

**AMENDMENT NO. 3  
TO MENTAL HEALTH SERVICES AGREEMENT A-12710  
BY AND BETWEEN COUNTY OF MONTEREY AND  
SUMMITVIEW CHILD AND FAMILY SERVICES, INC.**

This **AMENDMENT NO. 3** to MENTAL HEALTH SERVICES AGREEMENT A-12710 is made by and between the **County of Monterey**, a political subdivision of the State of California, hereinafter referred to as "COUNTY," and **SUMMITVIEW CHILD AND FAMILY SERVICES, INC.**, hereinafter referred to as "CONTRACTOR".

**WHEREAS**, the COUNTY and CONTRACTOR entered into AGREEMENT A-12710 for the provision of mental health and residential services for children in the amount of \$1,559,523 for the term July 1, 2015 through June 30, 2018; and

**WHEREAS**, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 1 to MENTAL HEALTH SERVICES AGREEMENT A-12710 revising EXHIBITS A and B and extending the term for one (1) additional Fiscal Year (FY) for a new term of July 1, 2015 through June 30, 2019; and

**WHEREAS**, the COUNTY and CONTRACTOR entered into AMENDMENT NO. 2 to MENTAL HEALTH SERVICES AGREEMENT A-12710 revising EXHIBITS A and B and extending the term for one (1) additional FY for a new term of July 1, 2015 through June 30, 2020; and

**WHEREAS**, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to decrease vendor's FY 2019-20 rates and increase State's STRTP FY 2019-20 rate, for a revised total Agreement amount of \$1,305,821 for the same term July 1, 2015 through June 30, 2020.

**NOW THEREFORE**, the COUNTY and CONTRACTOR hereby agree to amend AGREEMENT A-12710 in the following manner:

1. EXHIBIT A-3: PROGRAM DESCRIPTION replaces EXHIBITS A-2, A-1 and A. All references in the AGREEMENT to EXHIBIT A shall be construed to refer to EXHIBIT A-3.
2. EXHIBIT B-3: PAYMENT AND BILLING PROVISIONS replaces EXHIBITS B-2, B-1 and B. All references in the AGREEMENT to EXHIBIT B shall be construed to refer to EXHIBIT B-3.
3. Except as provided herein, all remaining terms, conditions and provisions of this AGREEMENT are unchanged and unaffected by this AMENDMENT NO.3 and shall continue in full force and effect as set forth in the AGREEMENT.
4. This AMENDMENT NO. 3 shall be effective July 1, 2019.
5. A copy of the AMENDMENT NO. 3 shall be attached to the original AGREEMENT executed by the COUNTY on June 17, 2015.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this AMENDMENT NO. 3 to AGREEMENT A-12710 as of the day and year written below.

**COUNTY OF MONTEREY**

By: \_\_\_\_\_  
Contracts/Purchasing Officer

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

By: \_\_\_\_\_  
Department Head (if applicable)

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

By: \_\_\_\_\_  
Board of Supervisors (if applicable)

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

Approved as to Form <sup>1</sup>

By: [Signature]  
County Counsel

Date: 11/20/19

Approved as to Fiscal Provisions<sup>2</sup>

By: [Signature]  
Auditor/Controller

Date: 11/26/19

Approved as to Liability Provisions<sup>3</sup>

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

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

**CONTRACTOR**

**SUMMITVIEW CHILD AND FAMILY SERVICES, INC.**

By: \_\_\_\_\_  
Contractor's Business Name\*

[Signature]  
(Signature of Chair, President, or Vice-President) \*

Anna Gleason, CEO  
Name and Title

Date: 10-28-19

By: [Signature]

(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer) \*

CORINNE MORRISON, CFO  
Name and Title

Date: 10-28-19

\*INSTRUCTIONS: If CONTRACTOR is a corporation, including limited liability and non-profit corporations, the full legal name of the corporation shall be set forth above together with the signatures of two specified officers. If CONTRACTOR is a partnership, the name of the partnership shall be set forth above together with the signature of a partner who has authority to execute this Agreement on behalf of the partnership. If CONTRACTOR is contracting in an individual capacity, the individual shall set forth the name of the business, if any, and shall personally sign the Agreement.

<sup>1</sup>Approval by County Counsel is required; if Agreement is \$100,000 and less approval by County Counsel is required only when modifications are made to any of the Agreement's standardized terms and conditions

<sup>2</sup>Approval by Auditor-Controller is required.

