

AGREEMENT FOR SERVICES #132-MHD0309

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**THIS AGREEMENT** made and entered by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "County") and Sierra Child and Family Services, Inc., a California Corporation, duly qualified to conduct business in the State of California, whose principal place of business is 6692-B Merchandise Way, Diamond Springs, CA 95619, and whose licensed community care facility is located at 4300 Forni Road, Placerville, CA 95667; (hereinafter referred to as "Contractor");

**W I T N E S S E T H**

**WHEREAS**, County has determined that it is necessary to obtain a Contractor to provide Specialty Mental Health Services for children (hereinafter referred to as "Clients") on an "as requested" basis for the El Dorado County Health Services Department, Mental Health Division; and

**WHEREAS**, Contractor has represented to County that it is specially trained, experienced, expert and competent to perform the special services required hereunder and County has determined to rely upon such representations; and

**WHEREAS**, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws; and

**WHEREAS**, County has determined that the provision of these services provided by Contractor is in the public's best interest, and that these services are more economically and feasibly performed by outside independent Contractors as well as authorized by El Dorado County Charter, Section 210 (b) (6) and/or Government Code 31000;

**NOW, THEREFORE**, County and Contractor mutually agree as follows:

**Article I. Scope of Services**

Contractor agrees to furnish the personnel and equipment necessary to provide therapeutic treatment for clients on an “as requested” basis for the Health Services Department, Mental Health Division (MHD). All services provided by Contractor shall have prior written authorization by the County Health Services Director or the Director’s designee.

Contractor shall provide the following services to clients referred by County:

- 1) **Specialty Mental Health Services** as defined in California Code of Regulations, Title 9, Rehabilitative and Developmental Services, Section 1810.247.

Contractor shall provide quality care in a manner consistent with efficient, cost effective delivery of covered services.

Contractor shall provide covered services to a client in the same manner in which it provides said services to all other individuals receiving services from Contractor subject to any limitations contained in clients’ treatment plans.

While County clients may be placed by the County in Contractor’s facility, Contractor recognizes that County is under no obligation to place any client in Contractor’s facility.

Contractor agrees to provide documentation or reports to County when requested to assure Contractor’s compliance with contract terms.

Services shall include, but not be limited to, those set forth in Exhibit “A”, marked “Program Definitions and Requirements,” incorporated herein and made by reference a part hereof.

Meetings. Contractor will participate in periodic meetings with the County MHD for the purpose of reviewing the implementation of the program under this contract and will at all times cooperate in making data and information on the implementation of this contract accessible to MHD.

Interpretation Services. To the extent that it may be needed, free interpretation services will be available via the interpretation agreement maintained by County for each client as may be needed, as a backup service. It is expected that Contractor will at all times have the internal capacity to provide the services called for in this agreement with personnel that have the requisite cultural/linguistic competence required to achieve the purposes of this agreement.

Reports and Data. Contractor shall collect and provide program implementation, financial, and related data and information on the activities conducted hereunder as may be requested by County. It is understood and agreed that County’s access to, and Contractor’s timely submission of program implementation, financial, and related data, including the data and information called for in Exhibit “A”, is an essential element of this agreement.

**Article II. Term**

This Agreement shall be effective July 1, 2009 and shall expire June 30, 2010, unless terminated earlier pursuant to provisions of Article XV herein.

**Article III. Compensation for Services**

Contractor shall submit monthly invoices no later than thirty (30) days following the end of a “service month” except in those instances where Contractor obtains written approval from County Health Services Director or Director’s designee granting an extension of the time to complete billing for services or expenses. For billing purposes, a “service month” shall be defined as a calendar month during which Contractor provides services in accordance with ARTICLE I, “Scope of Services”.

For services provided herein, County agrees to pay Contractor monthly in arrears and within forty-five (45) days following the County’s receipt and approval of itemized invoice(s) identifying services rendered. For the purposes of this Agreement, the provisional billing rates shall be those listed below, and shall not exceed the Statewide Maximum Allowable (SMA) rates for authorized services, as determined by the State during the term of this Agreement. Payment shall be made for actual services rendered and shall not be made for service units the client did not attend or receive. Each claim shall describe: a) units of service by individual client served, and b) dates of service detail for each client.

Contractor reserves the right to increase provisional rates over those listed herein to reflect cost increases by giving County thirty (30) days written notice of such change, not to exceed the SMA rates for allowable services. Rate increases will only become effective upon written acceptance of the Health Services Director or his/her designee.

Contractor shall not charge any patients or third party payors any fee for service unless directed to do so in writing by the Health Services Director at the time the client is referred for services.

When directed to charge for services, Contractor shall use the uniform billing and collection guidelines prescribed by the State Department of Mental Health. Charges shall approximate estimated actual cost.

Contractor will perform eligibility and financial determinations for all clients, in accordance with State Department of Health Uniform Method of Determining Ability to Pay.

It is expressly understood and agreed between the parties hereto that the County shall make no payment for County-responsible clients and have no obligation to make payment to Contractor unless the services provided by Contractor hereunder received prior written authorization from Health Services Director or the Director’s designee. It is further agreed that County shall make no payments for services unless Contractor has provided County with evidence of insurance coverage as outlined in ARTICLE XVIII hereof. County may provide retroactive authorization when special circumstances exist, as determined by the Health Services Director or the Director’s designee.

In accordance with Title 9, California Administrative Code, Section 563, reimbursement for services under this Agreement shall be limited to persons who are unable to obtain private care.

Such persons are those who are unable to pay for private care or for whom no private care is available within a reasonable distance from their residence.

Contractor agrees to offset claims submitted to the County for any reimbursements received on behalf of clients covered by this Agreement on the claims for the month in which the revenue was received, unless otherwise directed by the County Health Services Director. Claim for final payments must be submitted within sixty (60) days of the expiration date of this Agreement.

It is understood that any payments received from County for services rendered under this Agreement shall be considered as payment in full and Contractor cannot look to any other source for reimbursement for the units of service provided under this Agreement, except as stated above, or with specific authorization from the Health Services Director.

