

AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND CAMINAR

THIS AGREEMENT, entered into this _____ day of _____, 2004, by and between the COUNTY OF SAN MATEO, hereinafter called "County," and Caminar hereinafter called "Contractor";

W I T N E S S E T H:

WHEREAS, pursuant to Government Code, Section 31000, County may contract with independent contractors for the furnishing of such services to or for County or any Department thereof;

WHEREAS, it is necessary and desirable that Contractor be retained for the purpose of performing professional services hereinafter described for the Health Services Agency, Mental Health Services Division; and

NOW, THEREFORE, IT IS HEREBY AGREED BY THE PARTIES HERETO AS FOLLOWS:

1. Exhibits.

The following exhibits are attached hereto and incorporated by reference herein:

- Exhibit A—Services
- Exhibit B—Payments and rates
- Exhibit C—Contractor's FY 2004-05 Budget
- Attachment I—§504 Compliance

2. Services to be performed by Contractor.

In consideration of the payments set forth herein and in Exhibit B, Contractor shall perform services for County in accordance with the terms, conditions and specifications set forth herein and in Exhibit "A."

3. Payments.

In consideration of the services provided by contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A", County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this contract exceed FIVE MILLION ONE HUNDRED FORTY-SEVEN THOUSAND FOUR HUNDRED TWENTY-TWO DOLLARS (\$5,147,422).

4. Term and Termination.

Subject to compliance with all terms and conditions, the term of this agreement shall be from July 1, 2004, through June 30, 2005.

This Agreement may be terminated by Contractor, the Director or Health Services or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party.

In the event of termination, all finished or unfinished documents, data, studies, maps, photographs, reports, and materials (hereafter referred to as materials) prepared by Contractor under this Agreement shall become the property of the County and shall be promptly delivered to the County. Upon termination, the Contractor may make and retain a copy of such materials. Subject to availability of funding, Contractor shall be entitled to receive payment for work/services provided prior to termination of the Agreement. Such payment shall be that portion of the full payment which is determined by comparing the work/services completed to the work/services required by the Agreement.

5. Availability of Funds.

The County may terminate this Agreement or a portion of the services referenced in the Attachments and Exhibits based upon unavailability of Federal, State or County funds, by providing written notice to Contractor as soon as is reasonably possible after the County learns of said unavailability of outside funding.

6. Relationship of Parties.

Contractor agrees and understands that the work/services performed under this Agreement are performed as an independent Contractor and not as an employee of the County and that Contractor acquires none of the rights, privileges, powers or advantages of County employees.

7. Hold Harmless.

Contractor shall indemnify and save harmless County, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of: (A) injuries to or death of any person, including Contractor, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, (C) any sanctions, penalties or claims of damages resulting from Contractor's failure to comply with the requirements set forth in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, or (D) any other loss or cost, including but not limited to that caused by the concurrent active or passive negligence of County, its officers, agents, employees, or servants, resulting from the performance of any work required of Contractor or payments made pursuant to this Agreement, provided that this shall not apply to injuries or damage for which County has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.

The duty of Contractor to indemnify and save harmless as set forth herein, shall include the duty to defend as set forth in Section 2778 of the California Civil Code.

8. Assignability and Subcontracting.

Contractor shall not assign this Agreement or any portion thereof to a third party, or subcontract with a third party to provide services required by contractor under this agreement without the prior written consent of County. Any such assignment or subcontract without the County's prior written consent shall give County the right to automatically and immediately terminate this Agreement.

9. Insurance.

The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by the County Manager, and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the County Manager with certificates of insurance evidencing the required coverage, and there shall be a specific contractual liability endorsement extending the Contractor's coverage to include the contractual liability assumed by the Contractor pursuant to this Agreement. These certificates shall specify or be endorsed to provide that thirty (30) days' notice must be given, in writing, to the County Manager of any pending change in the limits of liability or of any cancellation or modification of the policy.

- (1) **Workers' Compensation and Employer's Liability Insurance.** The Contractor shall have in effect during the entire life of this Agreement Workers' Compensation and Employer's Liability Insurance providing full statutory coverage. In signing this Agreement, the Contractor certifies, as required by Section 1861 of the California Labor Code, that it is aware of the provisions of Section 3700 of the California Labor Code which requires every employer to be insured against liability for workers' compensation or to undertake self-insurance in accordance with the provisions of the Code, and I will comply with such provisions before commencing the performance of the work of this Agreement.
- (2) **Liability Insurance.** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractors operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

employee benefits, Contractor shall comply with the County Ordinance which prohibits contractors from discriminating in the provision of employee benefits between an employee with a domestic partner and an employee with a spouse.