<sup>3</sup>Approval by Risk Management is necessary only if changes are made in Sections XI or XII

**EXHIBIT A-3:  
PROGRAM DESCRIPTION**

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**I. IDENTIFICATION OF PROVIDER**

Summitview Child and Family Services, Inc.  
670 Placerville Dr. #2  
Placerville, CA 95667  
(530) 644-2412

**II. PROGRAM GOALS AND OBJECTIVES**

Summitview Child and Family Services, Inc. ("Summitview") will provide an array of services including Day Rehabilitation Services, Medication Support, Mental Health Services, Crisis Intervention and Case Management/Brokerage Services, as medically necessary, to Monterey County children placed in the Board and Care Residential program. Services will be provided to children that require the highest level of residential care or that would require periodic inpatient hospitalization, placement at out-of-state facilities, or in a juvenile justice facility.

**III. PROGRAM GOALS**

To improve the child's social and interpersonal functioning, self-management skills and return the child to a less restrictive setting within a short period of time.

**IV. PROGRAM OBJECTIVES**

- A. Reduce the frequency and severity of maladaptive behaviors that interfere with home, school and community adjustment and replace with positive behaviors and skills.
- B. Provide the most effective treatment plan for Monterey County clients tailored to meet each individual's abilities and needs.
- C. To increase each client's effective communication skills with peers, teachers, family, and community members.
- D. To return the consumer as quickly as possible to a more normalized living and school environment.

**V. TREATMENT SERVICES**

- A. **Mode of Service: Day Services and Outpatient Services**  
Contracted Type of Service and estimated units of service (UOS) per fiscal year (FY) for three (3) placements:

Types of Service	Mode of Service	Service Function Code	Est. UOS FY 2015-16	Est. UOS FY 2016-17	Est. UOS FY 2017-18	Est. UOS FY 2018-19	Est. UOS FY 2018-19
Day Rehabilitation (Full Day)	10	95	212 days	80 days	15 days	N/A	N/A
Medication Support	15	60	98 minutes	467 minutes	345 minutes	2,001 minutes	2,669 minutes
Mental Health Services	15	10, 30, 40, 45, 50-57	3,602 minutes	1,923 minutes	9,558 minutes	10,820 minutes	14,403 minutes
Case Management	15	01-09	0 minutes	0 minutes	1,250 minutes	2,600 minutes	3,473 minutes
Crisis Intervention	15	70	N/A	N/A	N/A	1,620 minutes	2,171 minutes

Services provided shall be coded under the following Avatar Program codes as appropriate: AWCSOCDT: Summitview Child and Family Services DT, or AWCSOC: Summitview Child and Family Services.

**B. Board and Care:**

Contracted Type of service and estimated units of service per fiscal year for three (3) placements in Group Home RCL 12, Group Home RCL 14, or Short Term Residential Therapeutic Program (STRTP):

Type of Service	Est. UOS FY 2015-16	Est. UOS FY 2016-17	Est. UOS FY 2017-18	Est. UOS FY 2018-19	Est. UOS FY 2019-20
Board and Care	12 months Group Home RCL 14	9 months Group Home RCL 14	8 months Group Home RCL 12 and 14	27 months Group Home RCL 12 and 14/STRTP	36 months STRTP

**C. Delivery Site:**

Youth residing at the following STRTP's receive mental health services, as needed, at 670 Placerville Dr. #2 Placerville, CA 95667

Facility	Address
Agape House	4900 Bucks Bar Road Placerville, CA
Cedar House	3601 Sluice Box Road Placerville, CA 95667
Lotus House	3600 Magpie Court Placerville, CA 95667
Oak House	5343 Spreading Oak Lane El Dorado, CA 95623
Pioneer House	4126 California Mine Road Placerville, CA 95667
Shadow Run House	2114 Shadow Run Road Placerville, CA 95667
Stepping Stone House	5025 Sunrey Road Placerville, CA 95667
Summitview House	5036 Sunrey Road Placerville, CA 95667
Vista House	200 Arroyo Vista Way Placerville, CA 95667

**D. Hours of Operation:**

Day Rehabilitation services (Full Day) shall operate more than 4.25 hours per day, five days a week during FY's 2015-18. Mental Health Services will be five days a week.

**VI. POPULATION/CATCHMENT AREA TO BE SERVED**

All eligible residents of Monterey County.

**VII. FINANCIAL ELIGIBILITY**

Monterey County youth that are full scope Medi-Cal eligible and have been screened through the County Interagency Placement Committee or any youth that have been placed through the Individualized Education Plan (IEP).

