

**AMENDMENT #1 TO THE CONTRACT WITH
STANFORD YOUTH SOLUTIONS DBA STANFORD
SIERRA YOUTH & FAMILIES (Res 21-254)**

THIS AMENDMENT is executed this January 25, 2022 by and between STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH & FAMILIES, hereinafter referred to as “Contractor” and COUNTY OF NEVADA, hereinafter referred to as “County”. Said Amendment will amend the prior Agreement between the parties entitled Professional Services Contract, executed on June 22, 2021 per Resolution 21-254; and

WHEREAS, the Contractor provides Comprehensive Specialty Mental Health Services primarily targeted to serve pre- and post-adoptive and guardianship children and families; and

WHEREAS, the parties desire to amend their Agreement to increase the contract price from \$1,051,356 to \$1,081,356 (an increase of \$30,000), revise Exhibit “A” Schedule of Services to incorporate one time purchases and amend Exhibit “B” Schedule of Charges and Payments to reflect the increase in the maximum contract price.

NOW, THEREFORE, the parties hereto agree as follows:

1. That Amendment #1 shall be effective as of 1/1/22.
2. That Maximum Contract Price, shall be amended to the following: \$1,081,356
3. That the Schedule of Services, Exhibit “A” is amended to the revised Exhibit “A” attached hereto and incorporated herein.
4. That the Schedule of Charges and Payments, Exhibit “B” is amended to the revised Exhibit “B” attached hereto and incorporated herein.
5. That in all other respects the prior agreement of the parties shall remain in full force and effect except as amended herein.

COUNTY OF NEVADA:

CONTRACTOR:

By: _____
Susan Hoek
Chair of the Board of Supervisors

By: _____
Stanford Youth Solutions
8912 Volunteer Lane
Sacramento, CA 95826

ATTEST:

By: _____
Julie Patterson-Hunter
Clerk of the Board of Supervisors

EXHIBIT “A”
SCHEDULE OF SERVICES
STANFORD YOUTH SOLUTIONS DBA 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 into a specific contract for the provision of services and programs listed below.

Contractor shall provide a continuum of services depending on the child and families need. The County will support and monitor this continuum. This continuum shall consist of four programs; Therapeutic Support Services, Family Preservation Services, and Destination Family Services.

PROGRAMS/CLIENT POPULATIONS SERVED

- Children, youth, and families in Eastern and Western Nevada County
- Youth needing a permanent connection
- 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. Contractor shall provide case management to Destination Families youth, for Child Welfare and Probation youth that are in need of a permanent placement.

Contractor shall provide comprehensive, specialty mental health services primarily targeted to serve pre- and post-adoptive and guardianship children and families 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 Children’s Services Client 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. **Therapeutic Support Services (TSS)** program offers a range of therapeutic and supportive services to foster, adoptive, guardianship, birth and kinship children who meet medical necessity requirements. Services are provided by permanency-trained therapists who offer individual therapy, family therapy and support, provision of community resources and school consultations with a specialty focus on trauma, grief and loss, attachment and permanency issues.
- B. **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 twelve month model provides a team approach which is individualized based upon the needs of the family. The team includes a therapist, case manager, parent educator and family partner. In home parent education utilizes the Positive Parenting Program (Triple P) curriculum. 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.
- C. **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.

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.

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 treatment planner who will be responsible for the overall coordination of services. S/he will be certain that an appropriate written client plan is developed, reviewed regularly, and changed as treatment progresses. The treatment planner 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 In Home Parent Training Services (IHPT) is another service that contractor will offer families. The IHPT program uses the Triple P parenting curriculum. The IHPT curriculum was developed to assist the parent in becoming more effective with 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. Services are time-limited based on the needs of the family, but are not to exceed 16 weeks without prior agreement between the contractor and County.

3.3 Group Collateral: Adoptive and relative families can become disorganized or dysfunctional after placement and at other significant developmental transitions points. 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, plan developers and ongoing therapists 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. Plan developers and therapists may work with school personnel either by telephone or in-person contacts. Therapy may be conducted at the school site when appropriate and included in the treatment plan as developed.