- F. The Contractor shall comply fully with the non-discrimination requirements required by 41 CFR 60-741.5(a), which is incorporated herein as if fully set forth.

12. Retention of Records.

Contractor shall maintain all required records for three years after the County makes final payment and all other pending matters are closed, and shall be subject to the examination and/or audit of the County, a Federal grantor agency, and the State of California.

13. Merger Clause.

This Agreement, including the Exhibits attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto and correctly states the rights, duties, and obligations of each party as of this document's date. Any prior agreement, promises, negotiations, or representations between the parties not expressly stated in this document are not binding. All subsequent modifications shall be in writing and signed by the parties.

14. Controlling Law.

The validity of this Agreement and of its terms or provisions, as well as the rights and duties of the parties hereunder, the interpretation and performance of this Agreement shall be governed by the laws of the State of California.

15. Notices.

Any notice, request, demand or other communication required or permitted hereunder shall be deemed to be properly given when deposited in the United State mail, postage prepaid, or when deposited with a public telegraph company for transmittal, charges prepaid, addressed to:

In the case of County, to:

San Mateo County
Mental Health Services Division
225 37th Avenue
San Mateo, CA 94403

In the case of Contractor, to:

Caminar
1720 South Amphlett Boulevard, #123
San Mateo, CA 94401

IN WITNESS WHEREOF, the parties hereto, by their duly authorized representatives, have affixed their hands.

COUNTY OF SAN MATEO

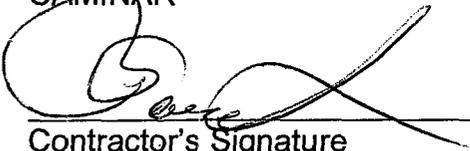
By: _____
Mark Church, President
Board of Supervisors
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

CAMINAR



Contractor's Signature

Date: Nov 18th, 2004

Long Form Agreement/Non Business Associate

Exhibit "A"

CAMINAR: 2004-05

In consideration of the payments set forth in Exhibit "B", Contractor shall provide the following services:

I. REHABILITATIVE MENTAL HEALTH SERVICES

A. Introduction

1. Rehabilitative Mental Health Services focus on client needs, strengths, and choices; the client is always involved in service planning and implementation. The goal of rehabilitation is to help clients take charge of their own lives through informed decision making. Services are based on the client's desired results from mental health services (long term goals) concerning his/her own life, and considering his/her diagnosis, functional impairments, symptoms, disabilities, life conditions, and rehabilitation readiness. Services are focused on achieving specific shorter term personal milestones (measurable objectives) to support the client in accomplishing his/her desired results.
2. Program staffing is multi-disciplinary and strives to reflect the cultural, linguistic, ethnic, age, gender, sexual orientation and other social characteristics of the community which the program serves. Families, caregivers, human service agency personnel and other significant support persons are encouraged to participate in the planning and implementation process to help the client meet his/her needs, choices, responsibilities and desires. Programs are designed to use both licensed and non-licensed personnel who are experienced in providing mental health services.
3. Services are optimal when delivered to clients who live in housing of their own choice. Single room occupancy is a highly valued housing choice by clients and is emphasized in resource development and service planning.

B. Services

Contractor shall provide Crisis Residential Treatment Services, Transitional Residential Treatment Services, Case Management Services (including Intensive Case Management (REACH), New Ventures Case Management (New Ventures/Tahanan/Wellness Recovery Action Partnership Services), Rehabilitation Services (including Supported Education and Employment Services, and Training and Consulting), Young Adult Independent Living Program (YAIL) Services, and Medication Support Services. These services shall be provided in a manner prescribed by the laws of California and in accord with the applicable laws, titles, rules and regulations, including quality improvement requirements of the Short-Doyle/Medi-Cal Program. The Short-Doyle/Medi-Cal Manual for the Rehabilitation Option and Targeted Case Management is included herein by reference. All payments under this Agreement must directly support services specified in this Agreement. Contractor shall provide the following services:

1. Crisis Residential Treatment Services

Contractor shall provide a sixteen (16) bed, twenty-four (24) hour crisis residential treatment facility for mentally ill clients ("Crisis Residential Treatment Facility"). Contractor shall provide such mentally ill clients with therapeutic and/or rehabilitation services in a structured program as an alternative to hospitalization for clients experiencing an acute psychiatric episode or crisis, and who do not present medical complications requiring nursing care. Contractor shall support clients in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems, and will make available interventions which focus on symptom reduction and management.