**VIII. LIMITATION OF SERVICE/PRIOR AUTHORIZATION**

Referrals for admission to this program will be initiated exclusively by the Mental Health Division Case Management staff after an initial screening. Admission to the program will involve youth who are voluntary participants or who are wards or dependents of the court. Screening criteria will be based on degree of emotional disturbance, a designated funding source, and the inability to utilize a less restrictive placement. Admission will be the sole authority of the CONTRACTOR. Day Treatment services require prior authorization and this authorization must be renewed every six (6) months for Day Rehabilitation. Mental Health services also require prior authorization. The contracted duration of treatment is limited to one year; any extension requires consultation with the Mental Health Case Manager and approval of the Contract Monitor.

**IX. CLIENT DESCRIPTION/CHARACTERISTICS**

The population served: adolescent girls ages 12-18 with,

- A. Severe emotional and behavioral disturbances;
- B. Axis I diagnosis indicating mental impairment or behavioral disturbance and substantial impairment in two of the following areas:
  - 1. Self-care
  - 2. Family relationships
  - 3. Ability to function in the community
  - 4. School functioning; and
- C. One or all of the following:
  - 1. Severe acting out episodes
  - 2. History of self-destructive behavior
  - 3. Catastrophic reactions to everyday occurrences
  - 4. History of inpatient hospitalization

**X. LEGAL STATUS**

Voluntary or juvenile dependents and wards (W&I Code, Sections 300 et seq. and Sections 601 & 602 et seq.).

**XI. COVERAGE**

Five days a week for Day Rehabilitation (Full Day) services. Medication Support and Mental Health Services as designated on the service plan.

**XII. DESIGNATED CONTRACT MONITOR**

Marni R. Sandoval, Psy. D  
Deputy Director, Children's Services  
Training Director, Doctoral Psychology Practicum/Internship Program Monterey County  
Behavioral Health Bureau  
951 Blanco Circle  
Salinas, CA 93901  
(831) 784-2170

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**EXHIBIT B-3:  
PAYMENT AND BILLING PROVISIONS**

**I. PAYMENT TYPE**

Cost Reimbursed (CR) up to the maximum contract amount.

**II. PAYMENT AUTHORIZATION FOR SERVICES**

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B is contingent upon COUNTY authorized admission and service, and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

**III. PAYMENT RATES**

PROVISIONAL RATE: NEGOTIATED RATE

CONTRACTOR shall be paid at the negotiated rates, which are provisional and subject to all the cost report conditions as set forth in this Exhibit B. Residential services shall be paid at the rate established by the State of California- Health and Human Services Agency Department of Social Services.

The following program services will be paid in arrears, not to exceed the negotiated rates for a total maximum of **\$1,305,821**

FY 2015-16					
Service Description	Mode of Service	Service Function Code	Est. UOS	Payment rate per UOS	Total FY Amount
Day Rehabilitation (Full Day)	10	95	212	\$137.80	\$29,214
Medication Support	15	60	98	\$5.06	\$496
Mental Health Services	15	10, 30, 40, 45, 50-57	3,602	\$2.61	\$9,402
Case Management, Brokerage	15	01-09	0	\$2.07	\$0
Group Home RCL 14 Board and Care			12	State Board and Care Rate	\$121,560
<b>Total Maximum Amount for FY 2015-16</b>					<b>\$160,672</b>

FY 2016-17					
Service Description	Mode of Service	Service Function Code	Est. UOS	Payment rate per UOS	Total FY Amount
Day Rehabilitation (Full Day)	10	95	80	\$137.80	\$11,024
Medication Support	15	60	467	\$5.06	\$2,364
Mental Health Services	15	10, 30, 40, 45, 50-57	1,923	\$2.61	\$5,020
Case Management, Brokerage	15	01-09	0	\$2.07	\$0
Group Home RCL 14 Board and Care			9	State Board and Care Rate	\$77,500
<b>Total Maximum Amount for FY 2016-17</b>					<b>\$95,908</b>

*Summitview Child and Family Services, Inc.  
Amendment No. 3 to Mental Health Services Agreement A-12710  
July 1, 2015 – June 30, 2020*

FY 2017-18					
Service Description	Mode of Service	Service Function Code	Est. UOS	Payment rate per UOS	Total FY Amount
Day Rehabilitation (Full Day)	10	95	15	\$137.80	\$2,067
Medication Support	15	60	345	\$5.06	\$1,746
Mental Health Services	15	10, 30, 40, 45, 50-57	9,558	\$2.61	\$24,947
Case Management, Brokerage	15	01-09	1,250	\$2.07	\$2,588
Group Home RCL 12 or 14 Board and Care			8	State Board and Care Rate	\$59,148
<b>Total Maximum Amount for FY 2017-18</b>					<b>\$90,496</b>