PROVISIONAL RATES FOR FISCAL YEAR 2009/2010:

Mental Health Services	\$1.95 per minute
Mental Health Case Management	\$1.95 per minute
Therapeutic Behavioral Services	\$1.95 per minute
Crisis Intervention	\$1.95 per minute
Parent Partner	\$0.50 per minute
Non-Medi-Cal Reimbursable SB 163 Services	\$1.00 per minute
Non-Medi-Cal Reimbursable MHSA WRAP Services	\$1.00 per minute
Psychological Testing	\$2.44 per minute
Equine Assisted Psychotherapy	
Individual	\$1.95 per minute
Family/Group	\$1.95 per minute

Not to Exceed for Mental Health Services, Excluding Stabilization Expenses	\$638,000.00
Not to Exceed for SB 163 Stabilization Expenses *	\$10,000.00
Not to Exceed for MHSA WRAP Stabilization Expenses **	\$2,000.00
Total Not to Exceed for Agreement	\$650,000.00

\* **SB 163 Stabilization Expenses** – Purchase of goods and services for SB 163 clients: Purchases up to \$500 must be approved by the Health Services Director or designee (i.e. a Health Services Children’s Coordinator or Manager) and by a designee of the Department of Human Services. Purchases over \$500 must be approved by the Health Services Director or Deputy Director and the Department of Human Services Director or designee. Stabilization Expenses must be shown separately on invoices and Contractor must provide supporting documentation. The Not to Exceed amount for SB 163 Stabilization Funds expenditures under this agreement is \$10,000.00.

\*\* **MHSA WRAP Stabilization Expenses** – Purchase of goods and services for MHSA WRAP clients: All purchases up to \$500 must be approved by the Health Services Director or designee

(i.e. a Health Services Children's Coordinator or Manager). Purchases over \$500 must be approved by the Health Services Director or Deputy Director. Stabilization Expenses must be shown separately on invoices and Contractor must provide supporting documentation. The Not to Exceed amount for MHSA WRAP Stabilization Funds expenditures under this agreement is \$2,000.00.

For reimbursement of SB 163 or MHSA WRAP Stabilization fund expenditures, supporting documentation must include original, itemized receipts.

**Article IV. Cost Report**

Contractor shall submit the annual California Department of Mental Health's Cost Report (Cost Report) to County on or before October 31 of each year for the preceding fiscal period of July 1 through June 30 (Fiscal Period). Contractor shall prepare the Cost Report in accordance with the California Department of Mental Health's Cost and Financial Reporting System Local Program Financial Support Instruction Manual.

The Cost Report shall be the final financial record of services rendered under this Agreement, for subsequent audits, if any. Such reported costs and allocations shall be supported by source documentation maintained by Contractor and available at any time to Administrator upon reasonable notice.

It is agreed between County and Contractor that the provisional rates stated in this agreement are intended to approximate the Contractor actual costs. Should the actual rate as determined in the Cost Report for the Fiscal Period be less than the provisional rate, Contractor agrees to reimburse County for all amounts paid in excess of the actual rate. Reimbursement shall be remitted to County no later than December 31st following the Fiscal Period. At the discretion of the County Director of Health Services, this reimbursement may be made via monthly installment payments for up to six months.

**Article V. Limitation of County Liability for Disallowances**

Notwithstanding any other provision of the Agreement, County shall be held harmless from any Federal or State audit disallowance resulting from payments made to Contractor pursuant to this Agreement. To the extent that a Federal or State audit disallowance results from a claim or claims for which Contractor has received reimbursement for services provided, County shall recoup within 30 days from Contractor through offsets to pending and future claims or by direct billing, amounts equal to the amount of the disallowance in that fiscal year. All subsequent claims submitted to County applicable to any previously disallowed claim may be held in abeyance, with no payment made, until the federal or state disallowance issue is resolved.

Contractor shall reply in a timely manner to any request for information or to audit exceptions by County, State and Federal audit agencies that directly relate to the services to be performed under this Agreement.

**Article VI. Certification of Program Integrity**

Contractor shall comply with all State and Federal statutory and regulatory requirements for certification of claims including Title 42, Code of Federal Regulations (CFR) Part 438.

Contractor shall ensure that each Medi-Cal beneficiary for whom the Contractor is submitting a claim for reimbursement has met the following criteria:

An assessment of the Medi-Cal beneficiary was conducted in compliance with the requirements established in the Mental Health Plan (MHP) contract between El Dorado County and the State Department of Mental Health, a copy of which will be provided to Contractor by COUNTY under separate cover.

The Medi-Cal beneficiary was eligible to receive Medi-Cal services at the time the services were provided to the beneficiary.

The services included in the claim were actually provided to the beneficiary.

Medical necessity was established for the beneficiary as defined in statute for the service or services provided, for the timeframe in which the services were provided.

A treatment plan was developed and maintained for the beneficiary that met all plan requirements established in the MHP contract between County and the State Department of Mental Health.

For each beneficiary with day rehabilitation, day treatment intensive, or EPSDT supplemental specialty mental health services included in the claim, all requirements for MHP payment authorization in the MHP contract for day rehabilitation, day treatment intensive, and EPSDT supplemental specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in the MHP contract between County and the State Department of Mental Health.

NOTE: Authority: Sections 5775, 14043.75 and 14680 Welfare and Institutions Code.

**Article VII. HIPAA Compliance**

All data, together with any knowledge otherwise acquired by Contractor during the performance of services provided pursuant to this Agreement, shall be treated by Contractor and Contractor's staff as confidential information. Contractor shall not disclose or use, directly or indirectly, at any time, any such confidential information. If the Contractor receives any individually identifiable health information ("Protected Health Information" or "PHI"), the Contractor shall maintain the security and confidentiality of such PHI as required by applicable laws and regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the regulations promulgated thereunder.

**Article VIII. Mandated Reporter Requirements**

Contractor acknowledges and agrees to comply with mandated reporter requirements pursuant to the provisions of Article 2.5 (commencing with Section 11164) of Chapter 2 of Title 1 of Part 4 of the California Penal Code, also known as The Child Abuse and Neglect Reporting Act.

**Article IX. Debarment and Suspension Certification**

By signing this agreement, the Contractor agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 45 CFR 76.

By signing this agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:

- A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
- B. Have not within a three year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- C. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in Paragraph b(2) herein;
- D. Have not within a three (3)-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default;
- E. Shall not knowingly enter in to any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., **48 CFR part 9, subpart 9.4**), debarred, suspended, declared ineligible or voluntarily excluded from participation in such transactions, unless authorized by the State; and
- F. Shall include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to County.

