

AMENDMENT NO. 1 TO MENTAL HEALTH SERVICES AGREEMENT A-12686
BY AND BETWEEN
COUNTY OF MONTEREY AND CRESTWOOD BEHAVIORAL HEALTH, INC.

THIS AMENDMENT NO. 1 is made to AGREEMENT A-12686 for the provision of community mental health services to adults with severe psychiatric disabilities in an adult residential facility by and between **CRESTWOOD BEHAVIORAL HEALTH, INC.**, hereinafter "CONTRACTOR," and the County of Monterey, a political subdivision of the State of California, hereinafter referred to as "COUNTY."

WHEREAS, the COUNTY and CONTRACTOR wish to amend the AGREEMENT to increase the total amount of the Agreement 3.5% per year for Fiscal Year (FY) 2015-16 and FY 2016-17, increase the overall program units of service, and revise the Program Description and Payment and Billing Provisions.

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

1. EXHIBIT A-1: PROGRAM DESCRIPTION replaces EXHIBIT A. All references in the Agreement to EXHIBIT A shall be construed to refer to EXHIBIT A-1.
2. EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS replaces EXHIBIT B. All references in the Agreement to EXHIBIT B shall be construed to refer to EXHIBIT B-1.
3. Except as provided herein, all remaining terms, conditions and provisions of the AGREEMENT are unchanged and unaffected by this AMENDMENT and shall continue in full force and effect as set forth in the AGREEMENT.
4. This Amendment No. 1 is effective July 1, 2015.
5. A copy of this AMENDMENT No. 1 shall be attached to the original AGREEMENT executed by the COUNTY on June 3, 2014.

IN WITNESS WHEREOF, COUNTY and CONTRACTOR have executed this Amendment No. 1 to Agreement A-12686 as of the day and year written below.

COUNTY OF MONTEREY

CONTRACTOR

By: _____
Contracts/Purchasing Officer

Date: _____

By: _____
Department Head (if applicable)

Date: _____

By: _____
Board of Supervisors (if applicable)

Date: _____

Approved as to Form ¹

By: Stacy Paula
Deputy County Counsel

Date: 11/13/16

Approved as to Fiscal Provisions²

By: [Signature]
Auditor/Controller

Date: 11/13/16

Approved as to Liability Provisions³

By: _____
Risk Management

Date: _____

CRESTWOOD BEHAVIORAL HEALTH, INC.

Contractor's Business Name*
By: [Signature]
(Signature of Chair, President, or Vice-President)*

George C. Lytal, President + CEO
Name and Title

Date: 11/11/2015

By: [Signature]
(Signature of Secretary, Asst. Secretary, CFO, Treasurer or Asst. Treasurer)*

GARY ZBYEN CONTROLLER
Name and Title

Date: 11/11/15

*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.

¹Approval 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

²Approval by Auditor-Controller is required

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

EXHIBIT A-1: PROGRAM 1 DESCRIPTION

I. IDENTIFICATION OF CONTRACTOR

Crestwood Behavioral Health, Inc. 520 Capitol Mall, Suite 800, Sacramento, CA 95814		
<u>Facility Name</u>	<u>Address</u>	<u>Telephone #</u>
Crestwood Center at Napa Valley	295 Pine Breeze Dr., Angwin, CA 94508	(707) 965-2461
Crestwood Behavioral Health Center	6700 Eucalyptus Dr., Ste. A, Bakersfield, CA 93306	(661) 363-8127
Crestwood Behavioral Health Center	2370 Buhne St., Eureka, CA 95501	(707) 442-5721
Crestwood Center	2600 Stockton Blvd., Sacramento, CA 95817	(916) 452-1431
Crestwood Center	1425 Fruitdale Ave., San Jose, CA 95128	(408) 275-1010
Crestwood Recovery & Rehabilitation Center	115 Oddstad Dr., Vallejo, CA 94589	(707) 552-0215

Incorporation Status: Private, for profit, Corporation

Type of Facility: Mental Health Rehabilitation Center (MHRC)

Type of License: MHRC

II. TARGET POPULATION/FACILITY SPECIALIZATION

Serving adults with psychiatric impairment that has led to their grave disability and requires a Mental Health Rehabilitation Center level of care.