FY 2018-19					
Service Description	Mode of Service	Service Function Code	Est. UOS	Payment rate per UOS	Total FY Amount
Medication Support	15	60	2,001	\$5.78	\$11,566
Mental Health Services	15	10, 30, 40, 45, 50-57	10,820	\$3.13	\$33,867
Case Management	15	01-09	2,600	\$2.42	\$6,292
Crisis Intervention	15	70	1,620	\$4.65	\$7,533
Group Home RCL 12 or 14 Board and Care			27	State Board and Care Rate	\$350,811
STRTP				State STRTP Rate	
<b>Total Maximum Amount for FY 2018-19</b>					<b>\$410,069</b>

FY 2019-20					
Service Description	Mode of Service	Service Function Code	Est. UOS	Payment rate per UOS	Total FY Amount
Medication Support	15	60	2,669	\$5.55	\$14,813
Mental Health Services	15	10, 30, 40, 45, 50-57	14,403	\$2.33	\$33,559
Case Management	15	01-09	3,473	\$2.33	\$8,093
Crisis Intervention	15	70	2,171	\$2.33	\$5,059
STRTP			36	State STRTP Rate	\$487,152
<b>Total Maximum Amount for FY 2019-20</b>					<b>\$548,676</b>

#### IV. PAYMENT CONDITIONS

- A. If CONTRACTOR is seeking reimbursement for eligible services funded by the Short-Doyle/Medi-Cal, Mental Health Services Act ("MHSA"), SB 90, Federal or State Grants, and/or COUNTY funds provided pursuant to this Agreement, reimbursement for such services shall be based on actual cost of providing those services less any deductible revenues collected by the CONTRACTOR from other payer sources. In order to reduce COUNTY costs, the CONTRACTOR shall comply with all applicable provisions of the California Welfare and Institutions Code (WIC), the California Code



of Regulations, the Code of Federal Regulations, and the federal Social Security Act related to reimbursements by non-County and non-State sources, including, but not limited to, collecting reimbursements for services from clients (which shall be the same as patient fees established pursuant to WIC section 5710) and from private or public third-party payers.

CONTRACTOR shall not claim reimbursement from COUNTY for (or apply sums received from COUNTY with respect to) that portion of its obligations which has been paid by another source of revenue. If CONTRACTOR is seeking reimbursement for mental health services provided pursuant to this Agreement, reimbursement for such services shall be based upon the actual allowable costs of providing those services less any deductible revenues, as stated above. Notwithstanding any other provision of this Agreement, in no event may CONTRACTOR request a rate that exceeds the COUNTY'S negotiated rate, which is based on the most recent State's Schedule of Maximum Allowances (SMA) as established by the State's Department of Mental Health. The COUNTY negotiated rate shall be used until COUNTY establishes the COUNTY'S rate Schedule of Maximum Allowances. CONTRACTOR shall be responsible for costs that exceed applicable negotiated rates. In no case shall payments to CONTRACTOR exceed the negotiated rate. In addition to the negotiated rate limitation, in no event shall the maximum reimbursement that will be paid by COUNTY to CONTRACTOR under this Agreement for any Program Amount be more than the amount identified for each Program Amount for each Funded Program, as identified in this Exhibit B, Section III. Said amounts shall be referred to as the "Maximum Obligation of County," as identified in this Exhibit B, Section V.

- B. To the extent a recipient of services under this Agreement is eligible for coverage under Short-Doyle/Medi-Cal or Medicaid or Medicare or any other Federal or State funded program ("an eligible beneficiary"), CONTRACTOR shall ensure that services provided to eligible beneficiaries are properly identified and claimed to the Funded Program responsible for such services to said eligible beneficiaries. For the Short-Doyle/Medi-Cal Funded Program, CONTRACTOR assumes fiscal responsibility for services provided to all individuals who do not have full-scope Medi-Cal or are not Medi-Cal eligible during the term of this Agreement.
- C. CONTRACTOR shall be responsible for delivering services to the extent that funding is provided by the COUNTY. To the extent that CONTRACTOR does not have funds allocated in the Agreement for a Funded Program that pays for services to a particular eligible beneficiary, CONTRACTOR shall, at the first opportunity, refer said eligible beneficiary to another CONTRACTOR or COUNTY facility within the same geographic area to the extent feasible, which has available funds allocated for that Funded Program.
- D. In order to receive any payment under this Agreement, CONTRACTOR shall submit reports and claims in such form as General Ledger, Payroll Report and other accounting documents as needed, and as may be required by the County of Monterey Department of Health, Behavioral Health Bureau. Specifically, CONTRACTOR shall submit its claims on Cost Reimbursement Invoice Form provided as Exhibit G, to this Agreement,

along with backup documentation, on a monthly basis, to COUNTY so as to reach the Behavioral Health Bureau no later than the thirtieth (30<sup>th</sup>) day of the month following the month of service. See Section III, above, for payment amount information to be reimbursed each fiscal year period of this Agreement. The amount requested for reimbursement shall be in accordance with the approved budget and shall not exceed the actual net costs incurred for services provided under this Agreement.