The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

If the Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, County may terminate this agreement for cause or default.

**Article X. Changes to Agreement**

This Agreement may be amended by mutual consent of the parties hereto. Said amendments shall become effective only when in writing and fully executed by duly authorized officers of the parties hereto.

**Article XI. Contractor to County**

It is understood that the services provided under this Agreement shall be prepared in and with cooperation from County and its staff. It is further agreed that in all matters pertaining to this Agreement, Contractor shall act as Contractor only to County and shall not act as Contractor to any other individual or entity affected by this Agreement nor provide information in any manner to any party outside of this Agreement that would conflict with Contractor's responsibilities to County during term hereof.

**Article XII. Assignment and Delegation**

Contractor is engaged by County for its unique qualifications and skills as well as those of its personnel. Contractor shall not subcontract, delegate or assign services to be provided, in whole or in part, to any other person or entity without prior written consent of County.

**Article XIII. Independent Contractor/Liability**

Contractor is, and shall be at all times, deemed independent and shall be wholly responsible for the manner in which it performs services required by terms of this Agreement. Contractor exclusively assumes responsibility for acts of its employees, associates, and sub-contractors, if any are authorized herein, as they relate to services to be provided under this Agreement during the course and scope of their employment.

Contractor shall be responsible for performing the work under this Agreement in a safe, professional, skillful and workmanlike manner and shall be liable for its own negligence and negligent acts of its employees. County shall have no right of control over the manner in which work is to be done and shall, therefore, not be charged with responsibility of preventing risk to Contractor or its employees.

**Article XIV. Fiscal Considerations**

The parties to this Agreement recognize and acknowledge that County is a political subdivision of the State of California. As such, El Dorado County is subject to the provisions of Article XVI, Section 18 of the California Constitution and other similar fiscal and procurement laws and regulations and may not expend funds for products, equipment or services not budgeted in a given fiscal year. It is further understood that in the normal course of County business, County will adopt a proposed budget prior to a given fiscal year, but that the final adoption of a budget does not occur until after the beginning of the fiscal year.



Notwithstanding any other provision of this Agreement to the contrary, County shall give notice of cancellation of this Agreement in the event of adoption of a proposed budget that does not provide for funds for the services, products or equipment subject herein. Such notice shall become effective upon the adoption of a final budget which does not provide funding for this Agreement. Upon the effective date of such notice, this Agreement shall be automatically terminated and County released from any further liability hereunder.

In addition to the above, should the Board of Supervisors during the course of a given year for financial reasons reduce, or order a reduction, in the budget for any County department for which services were contracted to be performed, pursuant to this paragraph in the sole discretion of the County, this Agreement may be deemed to be canceled in its entirety subject to payment for services performed prior to cancellation.

**Article XV. Default, Termination, and Cancellation**

Upon the occurrence of any default of the provisions of this Agreement, a party shall give written notice of said default to the party in default (notice). If the party in default does not cure the default within ten (10) days of the date of notice (time to cure), then such party shall be in default. The time to cure may be extended at the discretion of the party giving notice. Any extension of time to cure must be in writing, prepared by the party in default for signature by the party giving notice and must specify the reason(s) for the extension and the date on which the extension of time to cure expires.

Section 15.01 Notice given under this section shall specify the alleged default and the applicable Agreement provision and shall demand that the party in default perform the provisions of this Agreement within the applicable period of time. No such notice shall be deemed a termination of this Agreement unless the party giving notice so elects in this notice, or the party giving notice so elects in a subsequent written notice after the time to cure has expired. In the event of termination for default, County reserves the right to take over and complete the work by contract or by any other means.

Section 15.02 Bankruptcy: This Agreement, at the option of the County, shall be terminable in the case of bankruptcy, voluntary or involuntary, or insolvency of Contractor.

Section 15.03 Ceasing Performance: County may terminate this Agreement in the event Contractor ceases to operate as a business, or otherwise becomes unable to substantially perform any term or condition of this Agreement.

Section 15.04 Termination or Cancellation without Cause: County may terminate this Agreement in whole or in part upon seven (7) calendar days written notice by County without cause. If such prior termination is effected, County will pay for satisfactory services rendered prior to the effective dates as set forth in the Notice of Termination provided to Contractor, and for such other services, which County may agree to in writing as necessary for contract resolution. In no event, however, shall County be obligated to pay more than the total amount of the contract. Upon receipt of a Notice of Termination, Contractor shall promptly discontinue all services affected, as of the

effective date of termination set forth in such Notice of Termination, unless the notice directs otherwise.

**Article XVI. Notice to Parties:**

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, with postage prepaid. Notices to County shall be addressed as follows:

**COUNTY OF EL DORADO  
HEALTH SERVICES DEPARTMENT, MENTAL HEALTH DIVISION  
931 SPRING STREET  
PLACERVILLE, CA 95667  
ATTN: NEDA WEST, DIRECTOR**

or to such other location as the County directs.

Notices to Contractor shall be addressed as follows:

**SIERRA CHILD AND FAMILY SERVICES  
6692-B MERCHANDISE WAY  
DIAMOND SPRINGS, CA 95619  
ATTN: BARRY HARWELL**

or to such other location as the Contractor directs.

**Article XVII. Indemnity**

The Contractor shall defend, indemnify, and hold the County harmless against and from any and all claims, suits, losses, damages and liability for damages of every name, kind and description, including attorneys fees and costs incurred, brought for, or on account of, injuries to or death of any person, including but not limited to workers, County employees, and the public, or damage to property, or any economic or consequential losses, which are claimed to or in any way arise out of or are connected with the Contractor's services, operations, or performance hereunder, regardless of the existence or degree of fault or negligence on the part of the County, the Contractor, sub-contractor(s) and employee(s) of any of these, except for the sole, or active negligence of the County, its officers and employees, or as expressly prescribed by statute. This duty of Contractor to indemnify and save County harmless includes the duties to defend set forth in California Civil Code Section 2778.

**Article XVIII. Insurance**

Contractor shall provide proof of a policy of insurance satisfactory to the El Dorado County Risk Manager and documentation evidencing that Contractor maintains insurance that meets the following requirements:

HSD contract #132-MHD0309

Section 18.01 Full Workers' Compensation and Employers' Liability Insurance covering all employees of Contractor as required by law in the State of California.

Section 18.02 Commercial General Liability Insurance of not less than \$1,000,000.00 combined single limit per occurrence for bodily injury and property damage.