III. PROGRAM DESCRIPTION

Treatment services include:

- A. An individualized program to meet the specific needs of each client. Individual programs shall be provided based on the specific needs identified through patient assessments.
- B. A structured regimen with individualized services to assist clients in the development of new skills and in modifying behaviors that exclude them from living in a lower level of care facility. The facility shall have the capability of providing all of the following special rehabilitation program services.
 1. Self-Help Skills Training. This shall include but not be limited to:
 - a) Supervision of medication and education regarding medication;
 - b) Money management;

- c) Use of public transportation;
 - d) Use of community resources;
 - e) Behavior control and impulse control;
 - f) Frustration tolerance/stress management;
 - g) Mental health/substance abuse education;
 - h) Physical education;
 - i) ADLs; Restoration of activities of daily living.
2. Behavioral Intervention Training. This shall include but not be limited to:
 - a) Behavior modification modalities;
 - b) Re-motivation therapy;
 - c) Patient government activities;
 - d) Group counseling;
 - e) Individual counseling;
 3. Interpersonal Relationships Guidance. This shall include but not be limited to:
 - a) Social counseling;
 - b) Educational and recreational training;
 - c) Social activities such as outings, dances, etc.;
 - d) Understanding of legal issues and court processes;
 4. Pre-vocational Preparation Services. This shall include but not be limited to:
 - a) Homemaking;
 - b) Vocational counseling;
 - c) Work activity;
 - d) Work habits;
 - e) Pre-release planning;
 - f) Out-of-home planning;

IV. PROGRAM GOALS

- A. To assist Monterey County Behavioral Health (MCBH) in efficiently and effectively managing limited resources by providing an alternative to utilization of State hospital days and acute hospital administrative days.
- B. To stabilize the client's psychiatric condition through medication management and program service.
- C. To restore the client's level of functioning in the community to a lower level of care.
- D. To increase the client's motivation and skills toward self-restoration.
- E. To prevent or decrease the rate of de-compensation, thus decreasing placements at higher, more costly levels of care.
- F. To provide the intensive staff required to supervise and treat behavioral psychiatric and medical conditions.

V. PROGRAM PLAN & ORGANIZATIONAL CHART

The CONTRACTOR will provide the COUNTY with a copy of the Mental Health Rehabilitation Program (MHRC) plan.

VI. CASE MANAGEMENT

The COUNTY will provide a case manager to coordinate services and assess for discharge planning.

VII. ADMISSION CRITERIA, BASIC SERVICES & CONTINUED STAY CRITERIA

A. ADMISSION CRITERIA

The CONTRACTOR shall admit patients with a DSM IV diagnosis and conserved found to be gravely disabled subject to bed availability, with order of a physician, and in compliance with reasonable admission policies and procedures. Individuals in need of 24-hour Mental Health Rehabilitation Center services, patients who may have histories of and, without adequate treatment, are at risk of displaying behavioral symptoms (such as combativeness, development risk, suicide risk, and excessive verbal abusiveness) which preclude them from being admitted into a lower level care facility, shall be considered acceptable for admission. Frequency, scope, and severity of these behaviors are a determining factor to be discussed on an individual patient basis between the COUNTY and the CONTRACTOR. The COUNTY may grant individual exceptions to these admission criteria. Individuals whose mental illness is deemed appropriate for acute care, as well as individuals suffering exclusively from development disability, mental retardation or physical illnesses (without psychiatric component) shall not be considered for admission. All admissions are subject to the prior authorization from COUNTY and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

B. BASIC SERVICES

The basic service level (the minimum array of services provided to MHRC residents) shall comply with Title 9 of the California Code of Regulations, Section 782.10 – 787.14, which includes life skill training, money management, training on accessing community services, transitional programs, and discharge planning with the COUNTY staff. Basic services shall also include: reasonable access to required medical treatment and up-to-date psychopharmacology, transportation to needed off-site services, and bilingual/bicultural programming as specifically described herein.

C. CONTINUED STAY CRITERIA

1. Admission for contracted services occurs only under the order of a licensed mental health physician, with approval of the COUNTY representative(s).

2. Admission is available only to clients in need of 24-hour Mental Health Rehabilitation Center services and observation of mental illness or other related disorders. Individuals with exclusively physical illnesses shall not be admitted.
3. Clients must exhibit behavioral symptoms, which prohibit them from being admitted into a lower level care. Due to their mental illness, clients are unable to provide for their basic needs.

