AGREEMENT FOR SERVICES #279-105-M-E2010
AMENDMENT I

This Amendment I to that Agreement for Services #279-105-M-E2010, made and entered into by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as COUNTY) and Remi Vista, Inc., a California Corporation (hereinafter referred to as CONTRACTOR).

RECITALS

WHEREAS, CONTRACTOR has been engaged by COUNTY to provide Specialty Mental Health Services for clients on an "as requested" basis for the County of El Dorado Health Services Department, Mental Health Division in accordance with Agreement for Services #279-105-M-E2010, effective March 1, 2011, incorporated herein and made by reference a part hereof; and

WHEREAS, the parties hereto have mutually agreed to amend ***Article III – Compensation for Services;*** and

WHEREAS, the parties hereto have mutually agreed to amend ***Article XVIII – Notice to Parties;*** and

WHEREAS, the parties hereto have mutually agreed to amend and replace ***Exhibit A "Program Definitions and Service Requirements for Children's Services,"*** of said Agreement;

NOW THEREFORE, the parties do hereby agree that Agreement for Services #279-105-M-E2010 shall be amended a first time as follows:

1) **Article III, Compensation for Services, Section 3.03 only, shall be amended to read as follows:**

Section 3.03 CONTRACTOR may request increases or decreases to provisional rates from those listed herein to reflect changes in cost by giving COUNTY advance written notice of such proposed change. Rates may not exceed the SMA rates for allowable services. Rate increases or decreases will become effective the first day of the service month following the written

acceptance of the HSD Director or designee, or such other date as designated by the HSD Director or designee. Rate increases shall not apply to services provided prior to the date of written acceptance of such increases by the HSD Director or designee.

2) Article XVIII – Notice to Parties, shall be amended in its entirety to read as follows:

All notices to be given by the parties hereto shall be in writing and served by depositing same in the United States Post Office, postage prepaid and return receipt requested.

Notices to COUNTY shall be addressed as follows:

COUNTY OF EL DORADO
HEALTH SERVICES DEPARTMENT
931 SPRING STREET
PLACERVILLE, CA 95667
ATTN: DANIEL NIELSON, MPA, ACTING DIRECTOR

or to such other location as the COUNTY directs.

Notices to CONTRACTOR shall be addressed as follows:

REMI VISTA, INC
393 PARK MARINA CIRCLE
REDDING, CA 96001
ATTN: JOHN TILLERY, CHIEF EXECUTIVE OFFICER

or to such other location as the CONTRACTOR directs.

3) Exhibit A – "Program Definitions and Service Requirements for Children's Services," shall be replaced in its entirety by Exhibit A (Amended) – "Program Definitions and Service Requirements for Children's Services," attached hereto and incorporated by reference herein.

Except as herein amended, all other parts and sections of that Agreement #279-105-M-E2010 shall remain unchanged and in full force and effect.

REQUESTING DEPARTMENT HEAD CONCURRENCE:

By: Daniel Nielson Dated: 10-4-2011

Daniel Nielson, MPA, Acting Director
Health Services Department

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IN WITNESS WHEREOF, the parties hereto have executed this first Amendment to that Agreement for Services #279-105-M-E2010 on the dates indicated below.

--COUNTY OF EL DORADO--

By: _____ Dated: _____

Raymond J. Nutting, Chair
Board of Supervisors
COUNTY

Attest: Suzanne Allen de Sanchez
Clerk of the Board of Supervisors

_____ Dated: _____

Deputy

--CONTRACTOR--

REMI VISTA, INC.
A CALIFORNIA CORPORATION

By: _____ Dated: 10/5/11

John W. Tillery
Chief Executive Officer
"Contractor"

By: _____ Dated: 10/7/11

Corporate Secretary

EXHIBIT A (Amended)

Program Definitions and Service Requirements for Children's Services

I. Values and Vision

The CONTRACTOR shall abide by the El Dorado County Mental Health Plan (MHP) 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 the County of El Dorado residents. Central to this goal is a commitment to collaborative planning among the mental health providers, consumers, their families, and the MHP. 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
- Patient's rights advocacy and protection

II. Definitions

A. **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.

B. **Beneficiary** as defined in Title 9, California Code of Regulation (CCR), Section 1810.205 means any person who is certified as eligible under the Medi-Cal Program according to Title 22, CCR, Section 51000.2.

C. **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:

1. **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.]

2. **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.

3. **Access:** Activities related to assisting a Client to access mental health services.
   Examples:
   - 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.
   - 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.]

4. **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 thirty (30) days of discharge, but only if the living environment at discharge from the hospital is in question or has yet to be determined.

D. **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.

E. **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.

F. **Day Rehabilitation** is defined as:

1. 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.

2. 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.

3. 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.

G. **Day Treatment Intensive** is defined as:

1. Skill building groups and adjunctive therapies as described in subsection F) 2 and 3 above. Day Treatment Intensive may also include process groups as described in subsection F) 1 above.

2. 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 waivered staff practicing within their scope of practice.

H. **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 twenty-one (21) with non-restricted Medi-Cal eligibility.

I. **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.

J. **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.

K. **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.

L. **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.

M. **Medical Necessity** is the principal criteria by which the MHP 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 as defined by the State Department of Mental Health (DMH).

N. **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.

O. **Outpatient Services are those services defined as Mode 15 category services by the State of California.** Outpatient Services include:

1. Assessment
2. Case Management
3. Collateral
4. Crisis Intervention
5. Group Therapy
6. Individual Therapy
7. Medication Support Services

P. **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 Individualized Education Program (IEP) may be billed to Plan Development if the progress note documents the staff person's participation in the IEP regarding planning mental health services that will better allow the student to achieve academically.