CONTRACTOR shall submit via email a monthly claim using Exhibit G, Cost Reimbursement Invoice Form in Excel format with electronic signature along with supporting documentations, as may be required by the COUNTY for services rendered to:

Monterey County Health Department  
Behavioral Health Division  
1270 Natividad Road  
Salinas, CA 93906  
**ATTN: Accounts Payable or [MCHDBHFinance@co.monterey.ca.us](mailto:MCHDBHFinance@co.monterey.ca.us)**

- E. CONTRACTOR shall submit all claims for reimbursement under this Agreement within thirty (30) calendar days after the termination or end date of this Agreement. All claims not submitted after thirty (30) calendar days following the termination or end date of this Agreement shall not be subject to reimbursement by the COUNTY. Any claim(s) submitted for services that preceded thirty (30) calendar days prior to the termination or end date of this Agreement may be disallowed, except to the extent that such failure was through no fault of CONTRACTOR. Any “obligations incurred” included in claims for reimbursements and paid by the COUNTY which remain unpaid by the CONTRACTOR after thirty (30) calendar days following the termination or end date of this Agreement shall be disallowed, except to the extent that such failure was through no fault of CONTRACTOR under audit by the COUNTY.
- F. If CONTRACTOR fails to submit claim(s) for services provided under the terms of this Agreement as described above, the COUNTY may, at its sole discretion, deny payment for that month of service and disallow the claim.
- G. COUNTY shall review and certify CONTRACTOR’S claim either in the requested amount or in such other amount as COUNTY approves in conformity with this Agreement, and shall then submit such certified claim to the COUNTY Auditor. The County Auditor-Controller shall pay the amount certified within thirty (30) calendar days of receiving the certified invoice.
- H. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services to a particular Program Amount, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment from the correct Program Amount, or COUNTY may make corrective accounting transactions to transfer the payment of the services to the appropriate Program Amount.
- I. If COUNTY certifies payment at a lesser amount than the amount requested COUNTY shall immediately notify the CONTRACTOR in writing of such certification and shall

specify the reason for it. If the CONTRACTOR desires to contest the certification, the CONTRACTOR must submit a written notice of protest to the COUNTY within twenty (20) calendar days after the CONTRACTOR'S receipt of the COUNTY notice. The parties shall thereafter promptly meet to review the dispute and resolve it on a mutually acceptable basis. No court action may be taken on such a dispute until the parties have met and attempted to resolve the dispute in person.

**V. MAXIMUM OBLIGATION OF COUNTY**

A. Subject to the limitations set forth herein, COUNTY shall pay to CONTRACTOR during the term of this Agreement a maximum amount of **\$1,305,821** for services rendered under this Agreement.

B. Funding Source and Estimated Amounts per Fiscal Year:

<b>Fiscal Year</b>	<b>MH FFP</b>	<b>EPSDT</b>	<b>SELPA</b>	<b>Total FY Amount</b>
FY 2015-16	\$25,708	\$25,707	\$109,257	\$160,672
FY 2016-17	\$15,345	\$15,345	\$65,218	\$95,908
FY 2017-18	\$14,480	\$14,479	\$61,537	\$90,496
FY 2018-19	\$65,611	\$65,611	\$278,847	\$410,069
FY 2019-20	\$87,788	\$87,788	\$373,100	\$548,676

The COUNTY retains the right to adjust the funding sources as may be required during the term of this Agreement.

C. Maximum Annual Liability:

<b>FISCAL YEAR LIABILITY</b>	<b>AMOUNT</b>
FY 2015-16	\$160,672
FY 2016-17	\$95,908
FY 2017-18	\$90,496
FY 2018-19	\$410,069
FY 2019-20	\$548,676
<b>TOTAL MAXIMUM LIABILITY</b>	<b>\$1,305,821</b>

D. If, as of the date of signing this Agreement, CONTRACTOR has already received payment from COUNTY for services rendered under this Agreement, such amount shall be deemed to have been paid out under this Agreement and shall be counted towards COUNTY'S maximum liability under this Agreement.