VIII. DISCHARGE CRITERIA & PLANNING

At the point the client no longer requires the level of service of a Mental Health Rehabilitation Center facility, as determined by the COUNTY case manager; a plan for the client's transfer to a less restrictive community setting will be arranged by the COUNTY case manager in conjunction with the CONTRACTOR staff.

IX. TRANSFER TO ACUTE LEVEL OF CARE

If a client meets the criteria of medical necessity for acute psychiatric inpatient care, the CONTRACTOR will notify the COUNTY conservator and case manager, then proceed with the facility's psychiatrist to notify the COUNTY inpatient psychiatrist to arrange for the transfer of the client.

X. LIMITATIONS OF SERVICE

The CONTRACTOR will operate within the scope of services outlined in the CONTRACTOR'S State of California license.

XI. TYPES OF SERVICE

CONTRACTOR and COUNTY shall make an initial, individual assessment of each client to determine the initial level of placement. CONTRACTOR in conjunction with COUNTY shall determine placement changes as needed.

Crestwood Center at Napa Valley – Angwin (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Level 1	\$283.00	\$283.00	\$293.00	\$303.00
Level 2	\$226.00	\$226.00	\$234.00	\$242.00
Level 3	\$184.00	\$184.00	\$190.00	\$197.00

Crestwood Behavioral Health Center – Bakersfield (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Level 1	\$239.00	\$239.00	\$247.00	\$256.00
Level 2	\$530.00	\$530.00	\$549.00	\$568.00

Crestwood Behavioral Health Center – Eureka (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Basic	\$249.00	\$249.00	\$258.00	\$267.00

Crestwood Center – Sacramento (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Basic	\$198.00	\$198.00	\$205.00	\$212.00
Sub-Acute	\$239.00	\$239.00	\$247.00	\$256.00

Crestwood Center – San Jose (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Basic	\$236.00	\$236.00	\$244.00	\$253.00
Pregnant	\$246.00	\$246.00	\$255.00	\$264.00

Crestwood Recovery & Rehabilitation Center – Vallejo (MHRC)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
Level 1	\$292.00	\$292.00	\$302.00	\$313.00
Level 2	\$248.00	\$248.00	\$257.00	\$266.00
Level 3	\$220.00	\$220.00	\$228.00	\$236.00
Level 4	\$207.00	\$207.00	\$214.00	\$221.00

XII. EVALUATION & REPORTING REQUIREMENTS

In addition to all evaluation and reporting requirements previously stated in this Agreement, CONTRACTOR will meet all reporting and evaluation requirements stated as a condition of the facility's license. Additionally, CONTRACTOR will report any unusual incidents that occur at the facility to the Contract Liaison.

XIII. QUALITY ASSURANCE

- A. CONTRACTOR shall comply with Chapter 3.5 of Division 1 of Title 9 of the California Code of Regulations pertaining to Mental Health Rehabilitation Centers.
- B. CONTRACTOR will meet all quality assurance requirements which are a condition of their license. COUNTY will routinely monitor the CONTRACTOR in terms of compliance with the COUNTY'S Quality Improvement Plan (QIP) in the following areas:
 1. Medical necessity;
 2. Appropriateness of continued treatment;
 3. Focus, level, intensity of care;

4. Outcome of treatment; and
5. Cost of treatment.

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EXHIBIT A-1: PROGRAM 2 DESCRIPTION

I. IDENTIFICATION OF CONTRACTOR

Crestwood Behavioral Health, Inc. 520 Capitol Mall, Suite 800, Sacramento, CA 95814				
<u>Facility Name</u>	<u>Address</u>	<u>Telephone #</u>	<u>Type of Facility</u>	<u>Type of License</u>
Crestwood Treatment Center	2171 Mowry Avenue, Fremont, CA 94538	(510) 793-8383	Skilled Nursing Facility (SNF) – Neurobehavioral Center	SNF
Crestwood Manor	115 Oddstad Drive, Vallejo, CA 94589	(707) 552-0215	SNF - Special Treatment Program (STP), Institution for Mental Disease (IMD)	SNF/STP IMD

Incorporation Status: Private, for profit, Corporation

II. TARGET POPULATION/FACILITY SPECIALIZATION

Specialized long-term care program for adults with impairments such as organic brain syndrome (OBS), traumatic brain injury, dementia, developmental disability, and other neurological conditions, who are from 18 years of age or older.