Q. **Therapeutic Behavioral Services (TBS)** provide short-term one-to-one assistance to children or youth under the age of twenty-one (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 (SMHS) concurrent with TBS. Authorization of TBS services happens separately from authorization of other SMHS.

III. Service Requirements

A. Day Treatment Intensive and Day Rehabilitation:

1. In addition to meeting the requirements of Title 9, CCR, Sections 1840.318, 1840.328, 1840.330, 1840.350, and 1840.352, and DMH Information Notice No. 02-06, providers who are authorized to perform day treatment intensive and day rehabilitation shall include the following minimum service components in day treatment intensive or day rehabilitation:

   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.

   A therapeutic milieu, which means a therapeutic program that is structured by the service components described in Section II. F. and G. above with specific activities being performed by identified staff; takes place for the continuous scheduled hours of operation for the program (more than four (4) hours for a full-day program and a minimum of three (3) 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.

2. 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 SMHS 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.

3. 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 the program will be provided and by whom. The written weekly schedule shall specify the program staff, their qualifications, and the scope of their responsibilities.

4. 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 (1) 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 (1) 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.

5. 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 fifty percent (50%) of the scheduled hours of operation for that day.

6. At least one (1) 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 (1) 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.

B. **Outpatient Services**

1. CONTRACTOR shall provide a full range of quality mental health outpatient services, as described in Section II. O. above to the child/youth and families/care providers individually, and in various combinations, as indicated by clinical need and reflected in the Treatment Plan.

2. Services shall be provided in accordance with the MHP.

    a. Mental health services shall be provided to the individual child or youth, and may include family or significant support persons.

    b. 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.

    c. 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 assigned Clinician/Therapist/Service Coordinator in collaboration with the child/youth/family, but will not exceed the time authorized by the County of El Dorado Health Services Department, Mental Health Division (MHD) on the Treatment Plan.

    d. 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.

3. CONTRACTOR shall provide referrals and/or facilitate linkage to community social services for needs such as housing, food, clothing and transportation.

4. Therapeutic Behavioral Services (TBS)

   a. CONTRACTOR shall provide TBS in accordance with the DMH guidelines, and as outlined in the MHP.

   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.

      i. 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.

      ii. 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 MHD.

   i. CONTRACTOR shall comply with all DMH letters related to TBS readily available on the DMH website.

IV. Intake – Eligibility Determination

A. **Medical Necessity** for EPSDT SMHS is to be met continuously by the beneficiary for the duration of provision of services. Eligibility for EPSDT SMHS is established by completion of an assessment with the beneficiary and their family. The assessment must establish Medical Necessity as previously defined.

Eligibility for Mental Health Treatment (1, 2 and 3 must be present)

1. **Diagnostic Criteria**
   Must have one (1) of the following Diagnostic and Statistical Manual of Mental Disorders (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.

2. **Impairment Criteria**
Must have a, b or c (at least one (1)) of the following as a result of the mental disorder(s) identified in the diagnostic ("1") criteria:

   a. A significant impairment in an important area of life functioning, or

   b. A probability of significant deterioration in an important area of life functioning, or

   c. 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 State Department of Health Services EPSDT regulations also apply).

3. **Intervention Related Criteria**
Must have all: a, b, and c below:

   a. The focus of proposed interventions is to address the condition identified in impairment criteria "2" above, and

   b. 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

   c. The condition would not be responsive to physical healthcare based treatment.

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

B. 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.

C. CONTRACTOR shall screen one hundred percent (100%) of referred children/youth for Medi-Cal eligibility upon initial assessment and monthly for all children/youth receiving services in the case of group homes, and with each additional service in the case of outpatient services. The eligibility screening shall include verifying the County of El Dorado as the responsible County, and confirming 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.

D. CONTRACTOR shall screen one hundred percent (100%) of referred Healthy Families beneficiaries for Healthy Families eligibility upon receipt of referral and monthly thereafter.

E. If Educationally Related Mental Health Services (ERMHS) are authorized by COUNTY for students with disabilities who are eligible to receive such services as part of their Individualized Education Program (IEP), CONTRACTOR shall provide such services in accordance with the IEP and the COUNTY's authorization.

1. CONTRACTOR shall coordinate with MHD Quality Improvement Unit (QIU) to include tracking IEP status and notification of all changes to the level of services for all eligible children and youth.

2. CONTRACTOR shall attend IEP Team Meetings if requested by COUNTY.

V. Miscellaneous Requirements

A. CONTRACTOR shall provide comprehensive SMHS, as defined in Title 9, CCR, Division 1, Chapter 11, to children and youth who are referred by COUNTY and who meet the criteria established in, and in accordance with, the MHP.

B. CONTRACTOR shall adhere to guidelines in accordance with Policy and Procedures issued by the MHD QIU.

C. 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 service providers, and Probation. CONTRACTOR shall provide referral and linkages as appropriate.

D. 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.

E. CONTRACTOR shall provide clinical supervision to all treatment staff in accordance with the State Board of Behavioral Sciences and State Board of Psychology.

F. CONTRACTOR shall attend COUNTY sponsored provider meetings and other work groups as requested.

G. CONTRACTOR shall provide Clients with a copy of the El Dorado County MHP 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.

H. CONTRACTOR shall complete all performance outcomes requirements in accordance with the DMH and the MHD.

I. CONTRACTOR shall adhere to the guidelines in accordance with policies and procedures issued by MHD QIU including but not limited to:

1. CONTRACTOR shall complete all chart documentation as defined in the QIU.
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.

J. 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, CCR, Division 6, Chapter 1, Section 80072(3). 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.