



RESOLUTION No. 23-357

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION AUTHORIZING EXECUTION OF A RENEWAL CONTRACT WITH STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES FOR THE PROVISION OF COMPREHENSIVE SPECIALTY MENTAL HEALTH SERVICES, PRIMARILY TARGETED TO SERVE PRE- AND POST-ADOPTIVE AND GUARDIANSHIP CHILDREN AND THEIR FAMILIES IN THE MAXIMUM AMOUNT OF \$1,811,316 FOR FISCAL YEAR 2023/24

WHEREAS, Stanford Youth Solutions dba Stanford Sierra Youth & Families provides Comprehensive Specialty Mental Health Services, primarily targeted to serve pre- and post-adoptive and guardianship children and their families; and

WHEREAS, this contract provides for a comprehensive, integrated approach for services that promotes child development and improves outcomes for the successful integration into an adoptive family or guardianship situation as well as encourages family preservation and family reunification when appropriate.

NOW, THEREFORE, BE IT HEREBY RESOLVED by the Board of Supervisors of the County of Nevada, State of California, that the Professional Services Contract by and between the County of Nevada and Stanford Youth Solutions dba Stanford Sierra Youth & Families pertaining to the provision of Comprehensive Specialty Mental Health Services, primarily targeted to serve pre- and post-adoptive and guardianship children and their families in the maximum amount of \$1,811,316 for the term of July 1, 2023 through June 30, 2024 be and hereby is approved in substantially the form attached hereto, and that the Chair of the Board of Supervisors be authorized to execute the contract on behalf of the County of Nevada.

Funds to be disbursed from accounts: 1512-40104-493-1000/521520; 1589-40104-493-1000/521520

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 11th day of July, 2023, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Lisa Swarthout, Susan K. Hoek and Hardy Bullock.

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: Julie M. Hunter

Edward Scofield
Edward Scofield, Chair

Administering Agency: Nevada County Behavioral Health Department, Health and Human Services Agency

Contract No.

RES 23-357

Contract Description: Comprehensive Specialty Mental Health Services primarily targeted to serve pre- and post-adoptive and guardianship children and families.

**PROFESSIONAL SERVICES CONTRACT
FOR HEALTH AND HUMAN SERVICES AGENCY**

THIS PROFESSIONAL SERVICES CONTRACT (“Contract”) is made at Nevada City, California, as of July 11, 2023 by and between the County of Nevada, (“County”), and Stanford Youth Solutions DBA Stanford Sierra Youth & Families (“Contractor”) (together “Parties”, individual “Party”), who agree as follows:

1. **Services** Subject to the terms and conditions set forth in this Contract, Contractor shall provide the services described in Exhibit A. Contractor shall provide said services at the time, place, and in the manner specified in Exhibit A.
2. **Payment** County shall pay Contractor for services rendered pursuant to this Contract at the time and in the amount set forth in Exhibit B. The payments specified in Exhibit B shall be the only payment made to Contractor for services rendered pursuant to this Contract. Contractor shall submit all billings for said services to County in the manner specified in Exhibit B; or, if no manner be specified in Exhibit B, then according to the usual and customary procedures which Contractor uses for billing clients similar to County. **The amount of the contract shall not exceed One Million Eight Hundred Eleven Thousand Three Hundred Sixteen Dollars (\$1,811,316).**
3. **Term** This Contract shall commence on July 1, 2023 All services required to be provided by this Contract shall be completed and ready for acceptance no later than the **Contract Termination Date** of: June 30, 2024.
4. **Facilities, Equipment and Other Materials** Contractor shall, at its sole cost and expense, furnish all facilities, equipment, and other materials which may be required for furnishing services pursuant to this Contract.
5. **Exhibits** All exhibits referred to herein and attached hereto are incorporated herein by this reference.
6. **Electronic Signatures** The Parties acknowledge and agree that this Contract may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include faxed or emailed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.
7. **Time for Performance** Time is of the essence. Failure of Contractor to perform any services within the time limits set forth in Exhibit A or elsewhere in this Contract shall constitute material breach of this contract. Contractor shall devote such time to the performance of services pursuant to this Contract as may be reasonably necessary for the satisfactory performance of Contractor's obligations pursuant to this Contract. Neither Party shall be considered in default of this Contract to the extent performance is prevented or delayed by any cause, present or future, which is beyond the reasonable control of the Party.
8. **Liquidated Damages**
Liquidated Damages are presented as an estimate of an intangible loss to the County. It is a provision that allows for the payment of a specified sum should Contractor be in breach of contract. Liquidated

Damages shall apply shall not apply to this contract. Liquidated Damages applicable to this contract are incorporated in Exhibit F, attached hereto.

9. **Relationship of Parties**

9.1. **Independent Contractor**

In providing services herein, Contractor, and the agents and employees thereof, shall work in an independent capacity and as an independent contractor and not as agents or employees of County. Contractor acknowledges that it customarily engages independently in the trade, occupation, or business as that involved in the work required herein. Further the Parties agree that Contractor shall perform the work required herein free from the control and direction of County, and that the nature of the work is outside the usual course of County's business. In performing the work required herein, Contractor shall not be entitled to any employment benefits, Workers' Compensation, or other programs afforded to County employees. Contractor shall hold County harmless and indemnify County against such claim by its agents or employees. County makes no representation as to the effect of this independent contractor relationship on Contractor's previously earned California Public Employees Retirement System ("CalPERS") retirement benefits, if any, and Contractor specifically assumes the responsibility for making such determination. Contractor shall be responsible for all reports and obligations including but not limited to: social security taxes, income tax withholding, unemployment insurance, disability insurance, workers' compensation and other applicable federal and state taxes.

9.2. **No Agent Authority** Contractor shall have no power to incur any debt, obligation, or liability on behalf of County or otherwise to act on behalf of County as an agent. Neither County nor any of its agents shall have control over the conduct of Contractor or any of Contractor's employees, except as set forth in this Contract. Contractor shall not represent that it is, or that any of its agents or employees are, in any manner employees of County.

9.3. **Indemnification of CalPERS Determination** In the event that Contractor or any employee, agent, or subcontractor of Contractor providing service under this Contract is determined by a court of competent jurisdiction or CalPERS to be eligible for enrollment in CalPERS as an employee of County, Contractor shall indemnify, defend and hold harmless County for all payments on behalf of Contractor or its employees, agents, or subcontractors, as well as for the payment of any penalties and interest on such contributions, which would otherwise be the responsibility of County.

10. **Assignment and Subcontracting** Except as specifically provided herein, the rights, responsibilities, duties and services to be performed under this Contract are personal to Contractor and may not be transferred, subcontracted, or assigned without the prior written consent of County. Contractor shall not substitute or replace any personnel for those specifically named herein or in its proposal without the prior written consent of County.

Contractor shall cause and require each transferee, subcontractor, and assignee to comply with the insurance provisions set forth herein, to the extent such insurance provisions are required of Contractor under this Contract. Failure of Contractor to so cause and require such compliance by each transferee, subcontractor, and assignee shall constitute a material breach of this Contract, and, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to suspend payments hereunder, or terminate this Contract, or both.

11. **Licenses, Permits, Etc.** Contractor represents and warrants to County that Contractor shall, at its sole cost and expense, obtain or keep in effect at all times during the term of this Contract, any licenses, permits, and approvals which are legally required for Contractor to practice its profession at the time the services are performed.

12. **Hold Harmless and Indemnification Contract** To the fullest extent permitted by law, each Party (the “Indemnifying Party”) hereby agrees to protect, defend, indemnify, and hold the other Party (the “Indemnified Party”), its officers, agents, employees, and volunteers, free and harmless from any and all losses, claims, liens, demands, and causes of action of every kind and character resulting from the Indemnifying Party’s negligent act, willful misconduct, or error or omission, including, but not limited to, the amounts of judgments, penalties, interest, court costs, legal fees, and all other expenses incurred by the Indemnified Party arising in favor of any party, including claims, liens, debts, personal injuries, death, or damages to property (including employees or property of the Indemnified Party) and without limitation, all other claims or demands of every character occurring or in any way incident to, in connection with or arising directly or indirectly out of, the Contract. The Indemnifying Party agrees to investigate, handle, respond to, provide defense for, and defend any such claims, demand, or suit at the sole expense of the Indemnifying Party, using legal counsel approved in writing by Indemnified Party. Indemnifying Party also agrees to bear all other costs and expenses related thereto, even if the claim or claims alleged are groundless, false, or fraudulent. This provision is not intended to create any cause of action in favor of any third party against either Party or to enlarge in any way either Party’s liability but is intended solely to provide for indemnification of the Indemnified Party from liability for damages, or injuries to third persons or property, arising from or in connection with Indemnifying Party’s performance pursuant to this Contract. This obligation is independent of, and shall not in any way be limited by, the minimum insurance obligations contained in this Contract.
13. **Certificate of Good Standing** Contractors who are registered corporations, including those corporations that are registered non-profits, shall possess a Certificate of Good Standing also known as Certificate of Existence or Certificate of Authorization from the California Secretary of State, and shall keep its status in good standing and effect during the term of this Contract.
14. **Standard of Performance** Contractor shall perform all services required pursuant to this Contract in the manner and according to the standards observed by a competent practitioner of the profession in which Contractor is engaged in the geographical area in which Contractor practices its profession. All products of whatsoever nature which Contractor delivers to County pursuant to this Contract shall be prepared in a substantial first class and workmanlike manner and conform to the standards or quality normally observed by a person practicing in Contractor’s profession.
15. **Contractor without additional compensation** Contractor’s personnel, when on County’s premises and when accessing County’s network remotely, shall comply with County’s regulations regarding security, remote access, safety and professional conduct, including but not limited to Nevada County Security Policy NCSP-102 Nevada County External User Policy and Account Application regarding data and access security. Contractor personnel will solely utilize County’s privileged access management platform for all remote access support functions, unless other methods are granted in writing by County’s Chief Information Officer or their designee.
16. **Prevailing Wage and Apprentices** To the extent made applicable by law, performance of this Contract shall be in conformity with the provisions of California Labor Code, Division 2, Part 7, Chapter 1, commencing with section 1720 relating to prevailing wages which must be paid to workers employed on a public work as defined in Labor Code section 1720, et seq., and shall be in conformity with Title 8 of the California Code of Regulations section 200 et seq., relating to apprenticeship. Where applicable:
 - Contractor shall comply with the provisions thereof at the commencement of Services to be provided herein, and thereafter during the term of this Contract. A breach of the requirements of this section shall be deemed a material breach of this contract. Applicable prevailing wage determinations are available on the California Department of Industrial Relations website at <http://www.dir.ca.gov/OPRL/PWD>.
 - Contractor and all subcontractors must comply with the requirements of Labor Code section 1771.1(a) pertaining to registration of contractors pursuant to section 1725.5. Registration and all related requirements of those sections must be maintained throughout the performance of the Contract.