Section 18.03 Automobile Liability Insurance of not less than \$1,000,000.00 is required in the event motor vehicles are used by the Contractor in the performance of the Agreement.

Section 18.04 In the event Contractor is a licensed professional, and is performing professional services under this Agreement, professional liability (for example, malpractice insurance) is required with a limit of liability of not less than \$1,000,000.00 per occurrence.

Section 18.05 Contractor shall furnish a certificate of insurance satisfactory to the El Dorado County Risk Manager as evidence that the insurance required above is being maintained.

Section 18.06 The insurance will be issued by an insurance company acceptable to Risk Management, or be provided through partial or total self-insurance likewise acceptable to Risk Management.

Section 18.07 Contractor agrees that the insurance required above shall be in effect at all times during the term of this Agreement. In the event said insurance coverage expires at any time or times during the term of this Agreement, Contractor agrees to provide at least thirty (30) days prior to said expiration date, a new certificate of insurance evidencing insurance coverage as provided for herein for not less than the remainder of the term of the Agreement, or for a period of not less than one (1) year. New certificates of insurance are subject to the approval of Risk Management and Contractor agrees that no work or services shall be performed prior to the giving of such approval. In the event the Contractor fails to keep in effect at all times insurance coverage as herein provided, County may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

Section 18.08 The certificate of insurance must include the following provisions stating that:

- (a) The insurer will not cancel the insured's coverage without thirty (30) days prior written notice to County, and;
- (b) The County of El Dorado, its officers, officials, employees, and volunteers are included as additional insured, but only insofar as the operations under this Agreement are concerned. This provision shall apply to the general liability policy.
- (c) The Contractor's insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.
- (d) Any deductibles or self-insured retentions must be declared to and approved by the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees, and volunteers; or the Contractor shall

procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

- (e) Any failure to comply with the reporting provisions of the policies shall not affect coverage provided to the County, its officers, officials, employees or volunteers.
- (f) The insurance companies shall have no recourse against the County of El Dorado, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by any insurance company.
- (g) Contractor's obligations shall not be limited by the foregoing insurance requirements and shall survive expiration of this Agreement.
- (h) In the event Contractor cannot provide an occurrence policy, Contractor shall provide insurance covering claims made as a result of performance of this Agreement for not less than three (3) years following completion of performance of this Agreement.
- (i) Certificate of insurance shall meet such additional standards as may be determined by the contracting County Department either independently or in consultation with Risk Management, as essential for the protection of the County.

**Article XIX. Interest of Public Official**

No official or employee of County who exercises any functions or responsibilities in review or approval of services to be provided by Contractor under this Agreement shall participate in or attempt to influence any decision relating to this Agreement which affects personal interest or interest of any corporation, partnership, or association in which he/she is directly or indirectly interested; nor shall any such official or employee of County have any interest, direct or indirect, in this Agreement or the proceeds thereof.

**Article XX. Interest of Contractor**

Contractor covenants that Contractor presently has no personal interest or financial interest, and shall not acquire same in any manner or degree in either: 1) any other contract connected with or directly affected by the services to be performed by this Agreement; or, 2) any other entities connected with or directly affected by the services to be performed by this Agreement. Contractor further covenants that in the performance of this Agreement no person having any such interest shall be employed by Contractor.

**Article XXI. Conflict of Interest**

The parties to this Agreement have read and are aware of the provisions of Government Code Section 1090 et seq. and Section 87100 relating to conflict of interest of public officers and employees. Contractor attests that it has no current business or financial relationship with any County employee(s) that would constitute a conflict of interest with provision of services under this contract and will not enter into any such business or financial relationship with any such employee(s) during the term of this Agreement. County represents that it is unaware of any financial or economic interest of any public officer or employee of Contractor relating to this Agreement. It is further understood and agreed that if such a financial interest does exist at the inception of this Agreement either party may immediately terminate this Agreement by giving

written notice as detailed in the Article in the Agreement titled, "Default, Termination and Cancellation".

**Article XXII. California Residency (Form 590)**

All independent Contractors providing services to the County must file a State of California Form 590, certifying their California residency or, in the case of a corporation, certifying that they have a permanent place of business in California. The Contractor will be required to submit a Form 590 prior to execution of an Agreement or County shall withhold seven (7) percent of each payment made to the Contractor during term of the Agreement. This requirement applies to any agreement/contract exceeding \$1,500.00.

**Article XXIII. Taxpayer Identification Number (Form W-9)**

All independent Contractors or corporations providing services to the County must file a Department of the Treasury Internal Revenue Service Form W-9, certifying their Taxpayer Identification Number.

**Article XXIV. County Business License**

It is unlawful for any person to furnish supplies or services, or transact any kind of business in the unincorporated territory of El Dorado County without possessing a County business license unless exempt under County Code Section 5.08.070.

**Article XXV. Administrator**

The County Officer or employee with responsibility for administering this Agreement is Barry Wasserman, Manager of Mental Health Programs, Health Services Department, Mental Health Division, or successor.

**Article XXVI. Authorized Signatures**

The parties to this Agreement represent that the undersigned individuals executing this Agreement on their respective behalf are fully authorized to do so by law or other appropriate instrument and to bind upon said parties to the obligations set forth herein.

**Article XXVII. Partial Invalidity**

If any provision of this Agreement is held by a court of competent jurisdiction to be invalid, void or unenforceable, the remaining provisions will continue in full force and effect without being impaired or invalidated in any way.

**Article XXVIII. Venue**

Any dispute resolution action arising out of this Agreement, including, but not limited to, litigation, mediation, or arbitration, shall be brought in El Dorado County, California, and shall be resolved in accordance with the laws of the State of California.

**Article XXIX. Entire Agreement**

This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

**REQUESTING DEPARTMENT HEAD CONCURRENCE:**

By:   
Neda West, Director  
Health Services Department

Dated: 6-22-09

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IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the dates indicated below.

