non-Billable	NOSHOW	#N/A
Client Cancellation - Non-Billable	CLTCAN	#N/A
Provider Cancellation - Non-Billable	PRVCAN	#N/A

Exhibit B-1 LPHA & LPHA Student Trainees Provider Codes

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
Non-Billable	99499	#N/A
AX DONE IN LOCKOUT SETTING - Non-Billable	MHLOCKAX	#N/A
MH SERVICE PROVIDED IN LOCKOUT SETTING - Non-Billable	MHSVCLOCK	#N/A

Exhibit B-1 -Other Qualified Provider Codes

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
MH ASSESSMENT (Non-physician) 15 mins	H0031	\$60.90
MH ASSESSMENT (IHBS) - Non-physicians 15 min	H0031IHBS	\$60.90
MH ASSESSMENT (COLLATERAL) - Non-physician 15 mins	H0031COL	\$60.90
INDIVIDUAL REHAB 15 mins	H2017I	\$60.90
INDIVIDUAL REHAB (COLLATERAL) 15 mins	H2017COL	\$60.90
GROUP REHABILITATION 15 mins	H2017G	\$13.54
Group Rehab - Collateral	H2017G COL	\$13.54
INTENSIVE HOME-BASED SERVICES (IHBS) 15 mins	H2017IHBS	\$60.90
PLAN DEVELOPMENT (non-physician) 15 mins	H0032	\$60.90

County of Solano
Standard Contract
Exhibit B-1 -Other Qualified Provider Codes

Rio Vista Care, Inc.
03724-26
Exhibit B-3
Billing Rates

<u>Code Description</u>	<u>Codes to select in or upload to County EHR</u>	<u>Provider Service Rate</u>
PLAN DEVELOPMENT (IHBS) 15 mins	H0032IHBS	\$60.90
TCM (TARGETED CASE MANAGEMENT) WITH CLIENT/CAREGIVER 15 mins	T1017	\$60.90
TCM (TARGETED CASE MANAGEMENT) W/O CLIENT/CAREGIVER 15 mins	NT1017	\$60.90
TCM (COLLATERAL) 15 mins	T1017COL	\$60.90
INTENSIVE CARE COORDINATION (CFTM-ICC) 15 mins	T1017CFTM	\$60.90
INTENSIVE CARE COORDINATION (ICC) WITH CLIENT/CAREGIVER 15 mins	T1017ICC	\$60.90
INTENSIVE CARE COORDINATION (ICC) W/O CLIENT/CAREGIVER 15 mins	NT1017ICC	\$60.90
CRISIS INTERVENTION SERVICE 15 min increments (up to 24 units)	H2011	\$60.90
No Show - Non-Billable	NOSHOW	#N/A
Client Cancellation - Non-Billable	CLTCAN	#N/A
Provider Cancellation - Non-Billable	PRVCAN	#N/A
Non-Billable	99499	#N/A
AX DONE IN LOCKOUT SETTING - Non- Billable	MHLOCKAX	#N/A
MH SERVICE PROVIDED IN LOCKOUT SETTING - Non-Billable	MHSVCLOCK	#N/A

Group Codes:

DHCS determined the average group to be 4.5 participants. This is the reimbursement rate divider and applies to all group CPT/service codes. The number of participants is no longer a factor in reimbursement as of July 1, 2023. As of July 1, 2024, the Group Therapy (90853) unit rate become 50 mins, with allowable add-on crosswalks of 15 min increments of T12021. H2017G (group rehab) remains claimable in 15 min increments. EX: H2017G (group rehab) for LPHA is \$17.99 per 15 minutes per participant (\$80.95/4.5).

Minimum Time Increments to Qualify as a Unit of Service:

All services provided should enter in the amount of time spent. With that in mind, Payment Reform reimbursement occurs on a per unit basis. Providers, County or Contractor, are only reimbursed for the unit(s) of service if the service duration exceeds the midpoint of the unit increment. This includes add on time for all applicable CPT codes.

- **Example:** Since a unit of service for TCM is 15 min, the service must be between 8-15 mins to qualify for 1 unit of service. If a service is 7 minutes or less, reimbursement is not eligible. If that same service lasted 49 mins, the provider would only be reimbursed for three 15 min units of service, or 45 total mins.
- **Example #2:** If using a cross-walked Add-On code, this code is only claimable if the maximum time for the primary code is reached and the additional claimed time exceeds the halfway point of the add-on code. So, if claiming Individual Therapy, and the service duration was 72 min, the claim would include 60 mins for the maximum allowed for Individual Therapy, and 12 mins for T2021 (which would equate to one 15 min unit of T2021 since the minimum of 8 mins was reached).
- **Fraud, waste and abuse:** Providers should not inflate service time to claim for an additional unit(s) of service, as that is considered fraud.
- **Inadequate care:** Providers should also not end services prematurely when there is clinical need to avoid not being reimbursed for a unit of service.