- Contracts to which prevailing wage requirements apply are subject to compliance monitoring and enforcement by the Department of Industrial Relations. Each Contractor and each subcontractor must furnish certified payroll records to the Labor Commissioner at least monthly.
 - The County is required to provide notice to the Department of Industrial Relations of any public work contract subject to prevailing wages within five (5) days of award.
17. **Accessibility** It is the policy of County that all County services, programs, meetings, activities and facilities shall be accessible to all persons, and shall be comply with the provisions of the Americans With Disabilities Act and Title 24, California Code of Regulations. To the extent this Contract shall call for Contractor to provide County contracted services directly to the public, Contractor shall certify that said direct services are and shall be accessible to all persons.
18. **Nondiscriminatory Employment** Contractor shall not discriminate in its employment practices because of race, religious creed, color, national origin, ancestry, physical handicap, medical condition, marital status, sex or sexual orientation, or any other legally protected category, in contravention of the California Fair Employment and Housing Act, Government Code section 12900 et seq.
19. **Drug-Free Workplace** Senate Bill 1120, (Chapter 1170, Statutes of 1990), requires recipients of State grants to maintain a "drug-free workplace". Every person or organization awarded a contract for the procurement of any property or services shall certify as required under Government Code Section 8355-8357 that it will provide a drug-free workplace.
20. **Political Activities** Contractor shall in no instance expend funds or use resources derived from this Contract on any political activities.
21. **Financial, Statistical and Contract-Related Records:**
- 21.1. **Books and Records** Contractor shall maintain statistical records and submit reports as required by County. Contractor shall also maintain accounting and administrative books and records, program procedures and documentation relating to licensure and accreditation as they pertain to this Contract. All such financial, statistical and contract-related records shall be retained for five (5) years or until program review findings and/or audit findings are resolved, whichever is later. Such records shall include but not be limited to bids and all supporting documents, original entry books, canceled checks, receipts, invoices, payroll records, including subsistence, travel and field expenses, together with a general ledger itemizing all debits and credits.
- 21.2. **Inspection** Upon reasonable advance notice and during normal business hours or at such other times as may be agreed upon, Contractor shall make all of its books and records, including general business records, available for inspection, examination or copying, to County, or to the State Department of Health Care Services, the Federal Department of Health and Human Services, the Controller General of the United States and to all other authorized federal and state agencies, or their duly authorized representatives.
- 21.3. **Audit** Contractor shall permit the aforesaid agencies or their duly authorized representatives to audit all books, accounts or records relating to this Contract, and all books, accounts or records of any business entities controlled by Contractor who participated in this Contract in any way. All such records shall be available for inspection by auditors designated by County or State, at reasonable times during normal business hours. Any audit may be conducted on Contractor's premises or, at County's option, Contractor shall provide all books and records within fifteen (15) days upon delivery of written notice from County. Contractor shall promptly refund any moneys erroneously charged and shall be liable for the costs of audit if the audit establishes an over-charge of five percent (5%) or more of the correct amount owed during the audit period.
22. **Cost Disclosure:** In accordance with Government Code Section 7550, should a written report be prepared under or required by the provisions of this Contract, Contractor agrees to state in a separate section of said

report the numbers and dollar amounts of all contracts and subcontracts relating to the preparation of said report.

23. **Termination.**

- A. A material breach, as defined pursuant to the terms of this Contract or otherwise, in addition to any other remedy available at law or otherwise, shall serve as a basis upon which County may elect to immediately suspend payments hereunder, or terminate this Contract, or both, without notice.
- B. If Contractor fails to timely provide in any manner the services materials and products required under this Contract, or otherwise fails to promptly comply with the terms of this Contract, or violates any ordinance, regulation or other law which applies to its performance herein, County may terminate this Contract by giving **five (5) calendar days written notice to Contractor.**
- C. Either Party may terminate this Contract for any reason, or without cause, by giving **thirty (30) calendar days written notice** to the other, which notice shall be sent by registered mail in conformity with the notice provisions, below. In the event of termination not the fault of Contractor, Contractor shall be paid for services performed to the date of termination in accordance with the terms of this Contract. Contractor shall be excused for failure to perform services herein if such performance is prevented by acts of God, strikes, labor disputes or other forces over which Contractor has no control.
- D. County, upon giving **thirty (30) calendar days written notice** to Contractor, shall have the right to terminate its obligations under this Contract at the end of any fiscal year if County or the State of California, as the case may be, does not appropriate funds sufficient to discharge County's obligations coming due under this contract.
- E. Any notice to be provided under this section may be given by the Agency Director.
- F. Suspension: County, upon giving seven (7) calendar days written notice to Contractor, shall have the right to suspend this Contract, in whole or in part, for any time period as County deems necessary due to delays in Federal, State or County appropriation of funds, lack of demand for services to be provided under this contract, or other good cause. Upon receipt of a notice of suspension from County, Contractor shall immediately suspend or stop work as directed by County and shall not resume work until and unless County gives Contractor a written notice to resume work. In the event of a suspension not the fault of the Contractor, Contractor shall be paid for services performed to the date of the notice of suspension in accordance with the terms of this Contract.

In the event this Contract is terminated:

- 1) Contractor shall deliver copies of all writings prepared by it pursuant to this Contract. The term "writings" shall be construed to mean and include handwriting, typewriting, printing, Photostating, photographing, and every other means of recording upon any tangible thing any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combinations thereof.
- 2) County shall have full ownership and control of all such writings delivered by Contractor pursuant to this Contract.
- 3) County shall pay Contractor the reasonable value of services rendered by Contractor to the date of termination pursuant to this Contract not to exceed the amount documented by Contractor and approved by County as work accomplished to date; provided, however, that in no event shall any payment hereunder exceed the amount of the Contract specified in Exhibit B, and further provided, however, County shall not in any manner be liable for lost profits which might have been made by Contractor had Contractor completed the services required by this Contract. In this regard, Contractor shall furnish to County such financial information as in the judgment of County is necessary to determine the reasonable value of the services rendered by Contractor. The foregoing is cumulative and does not affect any right or remedy, which County may have in law or equity.

24. **Intellectual Property** Contractor will not publish or transfer any materials produced or resulting from activities supported by this Contract without the express written consent of County. All reports, original drawings, graphics, plans, studies and other data and documents, in whatever form or format, assembled

or prepared by Contactor or Contractor's subcontractors, consultants, and other agents in connection with this Contract are "works made for hire" (as defined in the Copyright Act, 17 U.S.C. Section 101 et seq., as amended) for County, and Contractor unconditionally and irrevocably transfers and assigns to County all right, title, and interest, including all copyrights and other intellectual property rights, in or to the 'works made for hire.' Unless required by law, Contractor shall not publish, transfer, discuss, or disclose any of the above-described works made for hire or any information gathered, discovered, or generated in any way through this Contract, without County's prior express written consent. To the extent County provides any of its own original photographs, diagrams, plans, documents, information, reports, computer code and all recordable media together with all copyright interests thereto, to Contractor during this Contract, such information shall remain the property of County, and upon fifteen (15) days demand therefor, shall be promptly delivered to County without exception.

25. **Waiver** One or more waivers by one Party of any major or minor breach or default of any provision, term, condition, or covenant of this Contract shall not operate as a waiver of any subsequent breach or default by the other Party.
26. **Conflict of Interest** Contractor certifies that no official or employee of County, nor any business entity in which an official of County has an interest, has been employed or retained to solicit or aid in the procuring of this Contract. In addition, Contractor agrees that no such person will be employed in the performance of this Contract unless first agreed to in writing by County. This includes prior Nevada County employment in accordance with County's Personnel Code
27. **Entirety of Contract** This Contract contains the entire Contract of County and Contractor with respect to the subject matter hereof, and no other contract, statement, or promise made by any Party, or to any employee, officer or agent of any Party, which is not contained in this Contract, shall be binding or valid.
28. **Alteration** No waiver, alteration, modification, or termination of this Contract shall be valid unless made in writing and signed by all Parties, except as expressly provided in Section 23, Termination.
29. **Governing Law and Venue** This Contract is executed and intended to be performed in the State of California, and the laws of that State shall govern its interpretation and effect. The venue for any legal proceedings regarding this Contract shall be the County of Nevada, State of California. Each Party waives any federal court removal and/or original jurisdiction rights it may have.
30. **Compliance with Applicable Laws** Contractor and any subcontractors shall comply with any and all federal, state and local laws, codes, ordinances, rules and regulations which relate to, concern or affect the services or type of services to be provided by this Contract.
31. **Confidentiality** Contractor, its employees, agents and or subcontractors may come in contact with documents that contain information regarding matters that must be kept confidential by County, including personally identifiable patient or client information. Even information that might not be considered confidential for the usual reasons of protecting non-public records should be considered by Contractor to be confidential.

Contractor agrees to maintain confidentiality of information and records as required by applicable federal, state, and local laws, regulations and rules and recognized standards of professional practice.

Notwithstanding any other provision of this Contract, Contractor agrees to protect the confidentiality of any confidential information with which Contractor may come into contact in the process of performing its contracted services. This information includes but is not limited to all written, oral, visual and printed patient or client information, including but not limited to: names, addresses, social security numbers, date of birth, driver's license number, case numbers, services provided, social and economic conditions or circumstances, agency evaluation of personal information, and medical data.

Contractor shall not retain, copy, use, or disclose this information in any manner for any purpose that is not specifically permitted by this Contract. Violation of the confidentiality of patient or client information may, at the option of County, be considered a material breach of this Contract.