**-- COUNTY OF EL DORADO --**

Dated: \_\_\_\_\_

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

Ron Briggs, Chairman  
Board of Supervisors  
"County"

**ATTEST:**

*Suzanne Allen de Sanchez, Clerk  
of the Board of Supervisors*

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

Deputy Clerk

**-- CONTRACTOR --**

Dated: \_\_\_\_\_

SIERRA CHILD AND FAMILY SERVICES, INC.  
A CALIFORNIA CORPORATION

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

Barry Harwell  
Executive Director  
"Contractor"

## EXHIBIT A

### Program Definitions and Requirements

#### Values and Vision

The Contractor shall abide by the El Dorado County Mental Health Plan's goal of creating a "best practice" service delivery model for Mental Health, within available budget resources, that will meet the critical mental health needs of El Dorado County residents. Central to this goal is a commitment to collaborative planning among the Mental Health Providers, consumers, their families, and the Mental Health Plan.

Principles guiding this effort include:

- Cultural competence throughout the system
- Age appropriate services for children, young adults, adults, and seniors
- A single point of coordinated care for each client
- Client and family involvement in service planning
- Geographically accessible, community-based services
- Patients' Rights advocacy and protection

#### Billable Service Definitions

- Beneficiary** as defined in California Code of Regulation Title 9, Chapter 11, Section 1810.205 means any person who is certified as eligible under the Medi-Cal Program according to Title 22, Section 51001.
- EPSDT** refers to Early and Periodic Screening, Diagnosis and Treatment of eligible Medi-Cal beneficiaries as funded, administered and regulated by the Federal and State governments, with specific reference to Short/Doyle Medi-Cal services provided to any beneficiary under the age of 21 with non-restricted Medi-Cal eligibility.
- Medi-Cal Statewide Maximum Allowance (SMA)** means the maximum reimbursement rate set by the State for Medi-Cal funded mental health services in the State of California.
- Provisional Rate** means the projected cost of services less the projected revenues. This rate shall be based upon historical cost and actual cost data provided by the Contractor to the County in the cost report. Provisional rates shall approximate the actual costs. Costs of services shall not exceed the Statewide Maximum Allowance (SMA). If at any time during the term of the contract the SMA rate is lowered to an amount below the provisional rate, the provisional rate must immediately be reduced to the new SMA rate.



## **Medical Necessity**

Medical Necessity for EPSDT Specialty Mental Health Services is to be met continuously by the beneficiary for the duration of provision of services. Eligibility for EPSDT Specialty Mental Health Services is established by completion of an assessment with the beneficiary and their family. The assessment must establish **Medical Necessity** defined as follows by the State Department of Mental Health:

Medical Necessity is the principal criteria by which the Mental Health Plan decides authorization and/or reauthorization for covered services. Medical Necessity must exist in order to determine when mental health treatment is eligible for reimbursement under Plan benefits.

### **Eligibility For Mental Health Treatment (A, B and C must be present)**

#### **A. Diagnostic Criteria**

Must have one of the following DSM IV diagnoses, which will be the focus of the intervention being provided.

#### **Included Diagnoses:**

- Pervasive Developmental Disorder, except Autistic Disorder which is excluded.
- Attention Deficit and Disruptive Behavior Disorders
- Feeding and Eating Disorders of Infancy or Early Childhood
- Elimination Disorders
- Other Disorders of Infancy, Childhood, or Adolescence
- Schizophrenia and Other Psychotic Disorders
- Mood Disorders
- Factitious Disorders
- Dissociative Disorders
- Paraphilias
- Gender Identity Disorders
- Eating Disorders
- Impulse-Control Disorders Not Otherwise Specified
- Adjustment Disorders
- Personality Disorders, excluding Antisocial Personality Disorder
- Medication-Induced Movement Disorders

#### **Excluded Diagnoses:**

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Autistic Disorders (Other Pervasive Developmental Disorders are included)
- Tic Disorders
- Delirium, Dementia, and Amnesic and Other Cognitive Disorders

- Mental Disorders Due to a General Medical Condition
- Substance-Related Disorders
- Sexual Dysfunctions
- Sleep Disorders
- Antisocial Personality Disorder
- Other conditions that may be a focus of clinical attention, except medication induced movement disorders which are included

**A beneficiary may receive services for an included diagnosis when an excluded diagnosis is also present.**

**B. Impairment Criteria**

Must have 1,2, or 3 (at least one) of the following as a result of the mental disorder(s) identified in the diagnostic (“A”) criteria:

1. A significant impairment in an important area of life functioning, or
2. A probability of significant deterioration in an important area of life functioning, or
3. Children also qualify if there is a probability the child will not progress developmentally as individually appropriate. (Children covered under EPSDT qualify if they have a mental disorder which can be corrected or ameliorated, current DHS EPSDT regulations also apply).

**C. Intervention Related Criteria**

Must have all: 1,2, and 3 below:

1. The focus of proposed interventions is to address the condition identified in impairment criteria “B” above, and
2. It is expected the beneficiary will benefit from the proposed intervention by significantly diminishing the impairment, or preventing significant deterioration in an important area of life functioning, and/or for children it is probable the child will progress developmentally as individually appropriate (or if covered by EPSDT can be corrected or ameliorated), and
3. The condition would not be responsive to physical healthcare based treatment.

EPSDT beneficiaries with an included diagnosis and a substance related disorder may receive specialty mental health services directed at the substance use component. The intervention must be consistent with, and necessary to the attainment of, the specialty mental health treatment goals.

**Service Definitions**

**CASE MANAGEMENT** services are activities provided to assist clients to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services for clients. These activities may include:

- A. **Consultation:** Inter-agency and intra-agency **consultation** (or collaboration) regarding the client’s care. This activity involves people in professional relationships with the client, e.g. CPS worker, probation officer, teacher, mental health staff, pediatrician. [Supervision is **NOT** billable to case management consultation.]

- B. **Linkage:** Locating and securing for the client needed services and resources in the community. **Examples:** linking a client with funding (SSI, Medi-Cal, etc.), medical/dental care, education, vocational training, parenting classes, etc... This is normally a one-time activity, e.g. locating a low-cost dentist and linking a client with the provider of dental care.
- C. **Access:** Activities related to assisting a client to access mental health services. **Example:** Phoning Dial-A-Ride (or a relative or a Board and Care operator) on behalf of a client unable to arrange transportation on their own due to mental illness and impairment in functioning. **Example:** providing interpretation and identification of cultural factors on behalf of a client during a medication evaluation appointment. [Interpretation, in and of itself, is not a billable service.]
- D. **Placement:** Locating and securing appropriate living environment for the client (can include pre-placement visits, placement, and placement follow-up). Case management **placement** can also be billed while a client is in an acute psychiatric hospital, when the client is within 30-days of discharge, but only if the living environment at discharge from the hospital is in question or has yet to be determined.