- a. Contractor will provide clients admitted to the Crisis Residential Treatment Facility with a mental health assessment.
- b. Ongoing Crisis Residential Treatment Services shall include assessment/evaluation, plan development, therapy/counseling, rehabilitative mental health services, dual diagnosis assessment and treatment, collateral services, and crisis intervention.

- c. Contractor shall provide five thousand seventy-three (5,073) client days of Crisis Residential Treatment Services to one hundred thirty-five (135) unduplicated clients during the term of this Agreement. A "client day" shall mean any and all services rendered by Contractor on behalf of one (1) client during any single day during which the client was present in the Crisis Residential Treatment Facility.
- d. Contractor shall admit to the Crisis Residential Treatment Facility only those persons who are in need of subacute services; such persons shall be identified according to the following criteria:
 - i. Persons in acute psychiatric distress who require immediate supervised crisis residential treatment and who, in the absence of such community-based treatment, would require admission to full-time inpatient psychiatric services.
 - ii. Minimally functioning clients who require supervised housing on an emergency basis while awaiting specific placement within community facilities.
- e. County Mental Health Services Division Adult Resource Management working closely with acute inpatient, psychiatric emergency services, and Contractor shall authorize persons for admission to the Crisis Residential Treatment Facility, and, in the case of multiple applications for admission, shall prioritize eligible persons for admission.
- f. County Mental Health Services Division Adult Resource Management will work closely with Crisis Residential Treatment Facility staff and will meet weekly for utilization review and management of residents.
- g. Crisis Residential Treatment Facility will provide the following:
 - i. The ability to admit more than one person per day.
 - ii. Admission capability on weekends and after hours.

- iii. The ability to admit some individuals from psychiatric emergency services. (County will work together with Contractor to define who constitutes an appropriate admission from psychiatric emergency services).
- iv. A program structure that promotes life skills training, addresses dual diagnosis issues via substance abuse groups and mandatory group participation in at least 3 to 5 groups a day, 7 days a week.

2. Transitional Residential Treatment Services

Contractor shall provide two (2) twenty-four (24) hour transitional residential treatment facilities for a total of twenty-four (24) beds for mentally ill clients (each a "Transitional Residential Treatment Facility" or collectively "Transitional Residential Treatment Facilities"). As of the effective date of this Agreement, the Transitional Residential Treatment Facility beds are distributed between Hawthorne House with twelve (12) beds, and Eucalyptus House with twelve (12) beds. Treatment and/or rehabilitation services shall be provided in a structured therapeutic community at each Transitional Residential Treatment Facility and shall include a range of activities and services for clients who would be at risk of hospitalization, or other institutional placement, were they not in this residential program ("Transitional Residential Treatment Services"). Contractor shall support Clients in their efforts to restore, maintain and apply interpersonal and independent living skills, and to access community support systems. Contractor shall also make available interventions which focus on symptom reduction.

- a. Transitional Residential Treatment Services shall include assessment/evaluation, plan development, therapy/counseling, rehabilitative mental health services, collateral services and crisis intervention.

- b. Contractor shall provide seven thousand nine hundred (7,900) client days of care to sixty-five (65) unduplicated clients during the term of this Agreement. A "client day" shall be deemed to mean any and all Transitional Residential Treatment Services rendered by Contractor on behalf of one (1) client during any single day during which the client was present at one of the Transitional Residential Treatment Facilities.
- c. The expected length of stay at a Transitional Residential Treatment Facility is six (6) months. Lengths of stay exceeding six (6) months will require a treatment extension authorization from County.
- d. Eligibility for admission to a Transitional Residential Treatment Facility shall be confined to persons with a serious mental illness and functional impairments that require and shall benefit from a rehabilitation program. County Mental Health Services Division Adult Resource Management shall authorize and, in the case of multiple applications, shall prioritize persons for admission. Admission priority shall generally be given to persons coming from more restricted settings such as hospital and locked sub-acute facilities.