32. **Additional Contractor Responsibilities**

- A. To the extent Contractor is a mandated reporter of suspected child and/or dependent adult abuse and neglect, it shall ensure that its employees, agents, volunteers, subcontractors, and independent contractors are made aware of, understand, and comply with all reporting requirements. Contractor shall immediately notify County of any incident or condition resulting in injury, harm, or risk of harm to any child or dependent adult served under this Contract.
- B. Contractor will immediately notify County of any active complaints, lawsuits, licensing or regulatory investigations, reports of fraud or malfeasance, or criminal investigations regarding its operations. Contractor agrees to work cooperatively with County in response to any investigation commenced by County with regard to this Contract or the clients served herein, including providing any/all records requested by County related thereto.
- C. Contractor shall employ reasonable background check procedures on all employees, prospective employees, volunteers and consultants performing work involving direct contact with minor children or dependent adults under this Contract, including fingerprinting and criminal records checks, sexual offender registry checks, and reference checks, including both personal and professional references.

33. **Notification** Any notice or demand desired or required to be given hereunder shall be in writing and deemed given when personally delivered or deposited in the mail, postage prepaid, and addressed to the Parties as follows:

COUNTY OF NEVADA:		CONTRACTOR:	
Nevada County Behavioral Health Department		Stanford Youth Solutions DBA Stanford Sierra Youth & Families	
Address:	988 McCourtney Road	Address	8912 Volunteer Lane
City, St, Zip	Grass Valley, CA 95949	City, St, Zip	Sacramento, CA 95826
Attn:	Cindy Morgan	Attn:	Laura Heintz
Email:	Cindy.Morgan@nevadacountyca.gov	Email:	lheintz@youthsolutions.org
Phone:	(530) 265-1779	Phone:	(916) 344-0199

Any notice so delivered personally shall be deemed to be received on the date of delivery, and any notice mailed shall be deemed to be received five (5) days after the date on which it was mailed.

Authority: All individuals executing this Contract on behalf of Contractor represent and warrant that they are authorized to execute and deliver this Contract on behalf of Contractor.

IN WITNESS WHEREOF, the Parties have executed this Contract to begin on the Effective Date.

COUNTY OF NEVADA:

By: Edward C. Scofield Date: 07/11/2023

Printed Name/Title: Honorable Edward Scofield, Chair, of the Board of Supervisors

By: Julie Patterson Hunter
Attest: Julie Patterson Hunter, Clerk of the Board of Supervisors

CONTRACTOR: Stanford Youth Solutions DBA Stanford Sierra Youth & Families

By: Laura Heintz Date: 06/15/2023
Laura Heintz (Jun 15, 2023 15:34 PDT)

Name: Laura Heintz

* Title: CEO

**If Contractor is a corporation, this Contract must be signed by two corporate officers; one of which must be the secretary of the corporation, and the other may be either the President or Vice President, unless an authenticated corporate resolution is attached delegating authority to a single officer to bind the corporation (California Corporations Code Sec. 313).*

Exhibits

- Exhibit A: Schedule of Services**
- Exhibit B: Schedule of Charges and Payments**
- Exhibit C: Insurance Requirements**
- Exhibit D: Behavioral Health Provisions**
- Exhibit E: Schedule of HIPAA Provisions**
- Summary Page**

EXHIBIT A
SCHEDULE OF SERVICES
STANFORD YOUTH SOLUTIONS D/B/A STANFORD SIERRA YOUTH & FAMILIES

Nevada County Behavioral Health Department hereinafter referred to as “County”, and Stanford Youth and Solutions DBA Stanford Sierra Youth & Families, hereinafter referred to as “Contractor” agree to enter a specific contract for the provision of services and programs listed below.

Contractor shall provide a continuum of services depending on the child and family’s need. The County will support and monitor this continuum. This continuum shall consist of three programs; Pathways to Wellbeing Services SSY, Family Preservation Services, and Full-Service Partnership (FSP).

PROGRAMS/CLIENT POPULATIONS SERVED

- Children, youth, and families in Eastern and Western Nevada County
- Pathways to Wellbeing formerly the Katie A Subclass children
- Child Welfare and Probation youth

Contractor will provide Therapeutic Support Services and Family Preservation Services to youth needing less-intensive services. Contractor will provide more intensive therapeutic services to the Pathways to Wellbeing (formerly Katie A) children and other children needing this level of service. Services may include Full-Service Partnership (FSP) level of care.

Contractor shall provide comprehensive, specialty mental health services primarily targeted to serve pre- and post-adoptive and guardianship children and families at risk of a Child Welfare Services referral with specialty focus on issues related to trauma, attachment and permanency for youth who have been removed from birth families. Additional children will be served on a space-available basis. Contractor shall involve child/parents/caregivers/guardians in all treatment planning and decision-making regarding the child’s services as documented in the child’s treatment plan.

Specialty services will be provided based on the established medical necessity for mental health services due to behavioral, emotional and functional impairments meeting the Nevada County Mental Health Plan eligibility criteria. Contractor shall refer a child/youth requiring medication support services to the Nevada County Behavioral Health Services Psychiatrist.

PROGRAMS

- A. **Family Preservation** program offers a range of therapeutic and supportive in-home services focusing on high-risk families with complex needs who have been referred by Child Welfare Services. The mission is to keep children out of foster care or to keep children who are already in foster care in a permanent stable home. The program’s model provides a team approach which is individualized based upon the needs of the family. The team may include a Clinician who also serves as the Case Coordinator, Family Support Specialists, and Family Partner who provide rehabilitation services, intensive home-based services, and parent education. In home parent education utilizes Evidenced-Based Practices to support families. Services are enhanced by using local community resources to strengthen the family in their community and to build natural supports. The services for this program are managed and authorized through Nevada County Behavioral Health; however, Child Welfare Services (CWS) will closely interact with the Contractor.
- B. **Pathways to Wellbeing (formerly Katie A) Services:** Intensive Case Coordination (ICC): ICC are services that will be used to facilitate implementation of the cross-system /multi-agency collaborative services approach described in the Core Practice Manual of Katie A Subclass. ICC

are Targeted Case Management services that must be delivered using a Child Family Team. ICC may be provided to children living and receiving services in the community as well as to children who are currently in the hospital or group home. ICC activities may include:

- Facilitation of collaborative relationships between child, his family or caregivers, providers and others involved with the child.
- Care planning with mental health and other systems to ensure that the child be served in his community in the least restrictive setting possible.
- Ensure services are being provided to meet the child's mental health needs.
- Provide active coordination of services and resources
- Provide active participation in the Child and Family team meetings.

Intensive Home-Based Services: IHBS are intensive, individualized, strength-based, needs-driven intervention activities that support the engagement and participation of the child and his support person. IHBS is to help the child develop skills and achieve the goals and objectives of the plan. IHBS services include:

- Medically necessary skill-based interventions for the remediation of behaviors or improvement of symptoms, including but not limited to the implementation of a positive behavioral plan and/or modeling interventions for the child's family.
- Development of functional skills to improve self-care, self-regulation or other functional impairments by intervening to decrease or replace non-functional behavior that interferes with daily living tasks.
- Improvement of self-management of symptoms.
- Education of youth and parent about and how to manage the child's mental health disorder.
- Support of the development, maintenance and use of social networks.
- Support to address behaviors that interfere with the achievement of a stable and permanent family life or job.
- Support to address behaviors that interfere with a child's success in school and with transitional independent living skills.

The Target Number of CSS/GSD/ Family Preservation (FP) and Pathways to Wellbeing (PWB) individuals to serve per year is 110.

C. Full Service Partnership (FSP) Services:

Target Population: Youth receiving FSP services must meet the eligibility criteria outlined in Welfare and Institutions Code (WIC) 5600.3(a), which means minors under the age of 18 years old who have a mental disorder as identified in the most recent edition of the DSM, other than primary substance use or developmental disorder, which results in behavior inappropriate to the child's age according to expected development norms. Members of this target population shall meet one or more of the following criteria:

- 1) As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 - a. The child is at risk of removal from home or has already been removed from the home.
 - b. The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.
- 2) The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.

- 3) The child has been assessed pursuant to Article 2 (commencing with Section 56320) of Chapter 4 of Part 30 of Division 4 of Title 2 of the Education Code and determined to have an emotional disturbance, as defined in paragraph (4) of subdivision (c) of Section 300.8 of Title 34 of the Code of Federal Regulations.

Transition age youth, in addition to the above, must meet one of the following criteria:

- 1) Homeless or at risk of being homeless.
- 2) Aging out of the child and youth mental health system.
- 3) Aging out of the child welfare systems
- 4) Aging out of the juvenile justice system.
- 5) Involved in the criminal justice system.
- 6) At risk of involuntary hospitalization or institutionalization.
- 7) Have experienced a first episode of serious mental illness.

FSP Services:

- Each client shall enter into a written full-service partnership agreement with the provider.
- Contractor shall designate a Personal Service Coordinator/Case Manager for each client to be the single point of responsibility and contact for that client/family.
- Contractor shall ensure that an Individualized Services and Supports Plan (ISSP) is developed for each client
- Contractor shall ensure that the Personal Service Coordinator/Case Manager:
 - Is responsible for developing the ISSP with the client, and when appropriate the client's family.
 - The Personal Service Coordinator/Case Manager shall ensure that the ISSP is developed in collaboration with other agencies that have a shared responsibility for services and/or supports to the client, and when appropriate the client's family.
 - Is culturally and linguistically competent, or at a minimum, is educated and trained in linguistic and cultural competence, and has knowledge of available resources within the client's/family's racial/ethnic community.
- Contractor shall ensure that a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention
 - In the event of an emergency when a Personal Service Coordinator/Case Manager or other qualified individual known to the client/family is not available, the County shall ensure that another qualified individual is available to respond to the client/family 24 hours a day, 7 days a week to provide after-hour intervention.
 - 24/7 response may include a regional phone and/or in person response
- Contractor may utilize flexible funding to support families to meet their needs when other resources are unavailable.
- The Target Number of FSP individuals to serve per year is 10.