**COLLATERAL** is a service activity involving a significant support person in a client's life with the intent of improving or maintaining the mental health status of the client. The client may or may not be present for this service activity. A "support person" is someone in a non-professional relationship with the client.

**FAMILY (therapy or rehab)** is a therapeutic or rehabilitative activity with a client and their family. "Family" is defined by the client, and includes biological, adopted, foster, and extended family members. "Family" may be understood in a non-traditional manner, e.g. residents at a Board and Care facility.

**ASSESSMENT** is a service which may include a clinical analysis of the history and current status of a client's mental, emotional, or behavioral disorder, and diagnosis. Assessment can also include an appraisal of the client's community functioning in several areas which may include living situation, daily activities, social support systems, and health status. Relevant cultural issues are to be addressed in all assessment activities.

**INDIVIDUAL (therapy or rehab)**

**Therapy** A therapeutic intervention that focuses primarily on symptom reduction as a means to decrease functional impairments. Therapy can only be delivered and billed for by a clinician for whom therapy is within their scope of practice.

**Rehabilitation** A service that may include assistance in improving, maintaining, or restoring a client's functional skills. These include daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and/or building a support system.

**GROUP (therapy or rehab)**

**Therapy** A therapeutic intervention delivered to a group of clients that focuses primarily on symptom reduction as a means to decrease functional impairments. Therapy can only

be delivered and billed for by a clinician for whom therapy is within their scope of practice.

**Rehabilitation** A service delivered to a group of clients which may include assistance in improving, maintaining, or restoring functional skills. These include daily living skills, social and leisure skills, grooming and personal hygiene skills, meal preparation skills, and/or building a support system.

**MEDICATION SUPPORT SERVICES** These service activities include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. Activities may also include assessment/evaluation, med injections, collateral, and case management as these activities relate to Medication Support Services. These services can only be provided and billed for by medical doctors, family nurse practitioners, physician assistants, nurses, and psychiatric technicians.

**CRISIS INTERVENTION** is an emergency response service enabling the client to cope with a crisis, while maintaining her/his status as a functioning community member to the greatest extent possible. A crisis is an unplanned event that results in the client's need for immediate service intervention in order to avoid the need for a higher level of care. Crisis Intervention services are limited to stabilization of the presenting emergency. The emergency may or may not conclude with acute hospitalization.

**THERAPEUTIC BEHAVIORAL SERVICES (TBS)** provide short-term one-to-one assistance to children or youth under the age of 21 who have behaviors that put them at risk of losing their placement. It has been determined that it is highly likely that without TBS the minor may need a higher level of care, or that the minor may not successfully transition to a lower level of care. TBS can be provided at home, in a group home, in the community, and during evening and weekend hours as needed. The minor must have a current Client Plan and be receiving other specialty mental health services concurrent with TBS. Authorization of TBS services happens separately from authorization of other Specialty Mental Health services.

**PLAN DEVELOPMENT** is a service activity that consists of working with the client and others in their support system to develop the Client Plan. May also include the process of getting the client plan approved and services authorized, e.g. presenting a case to the authority in charge of authorizing services. Attendance at an IEP may be billed to Plan Development if the progress note documents the staff person's participation in the IEP regarding planning MH services that will better allow the student to achieve academically.

**PARENT PARTNER** Non-MediCal reimbursable SB163 services or activities provided by the Parent Partner

**SB163** Non-MediCal reimbursable SB163 services or activities, authorized by County Department of Human Services (DHS)

## **Service Requirements for Day Treatment Intensive and Day Rehabilitation**

**In addition to meeting the requirements of Title 9, California Code of Regulations (CCR), Sections 1840.318, 1840.328, 1840.330, 1840.350, and 1840.352, and State Department of Mental Health Notification Letter No. 02-06, providers of day treatment intensive and day rehabilitation shall include the following minimum service components in day treatment intensive or day rehabilitation:**

- A. Community meetings, which mean meetings that occur at a minimum once a day, but may occur more frequently as necessary, to address issues pertinent to the continuity and effectiveness of the therapeutic milieu that may, but are not required to be part of the continuous therapeutic milieu; actively involve staff and clients; for day treatment intensive, include a staff person whose scope of practice includes psychotherapy; for day rehabilitation, include a staff person who is a physician; a licensed/waivered/registered psychologist, clinical social worker, or marriage and family therapist; a registered nurse, a psychiatric technician, a licensed vocational nurse, or a mental health rehabilitation specialist; address relevant items including, but not limited to what the schedule for the day will be, any current event, individual issues clients or staff wish to discuss to elicit support of the group, conflict resolution within the milieu, planning for the day, the week, or for special events, old business from previous meetings or from previous day treatment experiences, and debriefing or wrap-up.
- B. A therapeutic milieu, which means a therapeutic program that is structured by the service components described in subsections 1 and 2 below with specific activities being performed by identified staff; takes place for the continuous scheduled hours of operation for the program (more than four hours for a full-day program and a minimum of three hours for a half-day program); includes staff and activities that teach, model and reinforce constructive interactions; includes peer and staff feedback to clients on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress; involves clients in the overall program, for example, by providing opportunities to lead community meetings and to provide feedback to peers; includes behavior management interventions that focus on teaching self-management skills that children, youth, adults and older adults may use to control their own lives, to deal effectively with present and future problems, and to function well with minimal or no additional therapeutic intervention.
  - 1) **Day Rehabilitation shall include:**
    - a) Process groups, which are groups facilitated by staff to help clients develop the skills necessary to deal with their individual problems and issues by using the group process to provide peer interaction and feedback in developing problem-solving strategies and to assist one another in resolving behavioral and emotional problems.

Day Rehabilitation may include psychotherapy instead of process groups or in addition to process groups.

- b) Skill building groups, which are groups in which staff help clients to identify barriers related to their psychiatric and psychological experiences and, through the course of group interaction, become better able to identify skills that address symptoms and behaviors and to increase adaptive behaviors.
- c) Adjunctive therapies, which are non-traditional therapies in which both staff and clients participate, that utilize self-expression (art, recreation, dance, music, etc.) as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able to utilize the modality to develop or enhance skills directed towards client plan goals.