Add on time allowed for CPT Codes:

- **90832 Individual Therapy** – Programs should enter 90832 for Individual therapy and a duration of service time. Solano's EHR will crosswalk to 90834 or 90837 based on duration of service time up to 60 minutes. If duration eclipses the max of 60 minutes, it will crosswalk to T2021 after 68 mins. Additional add-on claiming is reimbursable in 15-minute increments.
 - Note: Once add on is utilized, claimed coding for this service will automatically change from 90837 to T2021 (Example: Submit claim with 90837 and 84 mins direct service duration – this will translate to six 15 min units of T2021)
- **90847 Family Therapy** – Programs should enter 90847 for Family therapy and a duration of service time. If duration eclipses the max of 50 minutes, it will crosswalk to T2021 after 58 mins. Additional add-on claiming is reimbursable in 15-minute increments.
 - Note: Once add on is utilized, claimed coding for this service will automatically change from 90847 to T2021 (Example: Submit claim with 90847 and 74 mins direct service duration – this will translate to five 15 min units of T2021)
- **90849 Family Group Therapy** – 43-84 mins to be claimable and then 15 min increments

- **90853 Group Therapy** - Programs should enter 90853 for Group therapy and a duration of service time. Will claim using Group Therapy rate. If duration eclipses the max of 50 minutes, it will crosswalk to T2021G after 58 mins.
 - Note: Once add on is utilized, claimed coding for this service will automatically change from 90853 to T2021 (Example: Submit claim with 90853 and 74 mins direct service duration – this will translate to five 15 min units of T2021)
- **96372 Injections (MD, PA, NP, RN)** – Programs should enter 96372 for Injections and a duration of service time. Payable at one 15-min unit. No add-ons available for this code-
- **99212 Comprehensive Medication Service** – Programs should enter 99212 for Comprehensive Medication Service and a duration of service time. Solano's EHR will crosswalk to 99213, 99214 or 99215 based on duration of service time up to 54 minutes.
 - ⊖ If duration eclipses the max of 54 minutes, the 99415 add on will only add on automatically if the minimum of 31 mins past 54 min max is achieved (i.e. 85-114 mins in order to claim one additional unit of service).
 - ⊖ In rare circumstances, the additional 30 min add on would automatically claim if service duration was between 129-144 mins, and in 30 min increments thereafter.

Lockout Codes:

- Per Medi-Cal Billing Manual, contractor shall coordinate care so that service codes that create a lockout are not provided on the same day.
- If provided on the same day, services may be subject to not being reimbursed or if already claimed, may be subject to recoupment.

Additional codes for consideration:

- **T1013 – Add on Code Sign/Language Interpretation** – this Add On code is available to all provider types at flat rate of \$21.65 per 15 min unit up to duration of primary code being billed (not longer than primary code billing time).

EXHIBIT C
GENERAL TERMS AND CONDITIONS

1. CLOSING OUT

A. County will pay Contractor's final request for payment providing Contractor has met all obligations required under this Contract or any other contract and/or obligation that Contractor may have with the County. If Contractor has failed to meet any outstanding obligation, County will withhold compensation due under this Contract from Contractor's final request for payment until Contractor satisfies such obligation(s). Contractor is responsible for County's receipt of a final request for payment 30 days after expiration or earlier termination of this Contract.

B. A final undisputed invoice shall be submitted for payment no later than 90 calendar days following the expiration or termination of this Contract, unless a later or alternate deadline is agreed to in writing by the County. The final invoice must be clearly marked "FINAL INVOICE", thus indicating that, upon full payment of such invoice, no further payments are due or outstanding under the Contract.

C. The County may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written approval of an alternate final invoice submission deadline. Written County approval for an alternate final invoice submission deadline shall be sought from the County prior to the expiration or termination of this Contract.

2. TIME

Time is of the essence in all terms and conditions of this Contract.

3. TIME OF PERFORMANCE

Work will not begin, nor claims paid for services under this Contract until all Certificates of Insurance, business and professional licenses/certificates, IRS ID number, signed W-9 form, or other applicable licenses or certificates are on file with the County's Contract Manager.