DCR Data Quality Metrics

The County is dedicated to use quality data to generate meaningful and valuable outcome measures. The Contractor will support this effort and agrees that Full-Service Partnership DCR Data Metrics Reports for the following elements will be:

- 3Ms (Quarterly Assessments) – 100% of those due will be submitted within the given 45-day window
- KETs - 100% of partners served more than 90 days will have at least one (1) KET and/or a KET will be completed every time there is a change in one of the six (6) KET domains.
 - Administrative
 - Residential

- Education
- Employment
- Legal Issues / Designations
- Emergency Interventions

SERVICE REQUIREMENTS FOR MENTAL HEALTH / REHABILITATION SERVICES

Evaluation and Assessment

All children referred for services will have received a thorough clinical assessment performed by Stanford Sierra Youth & Families or Nevada County Behavioral Health. This assessment will serve as the basis of the treatment and service plan as developed by Stanford Sierra Youth & Families (and will follow documentation standards as outlined in Exhibit D below).

Mental Health/Rehabilitative Services:

In addition to Assessment, Mental Health and Rehabilitative services may include:

1.0 Plan Development: Each case will be assigned to a Case Coordinator who will be responsible for the overall coordination of services. The Case Coordinator will be certain that an appropriate written client plan is developed, reviewed regularly, and changed as treatment progresses (such as ISSP, care plan, or plan of care specific to service like TBS. For further guidance on when a plan is required, please see Exhibit D). The Case Coordinator will also be available to make community contacts and to be certain that information about the child in the community is shared with all the mental health professionals involved in the case.

2.0 Office-based and in-home individual and group child-centered therapy and rehabilitation services provide symptom resolution and adaptive skills development to address issues of loss and grief; trauma (including prior abuse); identity formation; mastery and control and intimacy using a variety of modalities.

3.0 Collateral services for caregivers: Individual or group interactions with one or more family members on behalf of the beneficiary.

3.1 Parents' groups: Multi-family groups offer psycho-education to support families caring for a special needs child including typical issues related to adoption and kin care and caring for children with mental health disorders. Where the child's age and functioning indicate that s/he could benefit from involvement in such treatment, the child may be included in the multi-family group therapy.

3.2 Parent Training Services is another service that contractor will offer families. The Parent Training program uses the Triple P parenting curriculum or other Evidence Based parenting curriculum. The Parent Training is intended to assist the parent in becoming more effective with addressing their child's symptoms so they can manage their lives more effectively. Services offered are strengths-based, and customized to address specific needs identified by a multidisciplinary team consisting of the family, agency staff, and service providers. Services provided include, but are not limited to, management, appropriate discipline, child development, and family communication strategies.

3.3 Group Collateral: Collateral group therapy supports all family members to identify key issues and concerns and to learn to deal in a constructive way with the problems at hand as individuals and as a unit.

3.4 School consultation: As necessary, team members will work closely with the personnel at the child's school in order to better understand the child's functioning in that setting, to incorporate information gathered from those contacts into the treatment plan, to offer support to the school staff, and to intervene in the school setting to assist the child in resolving emotional and behavioral problems. Team members may work with school personnel either by telephone or in-person contacts. Services may be conducted at the school site when appropriate and included in the treatment plan as developed.

3.5 After care family support services: These services will include three to six months of transition services and support (i.e., a one hour, monthly follow-up contact) with youth and families to further ensure long-term sustainable outcomes for our most vulnerable youth and families. These services will be available for up to 30 youth and families annually, and targeted at families with increased risk of long term placement instability, such as those in kinship/guardianship, resource, or adoptive placements, or those with history of psychiatric hospitalization

4.0 Rehabilitation: These services may include any or all of the following: assistance in restoring or maintaining a child's functional skills, daily living skills, social skills, grooming and personal hygiene skills, and support resources; training in leisure activities needed to achieve the individual's goals/desired results/personal milestones.

5.0 CARE COORDINATION/BROKERAGE: Activities provided by staff to access medical, educational, social, needed community services for eligible individuals.

1. LINKAGE AND CONSULTATION - The identification and pursuit of resources including but not limited to, the following: Interagency and intra-agency consultation, communication, coordination, and referral; monitoring service delivery to ensure an individual's access to service and the service delivery system; monitoring of the individual's progress; plan development.

Rehabilitation and Care Coordination/Brokerage - A progress note must be written for each Rehabilitation or Care Coordination/Brokerage contact and will contain date of service, activity code, location of service, duration (minutes) of service and a description of what was accomplished by the client and/or staff. The note must reflect any new significant information or changes as they may occur.

Group Attendance - Contractor shall list all clients attending group on the Event Monitoring Form each time a group session is held, identifying the clients, the group service by activity code, date of service and length of group in minute increments including documentation time.

Discharge Planning – shall begin at time of initial assessment, be specified in the treatment goals and plan and is accomplished through collaborative communication with the designated County staff. In case of emergency discharge (i.e. psychiatric hospitalization, removal of client by self, or family, serious illness or accident, etc.) the County staff will be contacted and consulted immediately and at the latest within 24 hours. Please see Exhibit D for further guidance if applicable on completion of Transition of Care Tool at discharge.

GENERAL PROGRAM AND SERVICE REQUIREMENTS

- **CONTRACTOR** shall provide clinical supervision to all treatment staff, licensed or license-eligible, in accordance with the County policies and procedures. Those staff seeking licensure shall receive clinical supervision in accordance with the appropriate State Licensure Board.

- **CONTRACTOR** shall attend MSHA (Mental Health Services Act) Steering Committee Meetings which are held quarterly.
- **CONTRACTOR** shall collect required data that supports the desired outcomes of the program, including Child and Adolescent Needs and Strengths (California CANS 50) and Pediatric Symptoms Checklist (PSC-35)
- **CONTRACTOR** shall enter CANS and PSC-35 data into County Electronic Health Record by the 15th of the next month (for example, enter May outcomes by 15th of June) for required upload to State reporting system.
- **CONTRACTOR** shall adhere to MSHA CSS (Community Services and Support) regulations.
- Despite progress in addressing explicit discrimination, racial inequities continue to be deep, pervasive, and persistent across the country. Though we have made many strides toward racial equity, policies, practices, and implicit bias have created and still create disparate results. Through partnerships with the community, Nevada County Behavioral Health strives to address these inequities and continue progress in moving forward.

Contractor is encouraged to have a diverse and inclusive workforce that includes representation from the disparate communities served by our county. Contractor will be expected to think holistically about creating services, program sites and an employee culture that is welcoming and inclusive. Contractor should track metrics on Diversity, Equity, and Inclusion outcomes within their service delivery. Additional efforts should be made to identify and highlight growth opportunities for equitable outcomes, access to services, and other opportunities. Contractor shall discuss with County contract manager about proposed metrics to track.

Services should be designed to meet clients' diverse needs. Contractor will be expected to participate in the NCBH Cultural Competency program, participate in trainings and tailor outreach efforts and marketing materials to engage a diverse population of community members. Given that Spanish is a threshold language in Nevada County, a special emphasis should be placed on engaging Latinx communities and providing services in Spanish.

Performance Measures for All levels of Care.

Goal	Objective
1. To prevent and reduce out-of-home placements and placement disruptions to higher levels of care.	80% of children and youth served will be stabilized at home or in foster care.
2. Youth will be out of legal trouble	At least 70% of youth will have no new legal involvement (arrests/violations of probation/citations) between admission and discharge.

3. Youth will improve academic performance.	At least 80% of parents will report youth maintained a C average or improved on their academic performance.
4. Youth will attend school regularly.	At least 75% of youth will maintain regular school attendance or improve their school attendance.
5. Youth will improve school behavior.	70% of youth will have no new suspensions or expulsions between admit and discharge.
6. Caregivers will strengthen their parenting skills.	At least 80% of parents will report an increase in their parenting skills.
7. Every child establishes, reestablishes, or reinforces a lifelong relationship with a caring adult.	At least 65% of children served will be able to identify at least one lifelong contact.
8. Caregivers will improve connections to the community.	At least 75% of caregivers will report maintaining or increasing connection to natural supports.
9. Youth and families will improve functioning.	At least 80% of youth and families will improve their scores on the California CANS 50 and the PSC-35 instruments between intake and discharge.
10. Contractor is to be responsive to community needs.	Contractor will make initial contact with youth and caregiver within 3 business days of receipt of referral from County.
11. Contractor is to be responsive to community needs.	Contractor will have face-to-face contact with 60% of children and families within 10 business days of receiving the referral from request for services by the beneficiary.

Medi-Cal Certification and Goals:

Contractor shall provide services at Medi-Cal certified sites. Contractor shall cooperate with Nevada County to maintain a Medi-Cal certified Provider in Nevada County. Contractor shall obtain and maintain certification as an organizational provider of Medi-Cal specialty mental health services for all new locations. Contractor will offer regular hours of operation and will offer Medi-Cal clients the same hours of operation as it offers to non-Medi-Cal clients.

Medi-Cal Performance Measurement Goals:

- Contractor shall maintain productivity standards sufficient to generate target service levels.
- Objective a. County and Contractor shall collaborate to meet the goal of 90% of all clients being accepted into the program as being Medi-Cal eligible.
- Objective b. Contractor shall strive and continue implementing actions as needed to have less than 5% denial rate in order to maximize available Medi-Cal funds.

- Objective c. Each Medi-Cal service provided must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity/procedure code.
- Objective d. Contractor shall document and maintain all clients' records to comply with all Medi-Cal regulations.