**2) Day Treatment Intensive shall include:**

- a) Skill building groups and adjunctive therapies as described in subsection 1) b and c above. Day Treatment Intensive may also include process groups as described in subsection 1) a above.
  - b) Psychotherapy, which means the use of psychosocial methods within a professional relationship to assist the client or clients to achieve a better psychosocial adaptation, to acquire greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individuals, groups, or communities in respect to behavior, emotions, and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy shall be provided by licensed, registered, or waived staff practicing within their scope of practice.
- C. An established protocol for responding to clients experiencing a mental health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the client's urgent or emergency psychiatric condition (crisis services). If clients will be referred to crisis services outside the day treatment intensive or day rehabilitation program, the day treatment intensive or day rehabilitation staff shall have the capacity to handle the crisis until the client is linked to the outside crisis services.
- D. A detailed weekly schedule that is available to clients and, as appropriate, to their families, caregivers or significant support persons. The detailed schedule will be a written weekly schedule that identifies when and where the service components of program will be provided and by whom. The written weekly schedule shall

specify the program staff, their qualifications, and the scope of their responsibilities.

- E. Staffing ratios that are consistent with the requirements in Title 9, CCR, Sections 1840.350 and 1840.352, and, for day treatment intensive, that include at least one staff person whose scope of practice includes psychotherapy.

Program staff may be required to spend time on Day Treatment Intensive and Day Rehabilitation activities outside the hours of operation and therapeutic milieu, e.g., time for travel, documentation, and caregiver contacts. These Day Treatment Intensive and Day Rehabilitation activities are included in the day rate and are not to be billed separately from, or in addition to the day rate.

The Contractor shall require that at least one staff person is present and available to the group in the therapeutic milieu for all scheduled hours of operation.

The Contractor shall require that if Day Treatment Intensive or Day Rehabilitation staff are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program), a clear audit trail is documented by the provider. The Contractor shall require that there be documentation of the scope of responsibilities for these staff and the specific times in which day treatment intensive or day rehabilitation activities are being performed exclusive of other activities.

- F. An expectation that the beneficiary will be present for all scheduled hours of operation for each day. When a beneficiary is unavoidably absent for some part of the hours of operation, the Contractor shall receive Medi-Cal reimbursement for Day Treatment Intensive and Day Rehabilitation for an individual beneficiary only if the beneficiary is present for at least 50 percent of the scheduled hours of operation for that day.
- G. At least one contact, face-to-face or by an alternative method (e.g., e-mail, telephone, etc.) per month with a family member, caregiver or other significant support person identified by an adult client, or one contact per month with the legally responsible adult for a client who is a minor. Adult clients may choose whether or not this service component is done for them. The contacts and involvement should focus on the role of the significant support person in supporting the client's community reintegration. It is expected that this contact will occur outside hours of operation and the therapeutic milieu for Day Treatment Intensive and Day Rehabilitation, and not be billed for separately, or in addition to the day rate.

### **Service Requirements For Therapeutic Behavioral Services (TBS)**

- A. Contractor shall provide Therapeutic Behavioral Service (TBS) in accordance with the State Department of Mental Health guidelines, and as outlined in the EI

Dorado County Mental Health Plan.

- B. Contractor shall develop the TBS Client Plan in order to provide an array of individualized, one-to-one services that target behaviors or symptoms which jeopardize existing placements, or which are barriers to transitioning to a lower level of residential placement.
- C. Contractor shall ensure that services are available at times and locations that are convenient for parents/care providers and acceptable to the child/youth.
- D. Contractor shall develop a Transition Plan at the inception of TBS.
  - 1. The Transition Plan shall outline the decrease and/or discontinuance of TBS when they are no longer needed, or appear to have reached a plateau in effectiveness.
  - 2. When applicable, Contractor shall include a plan for transition to adult services when the child/youth turns twenty-one (21) years old, and is no longer eligible for TBS.
- E. Contractor shall provide services at any community location not otherwise prohibited by regulations. These may include homes, foster homes, group homes, after school programs, and other community settings.
- F. Contractor shall incorporate all goals and objectives on the IEP related to the child/youth's mental health needs into the child/youth's TBS client plan when appropriate.
- G. Contractor shall provide the number of service hours to the child/youth as indicated on the TBS client plan. Service hours shall not exceed twenty four (24) hours on any given day.
- H. Contractor shall comply with all TBS policies and procedures developed by the El Dorado County Health Services Department, Mental Health Division.
- I. Contractor shall comply with all State Department of Mental Health (DMH) letters related to TBS readily available on the DMH website.

**Requirements For Outpatient Services**

- A. Contractor shall provide a full range of quality mental health outpatient services to the child/youth and families/care providers individually, and in various combinations, as indicated by clinical need and reflected in the Treatment Plan. Services shall be provided in accordance with the El Dorado County Mental Health Plan.



1. Mental health services shall be provided to the individual child or youth, and may include family or significant support persons.
  2. Services shall be provided anywhere in the community including home, school, office or other sites. Place of service shall enhance delivery and access to service. Contractor hours shall be flexible to include weekends and evenings to accommodate the family/care provider.
  3. The length, type and duration of mental health services shall be defined in the Treatment Plan. Length of service will be based on clinical need as determined by the case carrying Clinician/Therapist/Service Coordinator in collaboration with the child/youth/family, but will not exceed the time authorized by El Dorado County on the Treatment Plan.
  4. The client shall be defined as the authorized child/youth that is receiving mental health services from the Contractor. In cases where there is more than one (1) child/youth in the same family receiving mental health services, each child/youth is considered to be a separate client.
- B. Contractor shall provide referrals and/or facilitate linkage to community social services for needs such as housing, food, clothing and transportation.

### **Service Requirements For SB 163 Wraparound**

- A. Contractor shall provide a full range of quality mental health services to the child/youth and families/care providers individually, and in various combinations, as indicated by clinical need and reflected in the Treatment Plan. Services shall be provided in accordance with the El Dorado County Mental Health Plan.
1. Mental health services shall include, but are not limited to therapy (individual and group), rehabilitation, collateral, plan development, case management, and crisis intervention services.
  2. Mental health services shall be provided to the individual child or youth, and are to include family and significant support persons.
  3. Services are to be provided anywhere in the community including home, school, office or other sites. Place of service shall enhance delivery and access to service. Contractor hours shall be flexible to include weekends and evenings to accommodate the family/care provider.
  4. Contractor shall develop Treatment Plans to address the target behaviors causing impairment in functioning.