3. Case Management Services

- a. Contractor shall provide case management services ("Case Management Services"). Such Case Management Services shall focus on client needs, strengths and choices, and shall involve the client in service planning and implementation. The goal of Case Management Services is to help clients take charge of their own lives through informed decision making. Case Management Services shall assist the client in acquiring skills and support systems needed to function successfully in environments where they choose to live, learn, work and socialize.

b. Contractor shall staff two Case Management Services programs, Intensive Case Management (REACH), and New Ventures Case Management (New Ventures/Tehanan) (as each is defined below). Staffing for the two Case Management Services programs operated by Contractor shall be multi-disciplinary and reflect the cultural, linguistic, ethnic, age, gender, sexual orientation, and other social characteristics of the community served. Staff for both Case Management Services shall include both licensed and non-licensed individuals who are trained to provide mental health services.

c. Intensive Case Management (REACH)

i. Contractor shall provide an intensive case management program based on an assertive community treatment model to at least an active case load of fifty (50) individuals who are severely and persistently mentally ill ("Intensive Case Management (REACH)").

ii. Contractor shall provide the following Intensive Case Management (REACH) services:

- 1) Comprehensive assessment, integrating medical, psychological and social factors, of the clients' service needs.
- 2) Medication assessment.
- 3) Medication monitoring.
- 4) Develop service plan based on comprehensive assessment.
- 5) Advocate and assist clients in obtaining services needed to promote independent living in the community.
- 6) Twenty-four (24) hour, seven (7) day a week crisis response capability, including in-home support services, and services at other community sites as appropriate for maintaining client in the community.
- 7) Integration of harm reduction philosophy when working with clients who have substance abuse issues.
- 8) Facilitate clients' involvement in self-help and peer support services/activities.

- 9) Housing services based upon maximizing clients' choice and support for the most independent living arrangement possible. Consultation with landlords as appropriate.
- 10) Facilitate vocational assessment, job development, supported employment and competitive employment.
- 11) Money management, including representative payee services, as appropriate; income maintenance services and assisting clients with budgeting.
- 12) Facilitate access to supported education programs.
- 13) Facilitate access to socialization and recreation programs.
- 14) Provide transportation, as needed, to implement clients' individualized service plan.

iii. Supplemental Case Management Services

- 1) Contractor will provide Supplemental Case Management Services as described below:
 - a) Referrals will be accepted from Resource Management to provide temporary intensive case management services to clients who are open to the County Regional Clinics.
 - b) County Regional case managers will develop the plan of care to be implemented by the Contractor's case managers. Typical case management activities will include community based supportive visits, crisis response, assistance with activities of daily living, transportation assistance, and assistance with maintaining housing. Medication monitoring is not an included case management activity.
 - c) Intensive case management services will be time limited up to three (3) months in duration per client. Services will be available on Saturday and Sunday if needed.

- d) Contractor will open the case and document and bill for services as appropriate.
 - e) Contractor will participate in meetings to develop procedures as necessary and will assist in evaluation of the services.
- 2) Contractor will provide the equivalent of a point five (.50) FTE and will provide five hundred seventy-five (575) hours of supplemental case management service during the term of the Agreement.
- iv. Contractor shall provide four hundred forty-five thousand (445,000) minutes of care to seventy (70) unduplicated adult clients. Referrals for Intensive Case Management (REACH) are to be coordinated with the Resource Management Unit, Mental Health Services Division.

4. New Ventures Case Management (New Ventures/Tahanan/WRAP)

- i. Contractor shall provide community-based case management services to an average of two hundred eighty (280) seriously and persistently mentally ill clients who are living in the community (apartment, board and care home, hotel, etc.) ("New Venture Case Management"). New Venture Case Management shall include supportive counseling and coordination of resources (medical, psychiatric, social, vocational, educational and housing) necessary to enhance client's potential successful community living.
- ii. As part of New Venture Case Management, Contractor shall provide housing and support services at Tahanan, an apartment complex which provides supportive housing, for clients who are unable to live independently but who do not require twenty-four (24) hour care.
- iii. Contractor shall provide seven hundred thirty-five thousand (735,000) minutes of New Venture Case Management to at least two hundred eighty (280) unduplicated adult clients.

- iv. Contractor will provide additional services, described below, to a sub-population of the clients to whom Contractor provides New Venture Case Management services ("Wellness Recovery Action Partnership").
- 1) Participants in the Wellness Recovery Action Partnership ("WRAP") services will be identified using the following criteria:
 - a) No hospitalizations within the last 12 months.
 - b) Demonstrated interest in preparing a wellness recovery action plan and participating in on-going groups and activities to support recovery.
 - 2) Participants will accomplish the following goals:
 - a) Prepare individual wellness recovery action plans.
 - b) Work with a benefits consultant to develop plans for financial self-sufficiency.
 - c) Work with Contractor's Job Plus and Supported Employment staff to develop employment and educational goals
 - d) Develop skills in learning how to access community resources independently.
 - e) Develop a social activities calendar with at least ten (10) activities per year.
 - f) Assess their level of need for on-going system of care services with the intention of developing exit strategies, i.e. obtaining medications from a network physician rather than a regional clinic.