A. Documentation

- ISSP, Care Plans, Plans of Care, or other Treatment Plans—will be submitted by Contractor to County according to County documentation guidelines during the contract period, and in accordance with all applicable regulations. When requested, Contractor will allow County to review Treatment Plan, including requested level of services for each service type. For further guidance, please review Exhibit D specific to documentation standards and when a plan of care or other care plan may be applicable per service type/code.
- Discharge Planning—will begin at time of initial assessment, be specified in the treatment goals and plan and is accomplished through collaborative communication with the designated County Staff. In the case of an emergency discharge (i.e. psychiatric hospitalization, removal of client by self, or family, serious illness or accident, etc.) the County Staff will be contacted and consulted immediately within 24 hours at the latest. Please see Exhibit D for further guidance if applicable on completion of Transition of Care Tool at discharge.
- Retention of Records—Contractor shall maintain and preserve all clinical records related to this contract for seven (7) years from the date of discharge for adult clients, and records of clients under the age of eighteen (18) at the time of treatment must be retained until either one (1) year beyond the clients eighteenth (18th) birthday or for a period of seven (7) years from the date of discharge, whichever is later. Contractor shall also contractually require the maintenance of such records in the possession of any third party performing work related to this contract for the same period of time. Such records shall be retained beyond the seven year period, if any audit involving such records is then pending, until the audit findings are resolved. The obligation to insure the maintenance of the records beyond the initial seven year period shall arise only if the County notifies Contractor of the commencement of an audit prior to the expiration of the seven year period.
- CSS Regulation Requirements
 - Quarterly Target and Actual Reporting due within 30 days of the end of each fiscal quarter, template provided, (Q1 reporting due Nov 1, Q2 due Feb 1, Q3 due May 1 and Q4 due Aug 1);
 - An Annual Demographic Report is due within 30 days of the end of the fiscal year by Aug 1 (template provided)
 - An Annual Progress Report within 30 days of the end of the fiscal year by Aug 1 (template provided);
 - Any MHSA Progress or Evaluation report that is required, and/or may be requested by the County. The Contractor shall cooperate with the County for the compilation of any data or information for services rendered under this contract as may be necessary for the County to conform to MHSA CSS regulations pertaining to data reporting.

Stabilization funds

Contractor will reserve approximately \$14,500 per year to aid families with specific emergent needs; appropriateness of need will be determined at the discretion of the contractor and be consistent with the case plan. Stabilization funds are intended to support activities and basic life needs directly related to Family

Preservation. The purpose of the stabilization funds are to provide support to clients—consistent with the goals and objectives of an approved Service Plan—during their participation in the program, to help families create stability and permanence for their children. The use of these funds may make a difference between the success and failure of treatment, and the County encourages these expenditures within the scope of program services as identified in this contract. The contractor will report quarterly on Stabilization fund usage, including specific costs per child.

Contractor shall abide by the following allowable costs guidelines:

Allowable **costs** are those directly related to meeting a client’s planned goals and outcomes. They may include, but are not limited to, the following: Auto repair/maintenance, childcare, child participation in sport or activity, client transportation, clothing assistance, dental care/treatment, emergency and temporary shelter, family activity, food, hygiene assistance, housing assistance, job placement, medical care/treatment, supplies for celebrating an achievement, youth mentoring.

Procedures

- All items purchased with program funds must be authorized through the Stabilization Funding Request Form (Attached hereto and included herein as Attachment A) or a form that Contractor creates with the same information on it. This contractor form will be approved by the county.
- All requests will be signed by Contractor’s Director (or his/her designee) prior to payment, for final authorization.
- Expenditure will be documented and included in a separate line-item in the detail of expenses submitted from the Contractor to the County Behavioral Health Department.

Goal: Contractor will give quarterly reports to the county

Objectives:

- Contractor will report demographic information on the children served
- Contractor will report number of days from referral to first contract
- Contractor will report results of the outcome measures as stated above
- Contractor will report length of treatment
- Contractor will report on the use of Stabilization Funds
- Quarterly Promoting Safe and Stable Families (PSSF) Service Goals and Outcomes summary report which includes demographic tracking
- Monthly list of referrals and number of families engaged
- Submission of satisfaction surveys and intake forms (monthly or on a flow basis).
- Contractor will provide other reasonable data to County as needed to complete reports to funders (such as First Five).
- Contractor shall provide fiscal reports to County quarterly.

Quality Assurance/Utilization Review/Compliance – The standard requirements in Regulations and the MH Plan contract with DHCS shall apply to the services provided through this contract.

CalMHSA Streamline SmartCare Electronic Health Record:

As the department is implementing and will go live with the CalMHSA Streamline SmartCare products for an Electronic Health Records System, the Contractor shall be required to use the Streamline

SmartCare product functionality that is relevant to the scope of work of this contract, as requested by the County. This may include the following Streamline SmartCare functionality: use of the Billing System, client chart, physician or nursing specific home pages, E-Prescribing, other clinical documentation, and any other Electronic Health Record data collection necessary for the County to meet billing and quality assurance goals. The Contractor shall receive training as needed to be able to comply with this requirement and will be required to complete CalMHSA Learning Management System Modules specific to the Streamline SmartCare product prior to being able to enter into the system.

**EXHIBIT B
SCHEDULE OF CHARGES AND PAYMENTS**

Subject to the satisfactory performance of services required of Contractor pursuant to this contract, and to the terms and conditions as set forth, the County shall pay Contractor a maximum amount not to exceed \$1,811,316 for the term of this contract. The maximum obligation of this Contract is contingent and dependent upon final approval of State budget and County receipt of anticipated funding to support program expenses.

Projected Summary of Compensation:

Program	Contract Maximum
Outpatient SMHS Services	\$ 1,737,295
Client Supports	\$ 14,500
Front-Loaded Incentives	\$ 59,521
Total	\$ 1,811,316

Direct Service Staff By Discipline	Hourly Rate	Average Productivity
Psychiatrist/ Contracted Psychiatrist	\$ 780.42	45%
Nurse Practitioner	\$ 487.92	40%
RN	\$ 398.55	40%
Certified Nurse Specialist	\$ 487.92	40%
LVN	\$ 209.37	40%
Licensed Psychiatric Technician	\$ 200.56	40%
Psychologist/Pre-licensed Psychologist	\$ 408.05	40%
LPHA/Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 264.06	40%
Mental Health Rehab Specialist	\$ 198.67	35%
Peer Recovery Specialist	\$ 198.67	35%
Other Qualified Providers - Other Designated MH Staff that Bill Medical	\$ 198.67	40%

FINANCIAL TERMS

1. CLAIMING

- A. Contractor shall enter claims data into the County's billing and transactional database system within the timeframes established by County. Contractor shall use Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, as provided in the DHCS Billing Manual available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>, as from time to time amended.
- B. Claims shall be complete and accurate and must include all required information regarding the claimed services.

- C. Contractor shall maximize the Federal Financial Participation (FFP) reimbursement by claiming all eligible Medi-Cal services and correcting denied services for resubmission in a timely manner as needed.
2. INVOICING
- A. Contractor shall invoice County for services monthly, in arrears, in the format directed by County. Invoices shall be based on claims entered into the County's billing and transactional database system for the prior month.
 - B. Invoices shall be provided to County after the close of the month in which services were rendered. Following receipt and provisional approval of a monthly invoice, County shall make payment within 30 days.
 - C. Monthly payments for claimed services shall be based on the units of time assigned to each CPT or HCPCS code entered in the County's billing and transactional database multiplied by the service rates in Exhibit B-2
 - D. County's payments to Contractor for performance of claimed services are provisional and subject to adjustment until the completion of all settlement activities. County's adjustments to provisional payments for claimed services shall be based on the terms, conditions, and limitations of this Agreement or the reasons for recoupment set forth in Article 5, Section 6 of Exhibit D.
 - E. Contractor shall submit invoices, and reports to:
 - Nevada County Behavioral Health Department
 - Attn: Fiscal Staff
 - 500 Crown Point Circle, Suite 120
 - Grass Valley, CA 95945

4. ADDITIONAL FINANCIAL REQUIREMENTS

- A. County has the right to monitor the performance of this Agreement to ensure the accuracy of claims for reimbursement and compliance with all applicable laws and regulations.
- B. Contractor must comply with the False Claims Act employee training and policy requirements set forth in 42 U.S.C. 1396a(a)(68) and as the Secretary of the United States Department of Health and Human Services may specify.
- C. Contractor agrees that no part of any federal funds provided under this Agreement shall be used to pay the salary of an individual per fiscal year at a rate in excess of Level 1 of the Executive Schedule at <https://www.opm.gov/> (U.S. Office of Personnel Management), as from time to time amended.
- D. Federal Financial Participation is not available for any amount furnished to an Excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or had reason to know of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud [42 U.S.C. section 1396b(i)(2)].

5. CONTRACTOR PROHIBITED FROM REDIRECTION OF CONTRACTED FUNDS

- A. Contractor may not redirect or transfer funds from one funded program to another funded program under which Contractor provides services pursuant to this Agreement except through mutual agreement.

- B. Contractor may not charge services delivered to an eligible client under one funded program to another funded program unless the client is also eligible for services under the second funded program.
- C. Financial audit reports must contain a separate schedule that identifies all funds included in the audit that are received from or passed through the County. County programs must be identified by Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.
- D. Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the Director. The Director is responsible for providing the audit report to the County Auditor.
- E. Contractor must submit any required corrective action plan to the County simultaneously with the audit report or as soon thereafter as it is available. The County shall monitor implementation of the corrective action plan as it pertains to services provided pursuant to this Agreement.

Payment Reform/EHR Transition Incentive Payments

Upon completion of the following activities, contractor may submit an invoice for the amount associated, which will be processed and paid per the process outlined in this Exhibit. If Contractor does not submit the required documentation for the individual activity, no incentive payment will be made.

Activity 1: By July 31, submit an attestation or other documentation showing that 80% of all direct-service staff have logged in to Streamline Electronic Health Record and completed all required training. \$19,840

Activity 2: By August 31, submit documentation demonstrating use of a productivity report that tracks billable time for direct service staff. \$19,840

Activity 3: By September 30, submit a budget-actual report of expenses and revenues for the month of July. \$19,841

Contractor shall submit quarterly fiscal report, including a detailed list of costs for the prior quarter and cumulatively during the contract period.

Records to be Maintained:

Contractor shall keep and maintain accurate records of all costs incurred and all time expended for work under this contract. Contractor shall contractually require that all of Contractors Subcontractors performing work called for under this contract also keep and maintain such records, whether kept by Contractor or any Subcontractor, shall be made available to County or its authorized representative, or officials of the State of California for review or audit during normal business hours, upon reasonable advance notice given by County, its authorized representative, or officials of the State of California. All fiscal records shall be maintained for five years or until all Audits and Appeals are completed, whichever is later.

Non-Profit Supplemental Audit Provisions:

(i) Contractor shall have on file with the County at all times their most recent reviewed or audited financial statements including the review or opinion letter issued by an independent Certified Public Accountant. The financial statement package is due to the County within one hundred eighty (180) days of the end of the Contractor's fiscal year. Contractor may request in writing an extension of due date for good cause – at its discretion, County shall provide written approval or denial of request.