III. PROGRAM DESCRIPTION

Treatment services include:

- A. A highly structured program of psychiatric, behavioral, rehabilitative and restorative care, with the focus on long-term residential adjustment and behavioral stability. The program offers a group treatment approach, within which individual treatment goals are tailored to meet the specific needs of each person.
- B. A structured behavioral management approach that stresses environmental safety and individual management.
- C. A social rehabilitation program that encourages increased self-care and activities of daily living (ADL's) and active participation in the rehabilitative groups where structured activities are offered. The facility has the capability of providing the following interventions in a group setting, modified as needed for impaired cognition, for each individual. This may include but is not limited to:
 1. Behavior modification
 2. Community skills development
 3. Psychological and psychiatric adjustment
 4. Self-care development
 5. Group interaction

6. Individual social support
7. Individual counseling
8. Interpersonal and social skills development
9. Educational and recreational training;
10. Art and Music Therapy

IV. PROGRAM GOALS

- A. To assist Monterey County Behavioral Health (MCBH) in efficiently and effectively managing limited resources by providing an alternative to utilization of State hospital days and acute hospital administrative days.
- B. To stabilize the client's psychiatric condition through medication management and behavioral management approaches.
- C. To provide a safe, secure and behaviorally focused environment, which enhances the opportunity of the residents to reach their maximum level of functioning.
- D. To develop alternative therapeutic interventions that reduce recidivism to more restrictive levels of care and enable the resident to remain in community placement for significantly longer periods of time.
- E. To provide a regional program which enables residents previously placed in the state hospital or more expensive levels of care to be treated in the community.
- F. To provide the intensive staff required to supervise and treat OBS, Traumatic Brain Injured, Dementia, and Medically Debilitated Diagnosis Adults.
- G. To develop a current and comprehensive assessment, stabilization, safety, security and skills training within an atmosphere of positive regard, and appropriate expectation.

V. PROGRAM PLAN & ORGANIZATIONAL CHART

The CONTRACTOR will provide the COUNTY with a copy of the Special Treatment Program plan.

VI. CASE MANAGEMENT

The COUNTY will provide a case manager to coordinate services and assess for discharge planning.

VII. ADMISSION CRITERIA, BASIC SERVICES & CONTINUED STAY CRITERIA

A. ADMISSION CRITERIA

The CONTRACTOR shall admit patients referred by the COUNTY with a primary psychiatric diagnosis and the presence of a neurological condition, such as brain injury

or dementia, and conserved and found to be gravely disabled, subject to bed availability, with order of a physician, and in compliance with reasonable admission policies and procedures. In addition, the individual may be diagnosed with:

1. Dementia or OBS
2. Severe cognitive impairment secondary to brain injury or neurological condition with behaviors preventing community placement
3. Primary psychiatric diagnosis with a need for a Skilled Nursing Facility for medical reasons and behavior management
4. Neurodegenerative disease accompanied or exacerbated by mental illness that prevents Skilled Nursing Facility placement

Individuals will be excluded from the program who may have histories of and, without adequate treatment, are at risk of displaying behavioral symptoms such as severe combativeness, elopement or active AWOL risk, suicide risk, and excessive verbal abusiveness. Frequency, scope, and severity of these behaviors are a determining factor to be discussed on an individual patient basis between the COUNTY and the CONTRACTOR. The COUNTY may grant individual exceptions to these admission criteria. Individuals whose mental illness and neurological conditions are deemed more suitable for acute psychiatric or medical care, as well as individuals suffering exclusively from development disability, brain injury, mental retardation and/or physical illnesses (without a psychiatric component) shall be reviewed for their appropriateness or acceptability. All admissions are subject to the COUNTY'S prior authorization and CONTRACTOR'S commitment to provide care and services in accordance with the terms of this Agreement.

B. BASIC SERVICES

The basic service level (the minimum array of services provided to IMD residents) shall comply with Title 22 of the California Code of Regulations, Section 72445. Basic services shall also include: reasonable access to required medical treatment and up-to-date psychopharmacology, transportation to needed off-site services, and bilingual/bicultural programming as specifically described herein.