5. The length, type and duration of mental health services shall be defined in the Treatment Plan or Reauthorization Assessment. Length of service will be based on clinical need as determined by the case carrying Clinician/Therapist/Service coordinator in collaboration with the child/youth/family, but will not exceed the length authorized.
- B. Contractor shall provide a comprehensive array of specialized mental health services, including flexible wraparound services, to eligible children and youth in accordance with the Department of Social Services All County Information Notice Number I-28-99.
- C. Contractor shall provide Wraparound services to children and youth who are eligible for Medi-Cal, Title IV-E Waiver dollars, SB 1667 funds, or Chapter 26.5 services, and who meet the El Dorado County Health Services Department, Mental Health Division target population criteria and would benefit from intensive Wraparound services.
- D. Target population to be served is children and youth at risk of RCL 10/14 out of home care, or currently placed in RCL 10/14 care.
- E. Contractor shall provide referrals and/or facilitate linkage to community social services for needs such as housing, food, clothing, and transportation.
- F. Contractor shall develop a Family Team that is comprised of family, friends, agency staff and people who are involved with the child and family to support the family. The Family Team shall determine service needs. The Family Team is to complete a strength-based assessment, along with a Family Team Plan that included a crisis plan, within 15 days of the referral.
- G. Contractor shall be available 24 hours per day 7 days per week including holidays to provide: 1) Immediate face to face response to a crisis call, 2) Immediate support services to all family members, 3) Emergency Family Team meeting to revise safety plans as needed.
- H. Contractor shall have a Policy and Procedure to address after-hours work and supervisor availability.
- I. Contractor shall incorporate all goals and objectives on the Individual Education Plan (IEP) related to the child/youth's mental health needs into the child/youth's Treatment Plan.
- J. Contractor will comply with quarterly and semi-annual reporting and satisfaction survey provision requirements as described in the Facilitator Protocol binders.
- K. Contractor will provide Parent Partners for their Family Teams.

### **General Service Requirements**

- A. Contractor shall provide comprehensive specialized mental health services, as defined in the California Code of Regulations Title 9, Chapter 11, to children and

- youth who meet the criteria established in, and in accordance with, the El Dorado County Mental Health Plan (MHP).
- B. Contractor shall obtain written pre-authorization for all mental health services from the El Dorado County Quality Improvement Unit. Services rendered by Contractor without pre-authorization shall not be reimbursed.
  - C. Contractor shall adhere to guidelines in accordance with Policy and Procedures issued by the El Dorado County Quality Improvement Unit.
  - D. Contractor shall not accept a referral for a child/youth if s/he cannot be offered an appointment to be seen within ten (10) business days.
  - E. Contractor shall screen 100% of referred children/youth for Medi-Cal eligibility monthly for all children/youth receiving services. The eligibility screening shall include verifying El Dorado County as the responsible County, and assessing for valid full scope aid codes.
    - 1. If the child/youth becomes ineligible for Medi-Cal, Contractor shall take the necessary steps to ensure the timely re-instatement of Medi-Cal eligibility.
    - 2. If the child/youth is not Medi-Cal eligible, Contractor shall screen the child for Healthy Families eligibility and assist the child and family with the Healthy Families application and eligibility process.
  - F. Contractor shall screen 100% of referred Healthy Families beneficiaries for Healthy Families eligibility upon receipt of referral and monthly thereafter.
  - G. Contractor shall use the Uniform Method of Determining Ability to Pay (UMDAP), also referred to as "Client Registration", established by the State Department of Mental Health to determine the personal financial liability of all children/youth.
    - 1. Contractor shall explain the financial obligations to the family/care-provider and child/youth at the time of the first visit.
    - 2. Contractor shall, if the family requests, complete a Request for UMDAP Fee Reduction/Waiver and submit to the County, for families with significant financial issues. Contractor shall notify the financially responsible party that they remain financially responsible until otherwise stated in writing from the County. Screening for Healthy Families eligibility and enrollment is required before an UMDAP Fee Reduction/Waiver would be considered.
  - H. Contractor shall provide Chapter 26.5 (California Government Code, Title I, Division 7) services in accordance with Code Sections 7572.5, 7576, 7582, 7585, and 7586.
    - 1. Contractor shall coordinate with El Dorado County Quality Improvement Unit to include tracking Chapter 26.5 status and notification of all changes to the level of services for all Chapter 26.5 eligible children and youth.

2. Contractor shall attend Individualized Education Program (IEP) Team Meetings.
  - I. Contractor shall collaborate with all parties involved with the child and family including but not limited to parents, schools, doctors, social services, Alta Regional, Alcohol and Drug Division, and Probation. Contractor shall provide referral and linkages as appropriate.
  - J. Contractor shall involve child/parents/caregivers/guardian in all treatment planning and decision-making regarding the child's services as documented in the child/youth's Treatment Plan.
  - K. Contractor shall provide clinical supervision to all treatment staff in accordance with the State Board of Behavioral Sciences and State Board of Psychology.
  - L. Contractor shall attend County sponsored Provider Meetings and other work groups as requested.
  - M. Contractor shall provide clients with a copy of the El Dorado County Mental Health Plan Grievance and Appeal brochures and "Guide to Medi-Cal Mental Health Services". If requested, Contractor shall assist clients/families in the Grievance or Appeal process outlined in the above referenced documents.
  - N. Contractor shall complete all Performance Outcomes requirements in accordance with the State Department of Mental Health, and El Dorado County Health Services Department, Mental Health Division.
  - O. Contractor shall adhere to the guidelines in accordance with policies and procedures issued by County Quality Improvement Unit including but not limited to:
    1. Contractor shall complete all chart documentation as defined in the Quality Improvement Unit.
    2. Contractor shall participate in all County required Utilization Reviews.
    3. Contractor shall conduct their own internal Utilization Review.
    4. Contractor shall comply with audit requests by the County.
  - P. Contractor is prohibited from using any unconventional mental health treatments on children. Such unconventional treatments include, but are not limited to, any treatments that violate the children's personal rights as provided in Title 22, Division 6, Chapter 1, Section 80072(3) of the California Code of Regulations. Use of any such treatments by Contractor or any therapist providing services for Contractor shall constitute a material breach of this Agreement and may be cause for termination of this Agreement.