E. If for any reason this Agreement is canceled, COUNTY'S maximum liability shall be the total utilization to the date of cancellation not to exceed the maximum amount listed above.

- F. As an exception to Section D. above with respect to the Survival of Obligations after Termination, COUNTY, any payer, and CONTRACTOR shall continue to remain obligated under this Agreement with regard to payment for services required to be rendered after termination.

## VI. BILLING AND PAYMENT LIMITATIONS

- A. Provisional Payments: COUNTY payments to CONTRACTOR for performance of eligible services hereunder are provisional until the completion of all settlement activities and audits, as such payments are subject to future Federal, State and/or COUNTY adjustments. COUNTY adjustments to provisional payments to CONTRACTOR may be based upon COUNTY'S claims processing information system data, State adjudication of Medi-Cal and Healthy Families claims files, contractual limitations of this Agreement, annual cost and MHSA reports, application of various Federal, State, and/or COUNTY reimbursement limitations, application of any Federal, State, and/or COUNTY policies, procedures and regulations, and/or Federal, State, or COUNTY audits, all of which take precedence over monthly claim reimbursements.
- B. Allowable Costs: Allowable costs shall be the CONTRACTOR'S actual costs of developing, supervising and delivering the services under this Agreement, as set forth in the Budget provided in Exhibit H. Only the costs listed in Exhibit H of this Agreement as contract expenses may be claimed as allowable costs. Any dispute over whether costs are allowable shall be resolved in accordance with the provisions of applicable Federal, State and COUNTY regulations.
- C. Cost Control: CONTRACTOR shall not exceed by more than twenty (20%) percent any contract expense line item amount in the budget without the written approval of COUNTY, given by and through the Contract Administrator or Contract Administrator's designee. CONTRACTOR shall submit an amended budget using Exhibit H, or on a format as required by the COUNTY, with its request for such approval. Such approval shall not permit CONTRACTOR to receive more than the maximum total amount payable under this Agreement. Therefore, an increase in one line item shall require corresponding decreases in other line items.
- D. Other Limitations for Certain Funded Programs: In addition to all other limitations provided in this Agreement, reimbursement for services rendered under certain Funded Programs may be further limited by rules, regulations and procedures applicable only to that Funded Program. CONTRACTOR shall be familiar with said rules, regulations and procedures and submit all claims in accordance therewith.
- E. Adjustment of Claims Based on Other Data and Information: The COUNTY shall have the right to adjust claims based upon data and information that may include, but are not limited to, COUNTY'S claims processing information system reports, remittance advices, State adjudication of Medi-Cal claims, and billing system data.

**VII. LIMITATION OF PAYMENTS BASED ON FUNDING AND BUDGETARY RESTRICTIONS**

- A. This Agreement shall be subject to any restrictions, limitations, or conditions imposed by State which may in any way affect the provisions or funding of this Agreement, including, but not limited to, those contained in State's Budget Act.
- B. This Agreement shall also be subject to any additional restrictions, limitations, or conditions imposed by the Federal government which may in any way affect the provisions or funding of this Agreement.
- C. In the event that the COUNTY'S Board of Supervisors adopts, in any fiscal year, a COUNTY Budget which provides for reductions in COUNTY Agreements, the COUNTY reserves the right to unilaterally reduce its payment obligation under this Agreement to implement such Board reductions for that fiscal year and any subsequent fiscal year during the term of this Agreement, correspondingly. The COUNTY'S notice to the CONTRACTOR regarding said reduction in payment obligation shall be provided within thirty (30) calendar days of the Board's approval of such action.
- D. Notwithstanding any other provision of this Agreement, COUNTY shall not be obligated for CONTRACTOR'S performance hereunder or by any provision of this Agreement during any of COUNTY'S current or future fiscal year(s) unless and until COUNTY'S Board of Supervisors appropriates funds for this Agreement in COUNTY'S Budget for each such fiscal year. In the event funds are not appropriated for this Agreement, then this Agreement shall terminate as of June 30 of the last fiscal year for which funds were appropriated. COUNTY shall notify CONTRACTOR of any such non-appropriation of funds at the earliest possible date and the services to be provided by the CONTRACTOR under this Agreement shall also be reduced or terminated.

**VIII. BILLING PROCEDURES AND LIMITATIONS ON COUNTY'S FINANCIAL RESPONSIBILITY FOR PAYMENT OF SERVICES UNDER FEDERAL SOCIAL SECURITY ACT, TITLE XIX SHORT-DOYLE/MEDI-CAL SERVICES AND/OR TITLE XXI HEALTHY FAMILIES**

The Short-Doyle/Medi-Cal (SD/MC) claims processing system enables California county Mental Health Plans (MHPs) to obtain reimbursement of Federal funds for medically necessary specialty mental health services provided to Medi-Cal-eligible beneficiaries and to Healthy Families subscribers diagnosed as Seriously Emotionally Disturbed (SED). The Mental Health Medi-Cal program oversees the SD/MC claims processing system. Authority for the Mental Health Medi-Cal program is governed by Federal and California statutes.