4. TERMINATION

A. This Contract may be terminated by County or Contractor, at any time, with or without cause, upon 30 days' written notice from one to the other.

B. County may terminate this Contract immediately upon notice of Contractor's malfeasance.

C. Following termination, County will reimburse Contractor for all expenditures made in good faith that are unpaid at the time of termination not to exceed the maximum amount payable under this Contract unless Contractor is in default of this Contract.

5. SIGNATURE AUTHORITY

The parties executing this Contract certify that they have obtained all required approvals and have the proper authority to bind their respective entities to all certifications, terms, and conditions set forth in this Contract.

6. REPRESENTATIONS

A. County relies upon Contractor's professional ability and training as a material inducement to enter into this Contract. Contractor represents that Contractor will perform the work according to generally accepted professional practices and standards and the requirements of applicable federal, state

and local laws. County's acceptance of Contractor's work shall not constitute a waiver or release of Contractor from professional responsibility.

B. Contractor further represents that Contractor possesses current valid appropriate licensure, including, but not limited to, driver's license, professional license, certificate of tax-exempt status, or permits, required to perform the work under this Contract.

7. INSURANCE

A. Without limiting Contractor's obligation to indemnify County, Contractor must procure and maintain for the duration of the Contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work under this Contract and the results of that work by Contractor, Contractor's agents, representatives, employees or subcontractors.

B. Minimum Scope of Insurance
Coverage must be at least as broad as:

(1) Insurance Services Office Commercial General Liability coverage (occurrence Form CG 00 01).

(2) Insurance Services Office Form Number CA 00 01 covering Automobile Liability, Code 1 (any auto).

(3) Workers' Compensation insurance as required by the State of California and Employer's Liability Insurance.

C. Minimum Limits of Insurance
Contractor must maintain limits no less than:

(1) General Liability: (Including operations, products and completed operations.)	\$2,000,000	per occurrence for bodily injury, personal injury and property damage, or the full per occurrence limits of the policy, whichever is greater. If Commercial General Liability insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.
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(2) Automobile Liability:	\$1,000,000	per accident for bodily injury and property damage.
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(3) Workers' Compensation:	As required by the State of California.
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(4) Employer's Liability:	\$1,000,000	per accident for bodily injury or disease.
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D. Additional Insurance Coverage
To the extent coverage is applicable to Contractor's services under this Contract, Contractor must maintain the following insurance coverage:

(1) Cyber Liability:	\$1,000,000	per incident with the aggregate limit twice the required limit to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information property of the County that will be in the care, custody or control of Contractor under this Contract.
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- (2) Professional Liability: **\$2,000,000** combined single limit per claim and in the aggregate. The policy shall remain in full force and effect for no less than 5 years following the completion of work under this Contract.

E. If Contractor maintains higher limits than the minimums shown above, County is entitled to coverage for the higher limits maintained by Contractor. Any insurance proceeds in excess of the specified limits and coverage required, which are applicable to a given loss, shall be available to the County. No representation is made that the minimums shown above are sufficient to cover the indemnity or other obligations of the Contractor under this Contract.

F. Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be declared to and approved by County. At the option of County, either:

- (1) The insurer will reduce or eliminate such deductibles or self-insured retentions with respect to County, its officers, officials, agents, employees and volunteers; or
- (2) Contractor must provide a financial guarantee satisfactory to County guaranteeing payment of losses and related investigations, claim administration, and defense expenses.

G. Other Insurance Provisions

(1) The General Liability and Automobile Liability policies must contain, or be endorsed to contain, the following provisions:

(a) The County of Solano, its officers, officials, agents, employees, and volunteers must be included as additional insureds with respect to liability arising out of automobiles owned, leased, hired or borrowed by or on behalf of Contractor; and with respect to liability arising out of work or operations performed by or on behalf of Contractor including materials, parts or equipment furnished in connection with such work or operations. General Liability coverage shall be provided in the form of an Additional Insured endorsement (CG 20 10 11 85 or both CG 20 10 and CG 20 37 if later ISO revisions are used or the equivalent) to Contractor's insurance policy, or as a separate owner's policy. The insurance afforded to the additional insureds shall be at least as broad as that afforded to the first named insured.

(b) For any claims related to work performed under this Contract, Contractor's insurance coverage must be primary insurance with respect to the County of Solano, its officers, officials, agents, employees, and volunteers. Any insurance maintained by County, its officers, officials, agents, employees, or volunteers is excess of Contractor's insurance and shall not contribute to it.