C. CONTINUED STAY CRITERIA

1. Admission for contracted services occurs only under the order of a licensed mental health physician, with approval of the COUNTY representative(s).
2. Admission is available only to clients in need of 24-hour skilled nursing services and observation of mental illness or other related disorders. Individuals with exclusively physical illnesses shall not be admitted.

3. Clients must exhibit behavioral symptoms, which prohibit them from being admitted into a lower level care. Due to their mental or neurological condition or status, and behavioral problems, clients are unable to provide for their basic needs, thus requiring this level of care.

VIII. DISCHARGE CRITERIA & PLANNING

At the point the client no longer requires the level of service of a locked skilled nursing facility, as determined by the COUNTY case manager, a plan for the client’s transfer to a less restrictive community setting will be arranged by the COUNTY case manager in conjunction with the CONTRACTOR staff.

IX. TRANSFER TO ACUTE LEVEL OF CARE

If a client meets the criteria of medical necessity for acute psychiatric inpatient care, the CONTRACTOR will notify the COUNTY conservator and case manager, then proceed with the facility’s psychiatrist to notify the COUNTY inpatient psychiatrist to arrange for the transfer of the client.

X. LIMITATIONS OF SERVICE

The CONTRACTOR will operate within the scope of services outlined in the CONTRACTOR’S State of California license.

XI. TYPES OF SERVICE

CONTRACTOR and COUNTY shall make an initial, individual assessment of each client to determine the initial level of placement. CONTRACTOR in conjunction with COUNTY shall determine placement changes as needed.

Crestwood Treatment Center – Fremont (Non IMD)				
Service Type	Rate per day/client FY 2014-15	Rate per day/client Q1 FY 2015-16	Rate per day/client Q2-Q4 FY 2015-16	Rate per day/client FY 2016-17
SNF – Neurobehavioral Patch	\$118.00	\$118.00	\$118.00	\$122.00
SNF – Extended Bed Hold	\$0.00	\$215.95	\$215.95	\$215.95

Crestwood Manor – Vallejo (IMD)			
Service Type	Daily Basic Rate	Daily Enhanced Rate	Rate per day/client FY 2014-15
SNF/STP-IMD – Level 1	\$185.60	\$17.00	\$202.60
SNF/STP-IMD – Level 2	\$185.60	\$30.00	\$215.60
SNF/STP-IMD – Level 3	\$185.60	\$50.00	\$235.60
SNF/STP-IMD – Level 4	\$185.60	\$80.00	\$265.60

XII. EVALUATION & REPORTING REQUIREMENTS

In addition to all evaluation and reporting requirements previously stated in this Agreement, CONTRACTOR will meet all reporting and evaluation requirements stated as a condition of the facility's license. Additionally, CONTRACTOR will report any unusual incidents that occur at the facility to the Contract Liaison.

XIII. QUALITY ASSURANCE

- A. CONTRACTOR shall comply with Chapter 3 of Division 5 of Title 22 of the California Code of Regulations pertaining to skilled nursing facilities.
- B. CONTRACTOR will meet all quality assurance requirements which are a condition of their license. COUNTY will routinely monitor the CONTRACTOR in terms of compliance with the COUNTY'S Quality Improvement Plan (QIP) in the following areas:
 - 1. Medical necessity;
 - 2. Appropriateness of continued treatment;
 - 3. Focus, level, intensity of care;
 - 4. Outcome of treatment; and
 - 5. Cost of treatment.

XIV. CONTRACT MONITOR

Robert L. Jackson, Behavioral Health Services Manager
Monterey County Health Department
Behavioral Health Bureau
1270 Natividad Road
Salinas, CA. 93906
(831) 755-6367

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EXHIBIT B-1: PAYMENT AND BILLING PROVISIONS

I. PAYMENT TYPES

Negotiated Rate

II. PAYMENT AUTHORIZATION FOR SERVICES

The COUNTY'S commitment to authorize reimbursement to the CONTRACTOR for services as set forth in this Exhibit B-1 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 RATE

1. The payment rates are established by the CONTRACTOR. Rates are subject to re-negotiation with a ninety (90) day advance notice from CONTRACTOR.
2. The rate for Leave of Absence and Bed Hold for acute hospitalization shall remain at the per diem rate based on the placement rate of client at the time of leave.
3. The following program services will be paid in arrears at the maximum listed rate per unit for **FY 2014-15 through FY 2016-17. (Amended MHRC Rates effective Q2 FY 2015-16.)**