- 3) Contractor shall insure that Wellness Recovery Action Partnership participants meet individually and/or in groups to carry out the program objectives outlined above. All Wellness Recovery Action Partnership activities will be coordinated by a single New Ventures Case Management manager who will have responsibility for participants in this program. Other Contractor and County staff will support this program including Jobs Plus and Supported Education staff, Contractor's Education and Training Director, and County staff as needed resources, experts, etc are identified. Approximately five (5) hours per week of WRAP support will be provided by Contractor in support of the Wellness Recovery Action Partnership.

4. Rehabilitation Services

a. Supported Education and Employment Services

- i. Contractor will provide case management and support services for a supported education and employment program on the College of San Mateo campus to students with psychiatric disabilities ("Supported Education and Employment Services"). In addition, Contractor will teach three specialized classes on a rotating basis throughout the year: WRAP, Peer Counseling, and Advanced Peer Counseling; and Contractor shall provide and coordinate support services for seriously mentally ill clients as they enter competitive employment.
- ii. Contractor shall provide twelve thousand (12,000) minutes of Supported Education and Employment Services to one hundred (100) unduplicated adult clients.
- iii. A minimum of two courses will be designed for and taught to mentally ill adults each semester at a community college. The instructor will conduct an evaluation of each class at the end of the semester.

b. Training and Consulting

Contractor shall provide a designated person who will provide the following training and consulting services ("Training and Consulting"):

- i. Consultation regarding wellness and recovery philosophy, and assist with an assessment of all wellness and recovery activities within the County.
- ii. Consultation, instruction and leadership for a wellness and recovery County wide taskforce initiative.
- iii. Provide a quarterly report on Wellness and Recovery Activities in the County Mental Health system.

5. Young Adult Independent Living Program (YAIL) Services

- a. Contractor shall provide intensive support services to transition age youth, ages 18-22 years ("Young Adult Independent Living Program (YAIL)"). YAIL services include intensive case management with an emphasis on education, employment, and the development of independent living skills. Contractor shall provide participants with assistance with housing. Participants may reside in the community or in a 4-unit apartment complex located in Redwood City. Contractor shall provide on-site counseling staff to be available twenty-four (24) hours a day, seven (7) days a week for residents in such Redwood City apartment complex.
- b. Contractor shall provide two hundred thousand (200,000) minutes of YAIL services to twenty-one (21) unduplicated clients.

6. Medication Support Services

Contractor shall provide community-based medication support services ("Medication Support Services"). Such Medication Support Services shall include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals necessary to alleviate the symptoms of mental illness, and shall be provided by a staff person within the scope of practice of his/her profession.

- a. Contractor shall provide one hundred three thousand four hundred fifty-five (103,455) minutes of Medication Support Services to one hundred seventy-four (174) unduplicated adult clients.
- b. Eligibility for Medication Support Services shall be confined to persons who are in need of medication support services as determined by a clinical assessment.
- c. At least ninety-five percent (95%) of all cases of clients who have not received care within the previous ninety (90) day period shall be closed
- d. An active caseload of one hundred fifty (150) clients shall be maintained per full-time equivalent physician. (An active client is defined as a person who has had a face-to-face contact within ninety (90) days.)
- e. All referrals for Medication Support Services must be coordinated with the Resource Management Unit and/or regional clinic unit chiefs, Mental Health Services Division.

II. ADMINISTRATIVE REQUIREMENTS

- A. Paragraph 12 of the Agreement and Paragraph P.4. of Exhibit B notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18th) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later.
- B. Administering Satisfaction Surveys

Contractor agrees to administer/utilize any and all survey instruments as directed by the County Mental Health Services Division, including outcomes and satisfaction measurement instruments.
- C. Cultural Competency

1. All program staff shall receive at least one (1) in-service training per year on some aspect of providing culturally and linguistically appropriate services. At least once per year and upon request, Contractor shall provide County with a schedule of in-service training(s) and a list of participants at each such training.
 2. Contractor shall use good faith efforts to translate health-related materials in a culturally and linguistically appropriate manner. At least once per year and upon request, Contractor shall provide to County copies of Contractor's health-related materials in English and as translated.
 3. Contractor shall use good faith efforts to hire clinical staff members who can communicate with clients in a culturally and linguistically appropriate manner. At least once per year and upon request, Contractor shall submit to County the cultural composition and linguistic fluencies of Contractor's staff.
- D. Contractor shall submit a copy of any licensing report issued by a licensing agency to County Mental Health Division Adult Services Deputy Director within 10 business days of Contractor's receipt of any such licensing report.
- E. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement.
- F. Contractor shall maintain certification through San Mateo County to provide Short-Doyle Medi-Cal reimbursable services.
- G. Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: www.Exclusions.OIG.HHS.Gov.
- H. Advance Directives
- Contractor will comply with County policies and procedures relating to advance directives.