(ii) Non-profit Contractors whose contract with the County includes services that will be reimbursed, partially or in full, with Federal funds are also governed by the OMB Super Circular and are required to have a single or program-specific audit conducted if the Contractor has expended \$750,000 or more in Federal awards during Contractor's fiscal year. Any Contractor who is required to complete an annual Single Audit must submit a copy of their annual audit report and audit findings to County at the address listed in the "Notification" section of the executed contract within the earlier of thirty (30) days after the Contractor's receipt of the auditor's report or nine (9) months following the end of the Contractor's fiscal year.

EXHIBIT “B-2”
SCHEDULE OF SPECIALTY MENTAL HEALTH SERVICE RATES
STANFORD YOUTH SOLUTIONS D/B/A STANFORD SIERRA YOUTH & FAMILIES

Provider & Bundled Service Rate Report

Full List of Rates by CPT Code and Discipline. Actual billable CPT codes may be limited based on Nevada County Electronic Health Record/Billing and Transactional Database capabilities. The final list of billable codes will be provided to Contractor by Nevada County Behavioral Health.

Program	Discipline	CPT Code Name	CPT Code	Hourly Rate
Outpatient	Clinical Nurse Specialist	Crisis Intervention Service, per 15 Minutes	H2011	\$487.92
		Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$487.92
		Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$487.92
		Intensive Care Coordination	T1017	\$487.92
		Intensive Home Based Services	H2017,	\$487.92
		Interactive Complexity	90785	\$487.92
		Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$487.92
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$487.92
		Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$487.92
		Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$487.92
		Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$487.92
		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$487.92
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$487.92
		Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$487.92
		Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$487.92
		Psychotherapy, 30 Minutes with Patient	90832	\$487.92
		Psychotherapy, 45 Minutes with Patient	90834	\$487.92
		Psychotherapy, 60 Minutes with Patient	90837	\$487.92
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$487.92
		Targeted Case Management, Each 15 Minutes	T1017	\$487.92
		Interdisciplinary Team Meeting (client/family not present)	99368	\$487.92
		Interdisciplinary Team Meeting (client/family present)	99366	\$487.92
		Licensed Psychiatric Technician		Crisis Intervention Service, per 15 Minutes
Intensive Care Coordination	T1017			\$200.56

	Intensive Home Based Services	H2017,	\$200.56
	Interactive Complexity	90785	\$200.56
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$200.56
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$200.56
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$200.56
	Targeted Case Management, Each 15 Minutes	T1017	\$200.56
	LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)		
	Crisis Intervention Service, per 15 Minutes	H2011	\$264.06
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$264.06
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$264.06
	Intensive Care Coordination	T1017	\$264.06
	Intensive Home Based Services	H2017,	\$264.06
	Interactive Complexity	90785	\$264.06
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$264.06
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$264.06
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$264.06
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$264.06

Outpatient	LPHA (MFT LCSW LPCC)/ Intern or Waivered	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$264.06
		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$264.06
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$264.06
		Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$264.06
		Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$264.06
		Psychotherapy, 30 Minutes with Patient	90832	\$264.06
		Psychotherapy, 45 Minutes with Patient	90834	\$264.06
		Psychotherapy, 60 Minutes with Patient	90837	\$264.06
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$264.06
		Targeted Case Management, Each 15 Minutes	T1017	\$264.06
		Interdisciplinary Team Meeting (client/family not present)	99368	\$264.06
		Interdisciplinary Team Meeting (client/family present)	99366	\$264.06
	LVN	Crisis Intervention Service, per 15 Minutes	H2011	\$209.37
		Intensive Care Coordination	T1017	\$209.37
		Intensive Home Based Services	H2017,	\$209.37

	Interactive Complexity	90785	\$209.37
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$209.37
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$209.37
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$209.37
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$209.37
	Targeted Case Management, Each 15 Minutes	T1017	\$209.37
Mental Health Rehab Specialist	Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
	Intensive Care Coordination	T1017	\$198.67
	Intensive Home Based Services	H2017,	\$198.67
	Interactive Complexity	90785	\$198.67
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$198.67
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
	Targeted Case Management, Each 15 Minutes	T1017	\$198.67
Nurse Practitioner	Crisis Intervention Service, per 15 Minutes	H2011	\$487.92
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$487.92
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$487.92
	Intensive Care Coordination	T1017	\$487.92
	Intensive Home Based Services	H2017,	\$487.92
	Interactive Complexity	90785	\$487.92
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$487.92
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$487.92
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$487.92
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$487.92
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$487.92
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$487.92
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$487.92

Outpatient	Nurse Practitioner	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$487.92
		Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$487.92
		Psychotherapy, 30 Minutes with Patient	90832	\$487.92

	Psychotherapy, 45 Minutes with Patient	90834	\$487.92
	Psychotherapy, 60 Minutes with Patient	90837	\$487.92
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$487.92
	Targeted Case Management, Each 15 Minutes	T1017	\$487.92
	Interdisciplinary Team Meeting (client/family not present)	99368	\$487.92
	Interdisciplinary Team Meeting (client/family present)	99366	\$487.92
Other Qualified Providers - Other Designated MH staff that bill medical			
	Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
	Intensive Care Coordination	T1017	\$198.67
	Intensive Home Based Services	H2017,	\$198.67
	Interactive Complexity	90785	\$198.67
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$198.67
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
	Targeted Case Management, Each 15 Minutes	T1017	\$198.67
Peer Recovery Specialist			
	Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
	Intensive Care Coordination	T1017	\$198.67
	Intensive Home Based Services	H2017,	\$198.67
	Interactive Complexity	90785	\$198.67
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
	Targeted Case Management, Each 15 Minutes	T1017	\$198.67
Physicians Assistant			
	Crisis Intervention Service, per 15 Minutes	H2011	\$440.06
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$440.06
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$440.06
	Intensive Care Coordination	T1017	\$440.06
	Intensive Home Based Services	H2017,	\$440.06
	Interactive Complexity	90785	\$440.06
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$440.06
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$440.06
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$440.06

	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$440.06
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$440.06
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$440.06
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$440.06
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$440.06
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$440.06
	Psychotherapy, 30 Minutes with Patient	90832	\$440.06
	Psychotherapy, 45 Minutes with Patient	90834	\$440.06
	Psychotherapy, 60 Minutes with Patient	90837	\$440.06
	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$440.06

Outpatient	Physicians Assistant	Targeted Case Management, Each 15 Minutes	T1017	\$440.06
		Interdisciplinary Team Meeting (client/family not present)	99368	\$440.06
		Interdisciplinary Team Meeting (client/family present)	99366	\$440.06
	Psychiatrist	Crisis Intervention Service, per 15 Minutes	H2011	\$780.42
		Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$780.42
		Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$780.42
		Intensive Care Coordination	T1017	\$780.42
		Intensive Home Based Services	H2017,	\$780.42
		Interactive Complexity	90785	\$780.42
		Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$780.42
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$780.42
		Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$780.42
		Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$780.42
		Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$780.42
		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$780.42
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$780.42
		Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$780.42
		Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$780.42
		Psychotherapy, 30 Minutes with Patient	90832	\$780.42
		Psychotherapy, 45 Minutes with Patient	90834	\$780.42
	Psychotherapy, 60 Minutes with Patient	90837	\$780.42	

	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$780.42
	Targeted Case Management, Each 15 Minutes	T1017	\$780.42
	Interdisciplinary Team Meeting (client/family not present)	99368	\$780.42
	Interdisciplinary Team Meeting (client/family present)	99366	\$780.42
Psychologist/Pre-licensed Psychologist	Crisis Intervention Service, per 15 Minutes	H2011	\$408.05
	Family Psychotherapy [Conjoint Psychotherapy] (with Patient Present), 50 Minutes	90847	\$408.05
	Group Psychotherapy (Other Than of a Multiple-Family Group), 15 Minutes	90853	\$408.05
	Intensive Care Coordination	T1017	\$408.05
	Intensive Home Based Services	H2017,	\$408.05
	Interactive Complexity	90785	\$408.05
	Interpretation or Explanation of Results of Psychiatric or Other Medical Procedures to Family or Other Responsible Persons, 15 Minutes	90887	\$408.05
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$408.05
	Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$408.05
	Multiple-Family Group Psychotherapy, 15 Minutes	90849	\$408.05
	Psychiatric Diagnostic Evaluation, 15 Minutes	90791	\$408.05
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$408.05
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$408.05
	Psychotherapy for Crisis, Each Additional 30 Minutes	90840	\$408.05
	Psychotherapy for Crisis, First 30-74 Minutes 84	90839	\$408.05
	Psychotherapy, 30 Minutes with Patient	90832	\$408.05
	Psychotherapy, 45 Minutes with Patient	90834	\$408.05

Outpatient	Psychologist/Pre-licensed Psychologist	Psychotherapy, 60 Minutes with Patient	90837	\$408.05
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$408.05
		Targeted Case Management, Each 15 Minutes	T1017	\$408.05
		Interdisciplinary Team Meeting (client/family not present)	99368	\$408.05
		Interdisciplinary Team Meeting (client/family present)	99366	\$408.05
RN		Crisis Intervention Service, per 15 Minutes	H2011	\$398.55
		Intensive Care Coordination	T1017	\$398.55
		Intensive Home Based Services	H2017,	\$398.55
		Interactive Complexity	90785	\$398.55
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$398.55

		Mental Health Service Plan Developed by Non-Physician, 15 Minutes	H0032	\$398.55
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$398.55
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$398.55
		Targeted Case Management, Each 15 Minutes	T1017	\$398.55
		Interdisciplinary Team Meeting (client/family not present)	99368	\$398.55
		Interdisciplinary Team Meeting (client/family present)	99366	\$398.55
Peer Support Services	Clinical Nurse Specialist	Crisis Intervention Service, per 15 Minutes	H2011	\$487.92
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$487.92
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$487.92
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$487.92
		Targeted Case Management, Each 15 Minutes	T1017	\$487.92
	Licensed Psychiatric Technician	Crisis Intervention Service, per 15 Minutes	H2011	\$200.56
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$200.56
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$200.56
		Targeted Case Management, Each 15 Minutes	T1017	\$200.56
	LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	Crisis Intervention Service, per 15 Minutes	H2011	\$264.06
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$264.06
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$264.06
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$264.06
	LVN	Crisis Intervention Service, per 15 Minutes	H2011	\$209.37
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$209.37
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$209.37
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$209.37
	Mental Health Rehab Specialist	Targeted Case Management, Each 15 Minutes	T1017	\$209.37
		Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
	Nurse Practitioner	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
		Targeted Case Management, Each 15 Minutes	T1017	\$198.67
		Crisis Intervention Service, per 15 Minutes	H2011	\$487.92