A. MENTAL HEALTH REHABILITATION CENTER SERVICES

Crestwood Center at Napa Valley - Angwin						
Fiscal Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Level 1	05	90	270	\$283	\$76,410
	Level 2	05	90	825	\$226	\$186,450
	Level 3	05	90	15	\$184	\$2,760
Estimated Total FY 2014-15:						\$265,620
Q1 FY 2015-16	Level 1	05	90	160	\$283	\$45,280
	Level 2	05	90	0	\$226	\$0
	Level 3	05	90	0	\$184	\$0
Q2-Q4 FY 2015-16	Level 1	05	90	550	\$293	\$161,150
	Level 2	05	90	93	\$234	\$21,762
	Level 3	05	90	93	\$190	\$17,670
Estimated Total FY 2015-16:						\$245,862
Fiscal Year 2016-17	Level 1	05	90	730	\$303	\$221,190
	Level 2	05	90	93	\$242	\$22,506
	Level 3	05	90	93	\$197	\$18,321
Estimated Total FY 2016-17:						\$262,017
Grand Total Crestwood Angwin FY 2014-17:						\$773,499

Monterey County Mental Health Services Agreement
 Crestwood Behavioral Health, Inc.
 Amendment No. 1 to A-12686
 July 1, 2014 -- June 30, 2017

Crestwood Behavioral Health Center - Bakersfield						
Fiscal Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Level 1	05	90	5	\$239	\$1,195
	Level 2	05	90	5	\$530	\$2,650
Estimated Total FY 2014-15:						\$3,845
Q1 FY 2015-16	Level 1	05	90	0	\$239	\$0
	Level 2	05	90	0	\$530	\$0
Q2-Q4 FY 2015-16	Level 1	05	90	31	\$247	\$7,657
	Level 2	05	90	31	\$549	\$17,019
Estimated Total FY 2015-16:						\$24,676
Fiscal Year 2016-17	Level 1	05	90	31	\$256	\$7,936
	Level 2	05	90	31	\$568	\$17,608
Estimated Total FY 2016-17:						\$25,544
Grand Total Crestwood Bakersfield FY 2014-17:						\$54,065

Crestwood Behavioral Health Center - Eureka						
Fiscal Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Basic	05	90	5	\$249	\$1,245
Estimated Total FY 2014-15:						\$1,245
Q1 FY 2015-16	Basic	05	90	0	\$249	\$0
Q2-Q4 FY 2015-16	Basic	05	90	31	\$258	\$7,998
Estimated Total FY 2015-16:						\$7,998
Fiscal Year 2016-17	Basic	05	90	31	\$267	\$8,277
Estimated Total FY 2016-17:						\$8,277
Grand Total Crestwood Eureka FY 2014-17:						\$17,520

Crestwood Center - Sacramento						
Fiscal Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Basic	05	90	15	\$198	\$2,970
	Sub Acute	05	90	15	\$239	\$3,585
Estimated Total FY 2014-15:						\$6,555
Q1 FY 2015-16	Basic	05	90	92	\$198	\$18,216
	Sub Acute	05	90	0	\$239	\$0
Q2-Q4 FY 2015-16	Basic	05	90	550	\$205	\$112,750
	Sub Acute	05	90	275	\$247	\$67,925
Estimated Total FY 2015-16:						\$198,891
Fiscal Year 2016-17	Basic	05	90	730	\$212	\$154,760
	Sub Acute	05	90	365	\$256	\$93,440
Estimated Total FY 2016-17:						\$248,200
Grand Total Crestwood Sacramento FY 2014-17:						\$453,646

Crestwood Center - San Jose						
Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Basic	05	90	2190	\$236	\$516,840
	Pregnant	05	90	0	\$246	\$0
Estimated Total FY 2014-15:						\$516,840
Q1 FY 2015-16	Basic	05	90	592	\$236	\$139,712
	Pregnant	05	90	0	\$246	\$0
Q2-Q4 FY 2015-16	Basic	05	90	1916	\$244	\$467,504
	Pregnant	05	90	0	\$255	\$0
Estimated Total FY 2015-16:						\$607,216
Fiscal Year 2016-17	Basic	05	90	2555	\$253	\$646,415
	Pregnant	05	90	0	\$264	\$0
Estimated Total FY 2016-17:						\$646,415
Grand Total Crestwood San Jose FY 2014-17:						\$1,770,471