- A. If, under this Agreement, CONTRACTOR has Funded Programs that include Short-Doyle/Medi-Cal services and/or Healthy Families services, CONTRACTOR shall certify in writing annually, by August 1 of each year, that all necessary documentation shall exist at the time any claims for Short-Doyle/Medi-Cal services and/or Healthy Families services are submitted by CONTRACTOR to COUNTY.

CONTRACTOR shall be solely liable and responsible for all service data and information submitted by CONTRACTOR.

- B. CONTRACTOR acknowledges and agrees that the COUNTY, in under taking the processing of claims and payment for services rendered under this Agreement for these Funded Programs, does so as the Mental Health Plan for the Federal, State and local governments.
- C. CONTRACTOR shall submit to COUNTY all Short-Doyle/Medi-Cal, and/or Healthy Families claims or other State required claims data within the thirty (30) calendar day time frame(s) as prescribed by this Agreement to allow the COUNTY to meet the time frames prescribed by the Federal and State governments. COUNTY shall have no liability for CONTRACTOR'S failure to comply with the time frames established under this Agreement and/or Federal and State time frames, except to the extent that such failure was through no fault of CONTRACTOR.
- D. COUNTY, as the Mental Health Plan, shall submit to the State in a timely manner claims for Short-Doyle/Medi-Cal services, and/or Healthy Families services only for those services/activities identified and entered into the COUNTY'S claims processing information system which are compliant with Federal and State requirements. COUNTY shall make available to CONTRACTOR any subsequent State approvals or denials of such claims upon request by the CONTRACTOR.
- E. CONTRACTOR acknowledges and agrees that COUNTY'S final payment for services and activities claimed by CONTRACTOR Short-Doyle/Medi-Cal services and/or Healthy Families services is contingent upon reimbursement from the Federal and State governments and that COUNTY'S provisional payment for said services does not render COUNTY in any way responsible for payment of, or liable for, CONTRACTOR'S claims for payment for these services.
- F. CONTRACTOR'S ability to retain payment for such services and/or activities is entirely dependent upon CONTRACTOR'S compliance with all laws and regulations related to same.
- G. Notwithstanding any other provision of this Agreement, CONTRACTOR shall hold COUNTY harmless from and against any loss to CONTRACTOR resulting from the denial or disallowance of claim(s) for or any audit disallowances related to said services, including any State approved Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/activities, by the Federal, State or COUNTY governments, or other applicable payer source, unless the denial or disallowance was due to the fault of the COUNTY.
- H. CONTRACTOR shall repay to COUNTY the amount paid by COUNTY to CONTRACTOR for Title XIX Short-Doyle/Medi-Cal and/or Medi-Cal Administrative Activities, and/or Title XXI Healthy Families services/ activities subsequently denied or disallowed by Federal, State and/or COUNTY government.

- I. Notwithstanding any other provision of this Agreement, CONTRACTOR agrees that the COUNTY may off set future payments to the CONTRACTOR and/or demand repayment from CONTRACTOR when amounts are owed to the COUNTY pursuant to Subparagraphs G. and H. above. Such demand for repayment and CONTRACTOR'S repayment shall be in accordance with Exhibit I, Section IV (Method of Payments for Amounts Due to County) of this Agreement.
- J. CONTRACTOR shall comply with all written instructions provided to CONTRACTOR by the COUNTY, State or other applicable payer source regarding claiming and documentation.
- K. Nothing in this Section VIII shall be construed to limit CONTRACTOR'S rights to appeal Federal and State settlement and/or audit findings in accordance with the applicable Federal and State regulations.