	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$487.92
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$487.92

Peer Support Services	Nurse Practitioner	Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$487.92
		Targeted Case Management, Each 15 Minutes	T1017	\$487.92
	Other Qualified Providers - Other Designated MH staff that bill medical	Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
		Targeted Case Management, Each 15 Minutes	T1017	\$198.67
	Peer Recovery Specialist	Behavioral health prevention education service (delivery of services with target population to affect knowledge, attitude and/or behavior)	H0025	\$198.67
		Crisis Intervention Service, per 15 Minutes	H2011	\$198.67
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$198.67
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$198.67
		Self-help/peer services per 15 minutes	H0038	\$198.67
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$198.67
		Targeted Case Management, Each 15 Minutes	T1017	\$198.67
	Physicians Assistant	Crisis Intervention Service, per 15 Minutes	H2011	\$440.06
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$440.06
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$440.06
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$440.06
		Targeted Case Management, Each 15 Minutes	T1017	\$440.06
	Psychiatrist	Crisis Intervention Service, per 15 Minutes	H2011	\$780.42
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$780.42
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$780.42
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$780.42
		Targeted Case Management, Each 15 Minutes	T1017	\$780.42
	Psychologist/Pre-licensed Psychologist	Crisis Intervention Service, per 15 Minutes	H2011	\$408.05
	Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$408.05	
	Psychosocial Rehabilitation, per 15 Minutes	H2017	\$408.05	

		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$408.05
		Targeted Case Management, Each 15 Minutes	T1017	\$408.05
	RN	Crisis Intervention Service, per 15 Minutes	H2011	\$398.55
		Mental Health Assessment by Non- Physician, 15 Minutes	H0031	\$398.55
		Psychosocial Rehabilitation, per 15 Minutes	H2017	\$398.55
		Sign Language or Oral Interpretive Services, 15 Minutes	T1013	\$398.55
		Targeted Case Management, Each 15 Minutes	T1017	\$398.55

Psychiatry Services	Clinical Nurse Specialist	Medication Training and Support, per 15 Minutes	H0034	\$487.92
		Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$487.92
		Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$487.92
		Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$487.92
		Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$487.92
		Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$487.92

Psychiatry Services	Clinical Nurse Specialist	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$487.92
		Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$487.92
		Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$487.92
		Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$487.92
		Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$487.92
		Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$487.92
		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$487.92
		Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$487.92
		Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$487.92
		Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$487.92
		Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$487.92
		Licensed Psychiatric Technician	Medication Training and Support, per 15 Minutes	H0034

	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$200.56
LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC)	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$264.06
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$264.06
LVN	Medication Training and Support, per 15 Minutes	H0034	\$209.37
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$209.37
Mental Health Rehab Specialist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$198.67
Nurse Practitioner	Medication Training and Support, per 15 Minutes	H0034	\$487.92
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$487.92
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$487.92
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$487.92
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$487.92
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$487.92
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$487.92
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$487.92
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$487.92
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$487.92
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$487.92

Psychiatry Services	Nurse Practitioner	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$487.92
		Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$487.92
		Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$487.92
		Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$487.92
		Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$487.92

	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$487.92
Other Qualified Providers - Other Designated MH staff that bill medical	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$198.67
Peer Recovery Specialist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$198.67
Physicians Assistant	Medication Training and Support, per 15 Minutes	H0034	\$440.06
	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$440.06
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$440.06
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$440.06
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$440.06
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$440.06
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$440.06
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$440.06
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$440.06
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$440.06
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$440.06
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$440.06
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$440.06
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$440.06
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$440.06
	Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$440.06
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$440.06
Psychiatrist	Medical Team Conference with Interdisciplinary Team of Health Care Professionals, Participation by Physician. Patient and/or Family not Present. 30 Minutes or More	99367	\$780.42
	Medication Training and Support, per 15 Minutes	H0034	\$780.42

Psychiatrist	Office or Other Outpatient Visit of a New patient, 30- 44 Minutes	99203	\$780.42
	Office or Other Outpatient Visit of a New Patient, 45- 59 Minutes	99204	\$780.42
	Office or Other Outpatient Visit of a New Patient, 60- 74 Minutes	99205	\$780.42
	Office or Other Outpatient Visit of an Established Patient, 10-19 Minutes	99212	\$780.42
	Office or Other Outpatient Visit of an Established Patient, 20-29 Minutes	99213	\$780.42
	Office or Other Outpatient Visit of an Established Patient, 30-39 Minutes	99214	\$780.42
	Office or Other Outpatient Visit of an Established Patient, 40-54 Minutes	99215	\$780.42
	Office or Other Outpatient Visit of New Patient, 15-29 Minutes	99202	\$780.42
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$780.42
	Prolonged Office or Other Outpatient Evaluation and Management Service(s) beyond the Maximum Time; Each Additional 15 Minutes	G2212	\$780.42
	Psychiatric Diagnostic Evaluation with Medical Services, 15 Minutes	90792	\$780.42
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$780.42
	Telephone Evaluation and Management Service, 11-20 Minutes	99442	\$780.42
	Telephone Evaluation and Management Service, 21-30 Minutes	99443	\$780.42
Telephone Evaluation and Management Service, 5-10 Minutes	99441	\$780.42	
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$780.42
Psychologist/Pre-licensed Psychologist	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$408.05
	Psychiatric Evaluation of Hospital Records, Other Psychiatric Reports, Psychometric and/or Projective Tests, and Other Accumulated Data for Medical Diagnostic Purposes, 15 Minutes	90885	\$408.05
RN	Medication Training and Support, per 15 Minutes	H0034	\$398.55
	Oral Medication Administration, Direct Observation, 15 Minutes	H0033	\$398.55
	Therapeutic, Prophylactic, or Diagnostic Injection; Subcutaneous or Intramuscular, 15 Minutes. Do not use this code to indicate administration of vaccines/toxoids or intradermal cancer immunotherapy injection.	96372	\$398.55

Attachment "A"

NEVADA COUNTY BEHAVIORAL HEALTH
STABILIZATION FUNDING REQUEST FORM

Person Making Request: Name: _____

Agency: _____

Date of Request: _____ COUNTY VENDOR I.D. NO. _____

Payment To: _____

Name: _____ Phone: _____

Address: _____ FAX: _____

DESCRIPTION OF SERVICES COVERED BY PAYMENT:

Date Funds are Needed by Participant: _____

Program (check one): ___ FACT Children's ___ FACT Adult ___ MHSA Children's ___ MHSA Adult

Payment For: (Participant(s) Name) _____

Payment Totals: \$ _____

Payment Method Credit Card \$ _____

Check/Warrant \$ _____

Other Payment form \$ _____

GRAND TOTAL: \$ _____

PURCHASE APPROVED BY

Executive Director Signature _____

Date: _____

For Accounting Use Only _____

Org Code

Project Code Number

EXHIBIT C
INSURANCE REQUIREMENTS
STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES

Insurance. Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by Contractor, its agents, representatives, or employees. Coverage shall be at least as broad as:

1. **Commercial General Liability (CGL):** Insurance Services Office Form CG 00 01 covering CGL on an "occurrence" basis, including products and completed operations, property damage, bodily injury and personal & advertising injury with limits no less than **\$2,000,000** per occurrence. If a general aggregate limit applies, either the general aggregate limit shall apply separately to this project/location (ISO CG 25 03 or 25 04) or the general aggregate limit shall be twice the required occurrence limit.
2. **Sexual Abuse or Molestation (SAM) Liability:** If the work will include contact with minors, elderly adults, or otherwise vulnerable clients and the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Contractor shall obtain and maintain policy covering Sexual Abuse and Molestation with a limit no less than **\$1,000,000** per occurrence or claim.
3. **Automobile Liability:** Insurance Services Office Form Number CA 0001 covering, Code 1 (any auto), or if Contractor has no owned autos, Code 8 (hired) and 9 (non-owned), with limit no less than **\$1,000,000** per accident for bodily injury and property damage.
4. **Workers' Compensation:** Insurance as required by the State of California, with Statutory Limits, and Employer's Liability Insurance with limit of no less than **\$1,000,000** per accident for bodily injury or disease.
5. **Professional Liability (Errors and Omissions)** Insurance covering **social worker** case management malpractice, also sexual molestation/misconduct/abuse, and information privacy coverage with limit no less than **\$1,000,000** per occurrence or claim, **\$2,000,000** aggregate.
6. **Cyber Liability:** Insurance, with limit not less than **\$1,000,000** per occurrence or claim, **\$1,000,000** aggregate. Coverage shall be sufficiently broad to respond to the duties and obligations as is undertaken by Contractor in this Contract and shall include, but not be limited to, claims involving infringement of intellectual property, including but not limited to infringement of copyright, trademark, trade dress, invasion of privacy violations, information theft, damage to or destruction of electronic information, release of private information, alteration of electronic information, extortion and network security. The policy shall provide coverage for breach response costs as well as regulatory fines and penalties as well as credit monitoring expenses with limits sufficient to respond to these obligations.

The insurance obligations under this Contract shall be the greater of 1—all the Insurance coverage and limits carried by or available to Contractor; or 2—the minimum Insurance requirements shown in this Contract. Any insurance proceeds in excess of the specified limits and coverage required, which are applicable to a given loss, shall be available to County. No representation is made that the minimum Insurance requirements of this Contract are sufficient to cover the indemnity or other obligations of Contractor under this Contract.

If Contractor maintains broader coverage and/or higher limits than the minimums shown above, County requires and shall be entitled to the broader coverage and/or the higher limits maintained by Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to County.