4.0 Rehabilitation (service code 109): Provide rehabilitation services for children with developmental delays or delays indicating substance or alcohol exposure, neglect or severe trauma. 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; counseling of the individual and/or family; training in leisure activities needed to achieve the individual's goals/desired results/personal milestones.

5.0 CASE MANAGEMENT/BROKERAGE (service code 114): 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.
2. **PLACEMENT SERVICES:** Supportive assistance to the individual in the assessment, determination of need and securing of adequate and appropriate living arrangements, including, but not limited to the following: Locating and securing an appropriate living environment; locating and securing funding; pre-placement visit; negotiation of housing or placement contracts; placement and placement follow-up; accessing services necessary to secure placement.

Documenting Services:

Each service listed below requires a progress note, which must meet medical necessity guidelines and meet Medi-Cal requirements as described by service and activity code. Contractor agrees to follow county format. Each note must include the Date of Service, Activity Code, Location of Service and Duration (minutes) of Service. Progress notes may be computer generated. Documentation time shall be included as part of the service provided. Documentation must be completed at the time service is provided and should normally not exceed 10 minutes for every hour of service provided. Time used for Progress Note documentation shall be included in “duration of service” time recorded on Event Monitoring Slip, Progress Note and monthly invoice.

Contractor shall submit a copy of original documentation for each service provided with Contractor’s monthly invoices. Documentation may include but is not limited to assessment, medical necessity form, client service plan, and outpatient services treatment authorization request form.

Assessment / Evaluation - (service code 100) –The assessment is a clinical analysis of the history and current status of the client’s mental, emotional or behavioral functioning; appraisal of the client’s community functioning in several areas including living situation, daily activities, social support systems, health status and diagnosis. Included in the assessment shall be any relevant physical health condition, presenting problems, mental status exam, special risk factors, medication history, allergies and history of adverse reactions to medications, mental health treatment history, re-natal and perinatal events, developmental history, a five axis diagnosis, client strengths.

Plan Development (service code 111) – This code would be utilized during the treatment planning that must occur after the assessment is completed and/or when completing an Outpatient Services Treatment Authorization Request form. When used to develop a client plan, documentation should include: diagnosis, psychiatric symptoms present and in what context, treatment goals to be addressed in therapy and planned strategies for

treatment. When used in preparation of the Outpatient Services Treatment Request Form, documentation should include presenting problems, strategies employed during treatment, current status of psychiatric symptoms or change in status that represents a critical need for this service and meets medical necessity guidelines, and what additional treatment is necessary.

Therapy – Individual/Group (service code 107 & 108) – A service activity that is a therapeutic intervention which focuses primarily on symptom reduction as a means to improve functional impairments.

All progress notes shall contain a description of attempted intervention and/or what was accomplished by the client, family (when applicable) and Contractor toward treatment goals or necessary interventions at the time service was delivered and a description of any changes in client's level of functioning. The notes must reflect any significant new information or changes as they may occur and a follow-up plan. A group progress note must be written for each client attending the group session.

Rehabilitation and Case Management/Brokerage- (service codes 109 and 114) - A progress note must be written for each Rehabilitation or Case Management/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.

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 MHSA (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 MHSA 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 |

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| | 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. |

CSS One Time Funds: Due to higher than anticipated MHSA revenues in FY 20/21, some additional one-time funds have been allocated to the program. Funding includes purchase of laptops, technology upgrades to conference room, and training.

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

- Treatment Plan—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
- 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.
- 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 Progress Reports within 30 days of the end of each quarter (Q1 ends Aug 31; report due Oct 1, etc.);
 - An Annual Progress Report within 30 days of the end of the fiscal year;
 - 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 \$5,000 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 clients planned goals and outcomes. They may include, but are not limited to, the following:

| | |
|--|--|
| <ul style="list-style-type: none"> • Auto Repair/Maintenance • Childcare • Child participation in sport or activity • Client transportation • Clothing assistance • Dental Care/Treatment • Emergency and Temporary shelter | <ul style="list-style-type: none"> • 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 B) 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.
- Once services have been rendered, receipts will be retained in contractor files.