**IX. PATIENT/CLIENT ELIGIBILITY, UMDAP FEES, THIRD PARTY REVENUES, AND INTEREST**

- A. CONTRACTOR shall comply with all Federal, State and COUNTY requirements and procedures relating to:
  - 1. The determination and collection of patient/client fees for services hereunder based on the Uniform Method of Determining Payment (UMDAP), in accordance with the State Department of Mental Health guidelines and WIC sections 5709 and 5710.
  - 2. The eligibility of patients/clients for Short-Doyle/Medi-Cal, Medicaid, Medicare, private insurance, or other third party revenue, and the collection, reporting and deduction of all patient/client and other revenue for patients/clients receiving services hereunder. CONTRACTOR shall pursue and report collection of all patient/client and other revenue.
- B. All fees paid by patients/clients receiving services under this Agreement and all fees paid on behalf of patients/clients receiving services hereunder shall be utilized by CONTRACTOR only for the delivery of mental health service/activities specified in this Agreement.
- C. CONTRACTOR may retain unanticipated program revenue, under this Agreement, for a maximum period of one Fiscal Year, provided that the unanticipated revenue is utilized for the delivery of mental health services/activities specified in this Agreement. CONTRACTOR shall report the expenditures for the mental health services/activities funded by this unanticipated revenue in the Annual Report(s) and Cost Report Settlement submitted by CONTRACTOR to COUNTY.
- D. CONTRACTOR shall not retain any fees paid by any sources for, or on behalf of, Medi-Cal beneficiaries without deducting those fees from the cost of providing those mental health services for which fees were paid.
- E. CONTRACTOR may retain any interest and/or return which may be received, earned or collected from any funds paid by COUNTY to CONTRACTOR, provided that

CONTRACTOR shall utilize all such interest and return only for the delivery of mental health services/activities specified in this Agreement.

- F. Failure of CONTRACTOR to report in all its claims and in its Annual Report(s) and Cost Report Settlement all fees paid by patients/clients receiving services hereunder, all fees paid on behalf of patients/clients receiving services hereunder, all fees paid by third parties on behalf of Medi-Cal beneficiaries receiving services and/or activities hereunder, and all interest and return on funds paid by COUNTY to CONTRACTOR, shall result in:
1. CONTRACTOR'S submission of a revised claim statement and/or Annual Report(s) and Cost Report Settlement showing all such non-reported revenue.
  2. A report by COUNTY to State of all such non-reported revenue including any such unreported revenue paid by any sources for or on behalf of Medi-Cal beneficiaries and/or COUNTY'S revision of the Annual Report(s).
  3. Any appropriate financial adjustment to CONTRACTOR'S reimbursement.

**X. CASH FLOW ADVANCE IN EXPECTATION OF SERVICES/ ACTIVITIES TO BE RENDERED OR FIXED RATE PAYMENTS**

- A. The Maximum Contract Amount for each period of this Agreement includes Cash Flow Advance (CFA) or fixed rate payments which is an advance of funds to be repaid by CONTRACTOR through the provision of appropriate services/activities under this Agreement during the applicable period.
- B. For each month of each period of this Agreement, COUNTY shall reimburse CONTRACTOR based upon CONTRACTOR'S submitted claims for rendered services/activities subject to claim edits, and future settlement and audit processes.
- C. CFA shall consist of, and shall be payable only from, the Maximum Contract Amount for the particular fiscal year in which the related services are to be rendered and upon which the request(s) is (are) based.
- D. CFA is intended to provide cash flow to CONTRACTOR pending CONTRACTOR'S rendering and billing of eligible services/activities, as identified in this Exhibit B, Sections III. and V., and COUNTY payment thereof. CONTRACTOR may request each monthly Cash Flow Advance only for such services/activities and only to the extent that there is no reimbursement from any public or private sources for such services/activities.
- E. Cash Flow Advance (CFA) Invoice. For each month for which CONTRACTOR is eligible to request and receive a CFA, CONTRACTOR must submit to the COUNTY an invoice of a CFA in a format that is in compliance with the funding source and the amount of CFA CONTRACTOR is requesting. In addition, the CONTRACTOR must submit supporting documentation of expenses incurred in the prior month to receive future CFAs.
- F. Upon receipt of the Invoice, COUNTY, shall determine whether to approve the CFA and, if approved, whether the request is approved in whole or in part.



- G. If a CFA is not approved, COUNTY will notify CONTRACTOR within ten (10) business days of the decision, including the reason(s) for non-approval. Thereafter, CONTRACTOR may, within fifteen (15) calendar days, request reconsideration of the decision.
- H. Year-end Settlement. CONTRACTOR shall adhere to all settlement and audit provisions specified in Exhibit I, of this Agreement, for all CFAs received during the fiscal year.
- I. Should CONTRACTOR request and receive CFAs, CONTRACTOR shall exercise cash management of such CFAs in a prudent manner.

**XI. AUTHORITY TO ACT FOR THE COUNTY**

The Director of the Health Department of the County of Monterey may designate one or more persons within the County of Monterey for the purposes of acting on his/her behalf to implement the provisions of this Agreement. Therefore, the term "Director" in all cases shall mean "Director or his/her designee."