(2) If Contractor's services are technologically related, Professional Liability coverage shall include, but not be limited to claims involving infringement of intellectual property, copyright, trademark, invasion of privacy violations, information theft, release of private information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to such obligations. The policy shall also include, or be endorsed to include, property damage liability coverage for damage to, alteration of, loss of, or destruction of electronic data and/or information "property" of the County in the care, custody, or control of the Contractor. If not covered under the Contractor's Professional Liability policy, such "property" coverage of the County may be endorsed onto the Contractor's Cyber Liability Policy.

(3) Should any of the above described policies be cancelled prior to the policies' expiration date, Contractor agrees that notice of cancellation will be delivered in accordance with the policy provisions.

H. Waiver of Subrogation

(1) Contractor agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation.

(2) The Workers' Compensation policy must be endorsed with a waiver of subrogation in favor of County for all work performed by Contractor, its employees, agents and subcontractors.

I. Acceptability of Insurers

Insurance is to be placed with insurers with a current AM Best rating of no less than A:VII unless otherwise acceptable to County.

J. Verification of Coverage

(1) Contractor must furnish County with original certificates and endorsements effecting coverage required by this Contract.

(2) The endorsements should be on forms provided by County or, if on other than County's forms, must conform to County's requirements and be acceptable to County.

(3) County must receive and approve all certificates and endorsements before work commences.

(4) However, failure to provide the required certificates and endorsements shall not operate as a waiver of these insurance requirements.

(5) County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage described above at any time.

8. BEST EFFORTS

Contractor represents that Contractor will at all times faithfully, industriously and to the best of its ability, experience and talent, perform to County's reasonable satisfaction.

9. DEFAULT

A. If Contractor defaults in Contractor's performance, County shall promptly notify Contractor in writing. If Contractor fails to cure a default within 30 days after notification, or if the default requires more than 30 days to cure and Contractor fails to commence to cure the default within 30 days after notification, then Contractor's failure shall constitute cause for termination of this Contract.

B. If Contractor fails to cure default within the specified period of time, County may elect to cure the default and any expense incurred shall be payable by Contractor to County. The contract may be terminated at County's sole discretion.

C. If County serves Contractor with a notice of default and Contractor fails to cure the default, Contractor waives any further notice of termination of this Contract.

D. If this Contract is terminated because of Contractor's default, County shall be entitled to recover from Contractor all damages allowed by law.

10. INDEMNIFICATION

A. Contractor will indemnify, hold harmless and assume the defense of the County of Solano, its officers, employees, agents and elective and appointive boards from all claims, losses, damages, including property damages, personal injury, death and liability of every kind, directly or indirectly arising from Contractor's operations or from any persons directly or indirectly employed by, or acting as agent for, Contractor, excepting the sole negligence or willful misconduct of the County of Solano. This indemnification shall extend to claims, losses, damages, injury and liability for injuries occurring after completion of Contractor's services, as well as during the progress of rendering such services.

B. Acceptance of insurance required by this Contract does not relieve Contractor from liability

under this indemnification clause. This indemnification clause shall apply to all damages or claims for damages suffered by Contractor's operations regardless of whether or not any insurance is applicable.

11. INDEPENDENT CONTRACTOR

A. Contractor is an independent contractor and not an agent, officer or employee of County. The parties mutually understand that this Contract is between two independent contractors and is not intended to and shall not be construed to create the relationship of agent, servant, employee, partnership, joint venture or association.

B. Contractor shall have no claim against County for employee rights or benefits including, but not limited to, seniority, vacation time, vacation pay, sick leave, personal time off, overtime, medical, dental or hospital benefits, retirement benefits, Social Security, disability, Workers' Compensation, unemployment insurance benefits, civil service protection, disability retirement benefits, paid holidays or other paid leaves of absence.

C. Contractor, and not County, is solely obligated to pay all taxes, deductions and other employer-related obligations with respect to Contractor's employees including, but not limited to, federal and state income taxes, withholding, Social Security, unemployment, disability insurance, Workers' Compensation and Medicare payments.

D. Contractor shall indemnify and hold County harmless from any liability which County may incur because of Contractor's failure to pay such obligations and County shall not be responsible for any employer-related costs not otherwise agreed to in advance between the County and Contractor.

E. As an independent contractor, Contractor is not subject to the direction and control of County except as to the final result contracted for under this Contract. County may not require Contractor to change Contractor's manner of doing business but may require redirection of efforts to fulfill this Contract.

F. Contractor may provide services to others during the same period Contractor provides service to County under this Contract.