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 report duration of untreated mental illness
- Contractor will provide other reasonable data to County as needed to complete reports to funders (such as First Five).
- At the end of term of the contract, no later than July 20th, Contractor shall submit a comprehensive written report to the Nevada County CWS Program Manager and Behavioral Health Children's Program Manager and MHSA Evaluator. The report shall include all necessary documentation, evaluations and outcomes of the program.
- Contractor shall provide fiscal reports to County monthly.

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

CERNER BEHAVIORAL HEALTH SOLUTION:

As the department utilizes the Cerner Behavioral Health Solution for an Electronic Health Records System, the Contractor shall be required to use the Cerner Behavioral Health Solution functionality that is relevant to the scope of work of this contract, as requested by the County. This may include the following Cerner Behavioral Health Solution functionality: use of the Billing System, Doctors Home Page, 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.

County's Responsibilities:

County's Behavioral Health Department shall provide a Quality Assurance Team who will:

1. Inform Contractor of County's documentation standards, Authorization Procedures, Medical Necessity Requirements and Procedures;
2. Provide training as needed;
3. Review Contractors procedures; and
4. Submit their findings in writing to Contractor indicating corrective action needed and the appropriate time frames.

**EXHIBIT “B”
 SCHEDULE OF CHARGES AND PAYMENTS
 STANFORD YOUTH SOLUTIONS DBA STANFORD SIERRA YOUTH &
 FAMILIES**

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 \$1,081,356 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.

Contract Maximum is based on the estimated budget (see Attachment A).

The table below shows the target number of billable minutes and dollar amounts.

**Stanford Sierra Youth & Families
 Calculation of Estimated Units
 Service and Rate Table**

| Type of Service | Interim Rate |
|--|----------------|
| Psychiatric/Med Support | 5.06 |
| Mental Health Services | 2.74 |
| Rehabilitation | 2.74 |
| Case Management/Brokerage | 2.12 |
| Crisis Intervention | 4.07 |
| MHSA/Other Non-Billable Mental Hlth Svc | 2.02 |
| MHSA/Other Non-Billable Case Management | 2.02 |
| | |
| Target Annual Services to Medi-Cal Beneficiaries \$ | 946,220 |
| Target Annual Billable Units | 379,358 |
| Target Monthly Billable Svc \$ | 78,852 |
| Target Monthly Billable Units | 31,613 |
| | |
| Target Annual Non-Medi-Cal Services \$ | 105,136 |
| Target Annual Non-Billable Units | 52,047 |
| Target Monthly Non-Billable Svc \$ | 8,761 |
| Target Monthly Non-Billable Units | 4,337 |
| | |

| | |
|-------------------------------|------------------|
| CSS One Time Purchases | 30,000 |
| Total Contract Amount | 1,081,356 |

Billing and Service Documentation

The table above shows the expected number of billable units and revenue to be produced under this contract at the current Interim Rates. Interim Rates will be reviewed quarterly and may be changed based on analysis of the current Interim Rates. No interim rate change will occur without approval from County Director of Behavioral Health. Payment shall be at the Interim Rate effective on the day the service is rendered.

If Contractor already has a State Department of Health Care Services (DHCS) approved negotiated rate in County for the specific services to be provided, the Negotiated Rate shall apply in place of the Interim Rate.

All Rates are subject to the Settlement provisions below for both billable and non-billable services.

The County and Contractor shall periodically review the units of time for Medi-Cal services submitted through this Contract, and at the discretion of the Director of Behavioral Health, and then as mutually agreeable to both parties will renegotiate the Agreement if: either Medi-Cal/Billable services are expected to be 10% greater or lesser than projected target minutes of time; or if the proportion of Medi-Cal/Billable units to total units of service fall below the 85% target.

Each Medi-Cal service requires documentation which must meet medical necessity guidelines and Medi-Cal requirements as described by service.

Contractor will cooperate with the County process for submitting the unit of service data for the County Medi-Cal and other billing processes on the required timeline. Contractor will: ensure that authorizations are received for services; check and maintain client Medi-Cal and/or other eligibility; process financial, registration and intake documents, follow up on eligibility issues and other issues that may result in denial of Medi-Cal or other billable services.