Other Insurance Provisions:

The insurance policies are to contain, or be endorsed to contain, the following provisions:

1. **Additional Insured Status: County, its officers, employees, agents, and volunteers are to be covered as additional insureds** on the CGL policy with respect to liability arising out of the work or operations performed by or on behalf of Contractor including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to Contractor's insurance (at least as broad as ISO Form CG 20 10 11 85 or both CG 20 10, CG 20 25, CG 20 33, or CG 20 38; and CG 20 37 forms if later revisions used.)
2. **Primary Coverage** For any claims related to this contract, **Contractor's insurance shall be primary** insurance primary coverage at least as broad as ISO CG 20 01 04 13 as respects County, its officers, employees, agents, and volunteers. Any insurance or self-insurance maintained by County, its officers, employees, agents, and volunteers shall be excess of Contractor's insurance and shall not contribute with it.
3. **Notice of Cancellation** This policy shall not be changed without first giving thirty (30) days prior written notice and ten (10) days prior written notice of cancellation for non-payment of premium to County.
4. **Waiver of Subrogation** Contractor hereby grants to County a waiver of any right to subrogation which any insurer or said Contractor may acquire against County by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not County has received a waiver of subrogation endorsement from the insurer.
5. **Deductible and Self-Insured Retentions** Deductible and Self-insured retentions must be declared to and approved by County. County may require Contractor to provide proof of ability to pay losses and related investigations, claims administration, and defense expenses within the retention. The policy language shall provide, or be endorsed to provide, that the self-insured retention may be satisfied by either the named insured or County.
6. **Acceptability of Insurers:** Insurance is to be placed with insurers authorized to conduct business in the State with a current A.M. Best's rating of no less than A:VII, unless otherwise acceptable to County.
7. **Claims Made Policies** if any of the required policies provide coverage on a claims-made basis:
 - a. The Retroactive Date must be shown and must be before the date of the contract or the beginning of contract work.
 - b. Insurance must be maintained, and evidence of insurance must be provided for at least five (5) years after completion of the contract of work.
 - c. If the coverage is canceled or non-renewed, and not replaced with another **claims-made policy form with a Retroactive Date**, prior to the contract effective date, Contractor must purchase "extended reporting" coverage for a minimum of **five (5)** years after completion of contract work.
8. **Verification of Coverage** Contractor shall furnish County with original Certificates of Insurance including all required amendatory endorsements (or copies of the applicable policy language effecting coverage required by this clause) and a copy of the Declarations and Endorsement Page of the CGL policy listing all policy endorsements to County before work begins. However, failure to obtain and provide verification of the required documents prior to the work beginning shall not waive Contractor's obligation to provide them. County reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by these specifications, at any time.
9. **Subcontractors** Contractor shall require and verify that all subcontractors maintain insurance meeting all the requirements stated herein, and Contractor shall ensure that

County is an additional insured on insurance required from subcontractors. For CGL coverage subcontractors shall provide coverage with a format at least as broad as CG 20 38 04 13.

10. **Special Risks or Circumstances** County reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.
11. **Conformity of Coverages** If more than one policy is used to meet the required coverages, such as an umbrella policy or excess policy, such policies shall be following form with all other applicable policies used to meet these minimum requirements. For example, all policies shall be Occurrence Liability policies, or all shall be Claims Made Liability policies, if approved by County as noted above. In no cases shall the types of policies be different.
12. **Premium Payments** The insurance companies shall have no recourse against County and funding agencies, its officers and employees or any of them for payment of any premiums or assessments under any policy issued by a mutual insurance company.
13. **Material Breach** Failure of Contractor to maintain the insurance required by this Contract, or to comply with any of the requirements of this section, shall constitute a material breach of the entire Contract.
14. **Certificate Holder** The Certificate Holder on insurance certificates and related documents should read as follows:

County of Nevada
950 Maidu Ave.
Nevada City, CA 95959

Upon initial award of a Contract to your firm, you may be instructed to send the actual documents to a County contact person for preliminary compliance review.

Certificates which amend or alter the coverage during the term of the Contract, including updated certificates due to policy renewal, should be sent directly to Contract Administrator.

EXHIBIT D
BEHAVIORAL HEALTH PROVISIONS

BEHAVIORAL HEALTH PROVISIONS

Article 1. DEFINITIONS

1. BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN)

“Behavioral Health Information Notice” or “BHIN” means guidance from DHCS to inform counties and contractors of changes in policy or procedures at the federal or state levels. These were previously referred to as Mental Health and Substance Use Disorder Services Information Notices (MHSUDS IN). BHINs and MHSUDS INs are available on the DHCS website.

2. BENEFICIARY OR CLIENT

“Beneficiary” or “client” mean the individual(s) receiving services.

3. DHCS

“DHCS” means the California Department of Health Care Services.

4. DIRECTOR

“Director” means the Director of the County Behavioral Health Department, unless otherwise specified.

Article 2. GENERAL PROVISIONS

A. Contractor shall notify County in writing of any change in organizational name, Head of Service or principal business at least 15 business days in advance of the change. Contractor shall notify County of a change of service location at least six months in advance to allow County sufficient time to comply with site certification requirements. Said notice shall become part of this Agreement upon acknowledgment in writing by the County, and no further amendment of the Agreement shall be necessary provided that such change of address does not conflict with any other provisions of this Agreement.

B. Contractor must immediately notify County of a change in ownership, organizational status, licensure, or ability of Contractor to provide the quantity or quality of the contracted services in a timely fashion.

2. ENTIRE AGREEMENT

This Agreement, including all schedules, addenda, exhibits and attachments, contains the entire understanding of the Parties in regard to Contractor’s provision of the services specified in Exhibit A (“Scope of Work”) and supersedes all prior representations in regard to the same subject matter, whether written or oral.

3. SEVERABILITY

If any provision of this Agreement, or any portion thereof, is found by any court of competent jurisdiction to be unenforceable or invalid for any reason, such provision shall be severable and shall not in any way impair the enforceability of any other provision of this Agreement.

4. CONFORMITY WITH STATE AND FEDERAL LAWS AND REGULATIONS

A. Contractor shall provide services in conformance with all applicable state and federal statutes, regulations and subregulatory guidance, as from time to time amended, including but not limited to:

- 1) California Code of Regulations, Title 9;
- 2) California Code of Regulations, Title 22;
- 3) California Welfare and Institutions Code, Division 5;
- 4) United States Code of Federal Regulations, Title 42, including but not limited to Parts 438 and 455;
- 5) United States Code of Federal Regulations, Title 45;
- 6) United States Code, Title 42 (The Public Health and Welfare), as applicable;
- 7) Balanced Budget Act of 1997;
- 8) Health Insurance Portability and Accountability Act (HIPAA); and
- 9) Applicable Medi-Cal laws and regulations, including applicable sub-regulatory guidance, such as BHINs, MHSUDS INs, and provisions of County's, state or federal contracts governing client services.
- 10) Clean Air Act and Federal Water Pollution Control:
Contractor shall comply with the provisions of the Clean Air Act (42 U.S.C. 7401 et seq.) and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended, which provides that contracts and subcontracts of amounts in excess of \$100,000 shall contain a provision that Contractor and any subcontractor shall comply with all applicable standards, orders or regulations issues pursuant to the Clear Air Act and the Federal Water Pollution Control Act. Violations shall be reported to the Centers for Medicare and Medicaid Services.
- 11) For the provision of services as provided herein, Contractor shall not employ or contract with providers or other individuals and entities excluded from participation in Federal Health Care Programs under either Section 1128 or 1128A of the Social Security Act and shall screen all individuals and entities employed or retained to provide services for eligibility to participate in Federal Health Care programs (see <http://oig.hhs.gov/exclusions/index.asp> and <http://files.medical.ca.gov/pubsdoco/SandILanding.asp>). Contractor shall check monthly and immediately report to the department if there is a change of status.
- 12) Dymally-Alatorre Bilingual Act:

Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Act which requires that state agencies, their contractors, consultants or services providers that serve a substantial number of non-English-speaking people employ a sufficient number of bilingual persons in order to provide certain information and render certain services in a language other than English.

13) Byrd Anti-Lobbying Amendment: Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to Department of Health Care Services (“DHCS”) any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

B. In the event any law, regulation, or guidance referred to in subsection (A), above, is amended during the term of this Agreement, the Parties agree to comply with the amended authority as of the effective date of such amendment without amending this Agreement.

Article 3. SERVICES AND ACCESS PROVISIONS

1. CERTIFICATION OF ELIGIBILITY

Contractor will, in cooperation with County, comply with Section 14705.5 of California Welfare and Institutions Code to obtain a certification of a client’s eligibility for SMHS under Medi-Cal.

2. ACCESS TO SPECIALTY MENTAL HEALTH SERVICES

A. In collaboration with the County, Contractor will work to ensure that individuals to whom the Contractor provides SMHS meet access criteria, as per DHCS guidance specified in BHIN 21-073. Specifically, the Contractor will ensure that the clinical record for each client includes information as a whole indicating that client’s presentation and needs are aligned with the criteria applicable to their age at the time of service provision as specified below.

~~B.~~ For enrolled clients under 21 years of age, Contractor shall provide all medically necessary SMHS required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered SMHS shall be provided to enrolled clients who meet either of the following criteria, (I) or (II) below. If a client under age 21 meets the criteria as described in (I) below, the beneficiary meets criteria to access SMHS; it is not necessary to establish that the beneficiary also meets the criteria in (II) below.

- I. The client has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by DHCS, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.
 - II. The client has at least one of the following:
 - a. A significant impairment
 - b. A reasonable probability of significant deterioration in an important area of life functioning
 - c. A reasonable probability of not progressing developmentally as appropriate.
 - d. A need for SMHS, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal Managed Care Plan (MCP) is required to provide.
AND the client's condition as described in subparagraph (II a-d) above is due to one of the following:
 - e. A diagnosed mental health disorder, according to the criteria in the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases and Related Health Problems (ICD).
 - f. A suspected mental health disorder that has not yet been diagnosed.
 - g. Significant trauma placing the client at risk of a future mental health condition, based on the assessment of a licensed mental health professional.
 - C. For clients 21 years of age or older, Contractor shall provide covered SMHS for clients who meet both of the following criteria, (I) and (II) below:
 - I. The client has one or both of the following:
 - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.
 - b. A reasonable probability of significant deterioration in an important area of life functioning.
 - II. The client's condition as described in paragraph (I) is due to either of the following:
 - a. A diagnosed mental health disorder, according to the criteria in the current editions of the DSM and ICD.
 - b. A suspected mental disorder that has not yet been diagnosed.
3. ADDITIONAL CLARIFICATIONS
- A. Criteria