G. Any third persons employed by Contractor shall be under Contractor's exclusive direction, supervision and control. Contractor shall determine all conditions of employment with respect to its employees including hours, wages, working conditions, discipline, hiring and discharging or any other condition of employment.

H. As an independent contractor, Contractor shall indemnify and hold County harmless from any claims that may be made against County based on any contention by a third party that an employer-employee relationship exists under this Contract.

I. Contractor, with full knowledge and understanding of the foregoing, freely, knowingly, willingly and voluntarily waives the right to assert any claim with respect to any right or benefit or term or condition of employment insofar as such claim may be related to or arise from compensation paid under this Contract.

12. RESPONSIBILITIES OF CONTRACTOR

A. The parties understand and agree that Contractor possesses the requisite skills necessary to perform the work under this Contract and County relies upon such skills. Contractor pledges to perform the work skillfully and professionally. County's acceptance of Contractor's work does not constitute a release of Contractor from professional responsibility.

B. Contractor verifies that Contractor has reviewed the scope of work to be performed under this Contract and agrees that in Contractor's professional judgment, the work can and shall be completed for costs within the maximum amount set forth in this Contract.

C. To fully comply with the terms and conditions of this Contract, Contractor shall:

(1) Establish and maintain a system of accounts for budgeted funds that complies with generally accepted accounting principles for government agencies;

(2) Document all costs by maintaining complete and accurate records of all financial transactions associated with this Contract, including, but not limited to, invoices and other official documentation that sufficiently support all charges under this Contract;

(3) Submit monthly reimbursement claims for expenditures that directly relate to this Contract;

(4) Be liable for repayment of any disallowed costs identified through quarterly reports, audits, monitoring or other sources; and

(5) Retain financial, programmatic, client data and other service records for 3 years from the date of the end of the contract award, for 3 years from the date of termination, or as required by applicable law or regulation, whichever is later.

D. Submit verification of non-profit status, if a requirement for the award of this Contract.

E. Obtain a bond at Contractor's sole expense in an amount sufficient to cover start-up funds if any were provided to Contractor from County.

F. Provide culturally and linguistically competent and age-appropriate service, to the extent feasible.

13. COMPLIANCE WITH LAW

A. Contractor shall comply with all federal, state and local laws and regulations applicable to Contractor's performance, including, but not limited to, licensing, employment and purchasing practices, wages, hours and conditions of employment.

B. To the extent federal funds are used in whole or in part to fund this Contract, Contractor specifically agrees to comply with Executive Order 11246 entitled "Equal Employment Opportunity", as amended and supplemented in Department of Labor regulations; the Copeland "Anti-Kickback" Act (18 U.S.C. §874) and its implementing regulations (29 C.F.R. part 3); the Clean Air Act (42 U.S.C. §7401 et seq.); the Clean Water Act (33 U.S.C. §1251); and the Energy Policy and Conservation Act (Pub. L. 94-165).

C. Contractor represents that it will comply with the applicable cost principles and administrative requirements including claims for payment or reimbursement by County as set forth in 2 C.F.R. part 200, as currently enacted or as may be amended throughout the term of this Contract.

14. CONFIDENTIALITY

A. Contractor shall prevent unauthorized disclosure of confidential information including names and other client-identifying information, and mental health records (per Welfare & Institutions Code section 5328) except for statistical information not identifying a particular client receiving services under this Contract and use of confidential information shall be in accordance with Welfare & Institutions Code section 10850 and Division 19 of the California Department of Social Services Confidentiality, Fraud, Civil Rights, and State Hearings Manual of Policies and Procedures.

B. Contractor shall not use client specific information for any purpose other than carrying out Contractor's obligations under this Contract.

C. Contractor shall promptly transmit to County all requests for disclosure of confidential information.

D. Except as otherwise permitted by this Contract or authorized by law, Contractor shall not disclose any confidential information to anyone other than the State of California without prior written authorization from County.

E. For purposes of this section, identity shall include, but not be limited to, name, identifying number, symbol or other client identifying particulars, such as fingerprints, voice print or photograph. Client shall include individuals receiving services pursuant to this Contract.

15. CONFLICT OF INTEREST

A. Contractor represents that Contractor and/or Contractor's employees and/or their immediate families and/or Board of Directors and/or officers have no interest, including, but not limited to, other projects or independent contracts, and shall not acquire any interest, direct or indirect, including separate contracts for the work to be performed hereunder, which conflicts with the rendering of services under this Contract. Contractor shall employ or retain no such person while rendering services under this Contract. Services rendered by Contractor's associates or employees shall not relieve Contractor from personal responsibility under this clause. Contractor agrees to file a Statement of Economic Interest if specified in the applicable County department's Conflict of Interest policy or if required by Cal. Code Regs., tit. 2 §§ 18219, 18700.3, 18704, or 18734.