Contractor shall submit monthly invoice with detail and summary of billings/services, for services provided during the prior month, including billed amount at the Interim Rate effective on the day of service. The documentation shall include units of service and interim payment rate, by type of services provided, e.g. Psychiatric/Med Support, Mental Health Services, Case Management, etc. for all service types identified in the Scope of Work. The submitted invoice will identify the Medi-Cal beneficiary by name or county case number, using standard County billing forms, or a substitute form approved by County. All documentation time should normally be included in the maximum minutes per visit at a rate of 10 minutes of documentation to every 50 minutes of service.

For MHSA CSS One Time Program Support Funds will be based on the actual cost of items purchased. Contractor shall bill County monthly, and each invoice shall state the amount of reimbursement expenses being claimed by program. Contractor agrees to be responsible for the validity of all invoices.

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

Contractor shall submit invoices, monitoring charge payments, and reports to:

Nevada County Health & Human Services Agency
Attn: BH Fiscal Staff
950 Maidu Avenue
Nevada City, CA 95959

Behavioral Health Department will review the invoice and notify the Contractor within fifteen (15) working days if any individual item or group of costs is being questioned. Payments of approved billing shall be made within thirty (30) days of receipt of a completed, correct, and approved billing. Monitoring charge payment is due within thirty (30) days of payment from County.

Cost Settlement

Contractor shall submit an annual Cost Report on the State Department of Health Care Services' mandated forms—in compliance with the DHCS Cost Report manual—to County by September 30th, after the close of the fiscal year. Contractor may request extension of due date for good cause—at its discretion, County will provide written approval or denial of request. The Cost Report requires the reporting of all services to the County on one Cost Report.

The Cost Report calculates the Cost per unit as the lowest of Actual Cost, Published Charge, or County Maximum Allowance (CMA).

A Cost Report Settlement will be completed by County within a reasonable timeline and will be based on a comparison of the allowed Medi-Cal reimbursement or other authorized non-billable services per unit in the Cost Report compared to the payment per unit paid by the County. Payment will be required by County or Contractor within 60 days of Settlement or as otherwise mutually agreed.

Audits

Contractor will submit to DHCS Medi-Cal or County Fiscal or Quality Assurance Audits at any time. Contractor and County will each be responsible for any audit errors or omissions on their part. The annual DHCS/Federal Audit may not occur until five years after close of fiscal year and not be settled until all Audit appeals are completed/closed.

Final Audit findings must be paid by County or Contractor within 60 days of final Audit report or as otherwise agreed.

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.

ATTACHMENT "A"

| STANFORD SIERRA YOUTH & FAMILIES | | |
|---|-------------|---------------------|
| EXPENSES | FTE | Total Budget |
| PERSONNEL COSTS | | |
| Program Director | 1.00 | 95,680 |
| Clinical Program Manager | 0.75 | 56,940 |
| Clinicians | 4.25 | 308,770 |
| Family Support Specialists | 2.75 | 138,038 |
| Administrative Support | 0.75 | 33,649 |
| Subtotal Personnel: | 9.50 | 633,077 |
| Benefits/Payroll Taxes | | 148,773 |
| TOTAL PERSONNEL: | | 781,850 |
| OPERATING EXPENSES | | |
| Travel/Mileage | | 9,000 |
| Telephone/Cell Phone/Internet Service | | 11,488 |
| Therapeutic Supplies | | 5,000 |
| Computer/Teleconferencing Equipment | | 4,000 |
| Printing | | 600 |
| Occupancy | | 55,000 |
| Utilities | | 4,600 |
| Facilities Maintenance | | 6,500 |
| Equipment Lease - Copier | | 2,620 |
| Training/Conferences | | 15,000 |
| Insurance | | 4,564 |
| Office/Program Supplies | | 2,000 |
| Stabilization Fund | | 12,000 |
| TOTAL OPERATING EXPENSES: | | 132,372 |
| Subtotal Operating Expenses & Personnel: | | 914,222 |
| G&A | | 137,134 |
| TOTAL EXPENSES: | | 1,051,356 |
| CSS One Time Purchases | | |

| | | |
|---------------------------------------|--|------------------|
| Laptops | | 11,000 |
| Technology updates to conference room | | 3,000 |
| Training & Materials | | 16,000 |
| TOTAL EXPENSES: | | 30,000 |
| GRAND TOTAL EXPENSES | | 1,081,356 |

Attachment "B"

**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 _____