Crestwood Recovery & Rehabilitation Center – Vallejo						
Fiscal Year	MHRC Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Level 1	05	90	5	\$292	\$1,460
	Level 2	05	90	5	\$248	\$1,240
	Level 3	05	90	5	\$220	\$1,100
	Level 4	05	90	5	\$207	\$1,035
Estimated Total FY 2014-15:						\$4,835
Q1 FY 2015-16	Level 1	05	90	0	\$292	\$0
	Level 2	05	90	0	\$248	\$0
	Level 3	05	90	0	\$220	\$0
	Level 4	05	90	0	\$207	\$0
Q2-Q4 FY 2015-16	Level 1	05	90	31	\$302	\$9,362
	Level 2	05	90	31	\$257	\$7,967
	Level 3	05	90	31	\$228	\$7,068
	Level 4	05	90	31	\$214	\$6,634
Estimated Total FY 2015-16:						\$31,031
Fiscal Year 2016-17	Level 1	05	90	31	\$313	\$9,703
	Level 2	05	90	31	\$266	\$8,246
	Level 3	05	90	31	\$236	\$7,316
	Level 4	05	90	31	\$221	\$6,851
Estimated Total FY 2016-17:						\$32,116
Grand Total Crestwood Vallejo FY 2014-17:						\$67,982

B. SKILLED NURSING FACILITY SERVICES – (Amended SNF Rates effective Q1 FY 2015-16.)

Crestwood Treatment Center – Fremont (Non IMD)						
Fiscal Year	SNF Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Neurobehavioral Patch	05	30 - 34	1095	\$118	\$129,210
Estimated Total FY 2014-15:						\$129,210
Q1 FY 2015-16	Neurobehavioral Patch	05	30 - 34	260	\$118	\$30,680
	Extended Bed Hold	05	30 - 34	16	\$215.95	\$3,455
Q2-Q4 FY 2015-16	Neurobehavioral Patch	05	30 - 34	825	\$118	\$97,350
	Extended Bed Hold	05	30 - 34	15	\$215.95	\$3,239
Estimated Total FY 2015-16:						\$134,724
Fiscal Year 2016-17	Neurobehavioral Patch	05	30 - 34	1095	\$122	\$133,590
	Extended Bed Hold	05	30 - 34	31	\$215.95	\$6,694
Estimated Total FY 2016-17:						\$140,284
Grand Total Crestwood Fremont FY 2014-17:						\$404,219

C. SKILLED NURSING FACILITY / SPECIAL TREATMENT PROGRAM INSTITUTION FOR MENTAL DISEASE SERVICES

Crestwood Manor – Vallejo (IMD)						
Fiscal Year	SNF/STP-IMD Service Description	Mode of Service	Service Function Code	Estimated Units of Service	Daily Rate	Yearly Estimated Cost
Fiscal Year 2014-15	Level 1	05	36 - 39	5	\$202.60	\$1,013
	Level 2	05	36 - 39	5	\$215.60	\$1,078
	Level 3	05	36 - 39	5	\$235.60	\$1,178
	Level 4	05	36 - 39	5	\$265.60	\$1,328
Estimated Total FY 2014-15:						\$4,597
Grand Total Crestwood Manor Vallejo FY 2014-17:						\$4,597

IV. PAYMENT CONDITIONS

A. 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 F, 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 (30th) 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 F, 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:

MCHDBHFinance@co.monterey.ca.us

- B. 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.
- C. 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.
- D. 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.
- E. To the extent that the COUNTY determines CONTRACTOR has improperly claimed services, COUNTY may disallow payment of said services and require CONTRACTOR to resubmit said claim of services for payment, or COUNTY may make corrective accounting transactions.
- F. 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 \$3,545,999 for services rendered under this Agreement.
- B. Maximum Annual Liability:

FISCAL YEAR LIABILITY	AMOUNT
FY 2014-15	\$932,747
FY 2015-16	\$1,250,398
FY 2016-17	\$1,362,854
TOTAL MAXIMUM LIABILITY	\$3,545,999

- C. 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.
- D. 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.
- E. 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

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, 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.
- C. 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. 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."

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