B. Contractor has an affirmative duty to disclose to County in writing the name(s) of any person(s) who have an actual, potential or apparent conflict of interest.

16. DRUG FREE WORKPLACE CERTIFICATION

By signing this Contract, Contractor certifies to the County that Contractor is knowledgeable of Government Code section 8350 et seq., and shall abide by and implement its statutory requirements to provide a drug-free workplace.

17. HEALTH AND SAFETY STANDARDS

Contractor shall abide by all health and safety standards set forth by the State of California and/or the County of Solano pursuant to the Injury and Illness Prevention Program. If applicable, Contractor must receive all health and safety information and training from County.

18. CHILD/ADULT ABUSE

If services pursuant to this Contract will be provided to children and/or elder adults, Contractor certifies that Contractor is knowledgeable of the Child Abuse and Neglect Reporting Act (Penal Code section 11164 et seq.) and the Elder Abuse and Dependent Adult Civil Protection Act (Welfare and Institutions Code section 15600 et seq.) requiring reporting of suspected abuse.

19. INSPECTION

Authorized representatives of County, the State of California and/or the federal government may inspect and/or audit Contractor's performance, place of business and/or records pertaining to this Contract.

20. NONDISCRIMINATION

A. In rendering services under this Contract, Contractor shall comply with all applicable federal, state and local laws, rules and regulations and shall not discriminate based on age, ancestry, color, gender, gender identity, marital status, medical condition, national origin, physical or mental disability, race, religion, sexual orientation, military status, or other protected status.

B. Further, Contractor shall not discriminate against its employees, which includes, but is not limited to, employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation and selection for training, including apprenticeship.

21. SUBCONTRACTOR AND ASSIGNMENT

A. Services under this Contract are deemed to be personal services.

B. Subject to any required state or federal approval, Contractor shall not subcontract any work under this Contract without the prior written consent of the County's Contract Manager or assign this Contract or monies due without the prior written approval of the County's applicable Department Head or his or her designee and the County Administrator.

C. If County consents to the use of subcontractors, Contractor shall require and verify that its subcontractors (i) maintain insurance meeting all the requirements stated in Section 7 above; (ii) are not currently excluded, debarred, or otherwise ineligible to participate in a federally or state funded program; and (iii) satisfy all of Contractor's requirements under this Contract.

D. Assignment by Contractor of any monies due shall not constitute an assignment of the Contract.

22. UNFORESEEN CIRCUMSTANCES

Contractor is not responsible for any delay caused by natural disaster, war, civil disturbance, labor dispute or other cause beyond Contractor's reasonable control, provided Contractor gives written notice to County of the cause of the delay within 10 days of the start of the delay.

23. OWNERSHIP OF DOCUMENTS

A. County shall be the owner of and shall be entitled to possession of any computations, plans, correspondence or other pertinent data and information gathered by or computed by Contractor prior to termination of this Contract by County or upon completion of the work pursuant to this Contract.

B. No material prepared in connection with the project shall be subject to copyright in the United States or in any other country.

24. NOTICE

A. Any notice necessary to the performance of this Contract shall be given in writing by personal delivery or by prepaid first-class mail addressed as stated on the first page of this Contract.

B. If notice is given by personal delivery, notice is effective as of the date of personal delivery. If notice is given by mail, notice is effective as of the day following the date of mailing or the date of delivery reflected upon a return receipt, whichever occurs first.

25. NONRENEWAL

Contractor acknowledges that there is no guarantee that County will renew Contractor's services under a new contract following expiration or termination of this Contract. Contractor waives all rights to notice of non-renewal of Contractor's services.

26. COUNTY'S OBLIGATION SUBJECT TO AVAILABILITY OF FUNDS

A. The County's obligation under this Contract is subject to the availability of authorized funds. The County may terminate the Contract, or any part of the Contract work, without prejudice to any right or remedy of the County, for lack of appropriation of funds. If expected or actual funding is withdrawn, reduced or limited in any way prior to the expiration date set forth in this Contract, or any subsequent amendment, the County may, upon written Notice to the Contractor, terminate this Contract in whole or in part.

B. Payment shall not exceed the amount allowable for appropriation by the Board of Supervisors. If the Contract is terminated for non-appropriation of funds:

(1) The County will be liable only for payment in accordance with the terms of this Contract for services rendered prior to the effective date of termination; and

(2) The Contractor shall be released from any obligation to provide further services pursuant to this Contract that are affected by the termination.

C. Funding for this Contract beyond the current appropriation year is conditional upon appropriation by the Board of Supervisors of sufficient funds to support the activities described in this Contract. Should such an appropriation not be approved, this Contract will terminate at the close of the current appropriation year.

D. This Contract is void and unenforceable if all or parts of federal or state funds applicable to this Contract are not available to County. If applicable funding is reduced, County may either:

- (1) Cancel this Contract; or,
- (2) Offer a contract amendment reflecting the reduced funding.

27. CHANGES AND AMENDMENTS

A. County may request changes in Contractor's scope of services. Any mutually agreed upon changes, including any increase or decrease in the amount of Contractor's compensation, shall be effective when incorporated in written amendments to this Contract.

B. The party desiring the revision shall request amendments to the terms and conditions of this Contract in writing. Any adjustment to this Contract shall be effective only upon the parties' mutual execution of an amendment in writing.

C. No verbal agreements or conversations prior to execution of this Contract or requested amendment shall affect or modify any of the terms or conditions of this Contract unless reduced to writing according to the applicable provisions of this Contract.

28. CHOICE OF LAW

The parties have executed and delivered this Contract in the County of Solano, State of California. The laws of the State of California shall govern the validity, enforceability or interpretation of this Contract. Solano County shall be the venue for any action or proceeding that is not subject to the jurisdiction of a federal court, in law or equity that may be brought in connection with this Contract. The United States District Court for the Eastern District of California shall be the venue for any action or proceeding that is subject to the jurisdiction of a federal court.

29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

Contractor represents that it is knowledgeable of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its implementing regulations issued by the U.S. Department of Health and Human Services (45 C.F.R. parts 160-64) regarding the protection of health information obtained, created, or exchanged as a result of this Contract and shall abide by and implement its statutory requirements. State law may preempt HIPAA and Contractor must follow the most restrictive law, or both if applicable.

30. BACKGROUND SCREENING

A. If Contractor staff will have access to Personally Identifiable Information ("PII") and/or Protected Health Information ("PHI"), Contractor agrees to conduct a background screening of Contractor staff prior to granting access.

B. The background screening shall be commensurate with the risk and magnitude of harm the employee could cause. A more thorough screening shall be done for those employees who are authorized to bypass significant technical and operational security controls. County requires LiveScan, Office of Inspector General List of Excluded Individuals/Entities ("LEIE") and the General Services Administration ("GSA") Systems for Award Management ("SAM") screenings for all contractors and their workforce. In

addition, contractors billing for Medi-Cal services must screen against the Department of Health Care Services Medi-Cal Suspended and Ineligible Provider List.

C. Contractor shall retain each of its staff members' background screening documentation for a period of three years following the conclusion of the employment relationship.

31. WAIVER

Any failure of a party to assert any right under this Contract shall not constitute a waiver or a termination of that right, under this Contract or any of its provisions.

32. CONFLICTS IN THE CONTRACT DOCUMENTS

The Contract documents are intended to be complementary and interpreted in harmony so as to avoid conflict. In the event of conflict in the Contract documents, the parties agree that the document providing the highest quality and level of service to the County shall supersede any inconsistent term in these documents.

33. FAITH BASED ORGANIZATIONS

A. Contractor agrees and acknowledges that County may make funds available for programs or services affiliated with religious organizations under the following conditions: (a) the funds are made available on an equal basis as for programs or services affiliated with non-religious organizations; (b) the program funded does not have the substantial effect of supporting religious activities; (c) the funding is indirect, remote, or incidental to the religious purpose of the organization; and (d) the organization complies with the terms and conditions of this Contract.

B. Contractor agrees and acknowledges that County may not make funds available for programs or services affiliated with a religious organization (a) that has denied or continues to deny access to services on the basis of any protected class; (b) will use the funds for a religious purpose; (c) will use the funds for a program or service that subjects its participants to religious education.

C. Contractor agrees and acknowledges that all recipients of funding from County must: (a) comply with all legal requirements and restrictions imposed upon government-funded activities set forth in Article IX, section 8 and Article XVI, section 5 of the California Constitution and in the First Amendment to the United States Constitution; and (b) segregate such funding from all funding used for religious purposes.

34. PRICING

Should Contractor, at any time during the term of this Contract, provide the same goods or services under similar quantity, terms and conditions to one or more counties in the State of California at prices below those set forth in this Contract, then the parties agree to amend this Contract so that such lower prices shall be extended immediately to County for all future services.

35. USE OF PROVISIONS, TERMS, CONDITIONS AND PRICING BY OTHER PUBLIC AGENCIES

Contractor and County agree that the terms of this Contract may be extended to any other public agency located in the State of California, as provided for in this section. Another public agency wishing to use the provisions, terms, and pricing of this Contract to contract for equipment and services comparable to those described in this Contract shall be responsible for entering into its own contract with Contractor, as well as providing for its own payment provisions, making all payments, and obtaining any certificates of insurance and bonds that may be required. County is not responsible for providing to any other public agency any documentation relating this Contract or its implementation. Any public agency that uses

provisions, terms, or pricing of this Contract shall by virtue of doing so be deemed to indemnify and hold harmless County from all claims, demands, or causes of actions of every kind arising directly or indirectly with the use of this Contract. County makes no guarantee of usage by other users of this Contract nor shall the County incur any financial responsibility in connection with any contracts entered into by another public agency. Such other public agency shall accept sole responsibility for placing orders and making payments to Contractor.

36. DEBARMENT AND SUSPENSION CERTIFICATION

A. By signing this Contract, Contractor certifies to the County that its officers, directors and employees (i) are not currently excluded, debarred, or otherwise ineligible to participate in a federally funded program or to be awarded a contract, subcontract or grant by the State; (ii) have not been convicted of a criminal offense related to the provision of federally funded items or services nor has been previously excluded, debarred, or otherwise declared ineligible to participate in any federally funded programs or to be awarded a contract, subcontract or grant by the State, and (iii) are not, to the best of its knowledge, under investigation or otherwise aware of any circumstances which may result in Contractor being excluded from participation in federally funded programs or from being awarded a contract, subcontract or grant by the State.

B. For purposes of this Contract, federally funded programs include, but are not limited to, any federal health program as defined in 42 USC § 1320a-7b(f) (the "Federal Healthcare Programs").

C. This certification shall be an ongoing certification during the term of this Contract and Contractor must immediately notify the County of any change in the status of the certification set forth in this section.

D. If services pursuant to this Contract involve federally funded programs, Contractor agrees to provide further certification of non-suspension with submission of each invoice. Failure to submit certification with invoices will result in a delay in County processing Contractor's payment.

37. EXECUTION IN COUNTERPARTS

This Contract may be executed in two or more counterparts, each of which together shall be deemed an original, but all of which together shall constitute one and the same instrument, it being understood that all parties need not sign the same counterpart. In the event that any signature is delivered by facsimile or electronic transmission (e.g., by e-mail delivery of a ".pdf" format data file), such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such facsimile or electronic signature page were an original signature.

38. LOCAL EMPLOYMENT POLICY

Solano County desires, whenever possible, to hire qualified local residents to work on County projects. A local resident is defined as a person who resides in, or a business that is located in, Solano County. The County encourages an active outreach program on the part of its contractors, consultants and agents. When local projects require subcontractors, Contractor shall solicit proposals for qualified local residents where possible.

39. ENTIRE CONTRACT

This Contract, including any exhibits referenced, constitutes the entire agreement between the parties and there are no inducements, promises, terms, conditions or obligations made or entered into by County or Contractor other than those contained in it.

EXHIBIT D
SPECIAL TERMS AND CONDITIONS

1. CONTRACT EXTENSION

Notwithstanding Sections 2 and 3 of the Standard Contract, and unless terminated by either party prior to contract termination date, at County's sole election, this Contract may be extended for up to 90 days beyond the contract termination date to allow for continuation of services and sufficient time to complete a novation or renewal contract. In the event that this Contract is extended, compensation for the extension period shall not exceed \$42,000.

2. HIPAA COMPLIANCE COVERED ENTITY TO COVERED ENTITY

County and Contractor each consider and represent themselves as covered entities as defined by the U.S. Health Insurance Portability and Accountability Act and agree to use and disclose protected health information as required by law. County and Contractor acknowledge that the exchange of protected health information between them is only for treatment, payment, and health care operations.

3. NATIONAL VOTER REGISTRATION ACT

Contractor represents that Contractor is knowledgeable of the National Voter Registration Act (NVRA) of 1993 in matters relating to providing voter registration services to any and all consumers who utilize public assistance and/or disability services in the County of Solano. Contractor and shall abide by its requirements.