I. Beneficiary Rights

Contractor will comply with County policies and procedures relating to beneficiary's rights and responsibilities.

J. Physician Incentive Plans

Contractor shall obtain approval from County prior to implementing a Physician Incentive Plan as described by Title 42, CFR, Section 438.6(h). The County will submit the Physician Incentive Plan to the State for approval. The State shall approve the Contractor's request for a Physician Incentive Plan only if the proposed Physician Plan complies with all applicable federal and state regulations.

K. Availability and Accessibility of Service

Contractor shall offer hours of operation that are no less than the hours of operation offered to commercial enrollees, if the Contractor also serves enrollees of a commercial plan, or that are comparable to the hours the Contractor makes available for Medi-Cal services that are not covered by the County or another Mental Health Plan, if the Contractor serves only Medi-Cal clients.

L. Compliance Plan and Code of Conduct

Contractor shall read and be knowledgeable of the compliance principles contained in the Mental Health Compliance Plan and Code of Conduct. In addition, Contractor shall assure that Contractor's workforce is aware of compliance mandates, and are informed of the existence and how to use the Compliance Improvement Hotline Telephone Number (650) 573-2695.

M. Beneficiary Brochure and Provider Lists

Contractor agrees to provide Medi-Cal clients who are new to the Mental Health System with a brochure (an original of which shall be provided by County) when a client first receives a specialty mental health service from the Contractor. Such brochure shall contain a description of County services available; a description of the process for obtaining County services, including the County's state-wide toll-free telephone number; a list of the County's providers; a description of the County's beneficiary problem resolution process, including the complaint resolution and grievance processes; and a description of the beneficiary's right to request a fair hearing at any time before, during or within 90 days after the completion of the beneficiary problem resolution process.

III. GOALS AND OBJECTIVES

Contractor shall ensure that the following outcome objectives are pursued throughout the term of this Agreement:

A. Case Management

Goal: Contractor's services will maintain clients in the community as an alternative to institutionalization.

Objective: No more than ten percent (10%) of clients will spend more than sixty (60) days during the year in subacute facilities.

B. Effectiveness

Goal: To maintain or improve clients' level of functioning.

Objective: At least eighty percent (80%) of clients will improve or maintain their level of functioning as measured by a standardized outcome instrument designated by the State of California.

Data collection to be completed by the County in cooperation with Contractor.

C. Rehabilitation

Goal: To enhance clients' living and coping skills in order to increase (or maintain) the clients' probability of remaining in the community, and/or to involve clients in educational, employment and other meaningful activities.

Objective 1: At least ninety (90%) of customer survey respondents will agree or strongly agree that they are able to deal more effectively with daily problems.

Objective 2: At least ninety (90%) of customer survey respondents will agree or strongly agree that they are better able to control their life.

Data collection to be completed by the County in cooperation with Contractor.

D. Satisfaction

Goal: To enhance clients' satisfaction with the services provided.

Objective 1: At least ninety percent (90%) of customer survey respondents will rate services as good or better.

Objective 2: At least eight-five percent (85%) of customer survey respondents will rate access to mental health services as good or better.

Data collection to be completed by the County in cooperation with Contractor.

E. Transitional Residential Treatment Services

Goal 1: To enhance the client's living and coping skills in order to prepare him/her to remain in a community-based setting.

Objective: At least fifty percent (50%) of clients discharged after completion of six (6) months or more treatment in transitional residential treatment program shall be discharged to a more independent living.

Data collection to be completed by the County in cooperation with Contractor.

Exhibit "B"

CAMINAR: 2004-05

In consideration of the services provided by Contractor in Exhibit "A", County shall pay Contractor based on the following fee schedule:

I. PAYMENTS

In full consideration of the services provided by Contractor and subject to the provisions of Paragraph 3 of this Agreement, County shall pay Contractor in the manner described below:

A. The maximum amount that County shall be obligated to pay for all services provided under this Agreement shall not exceed the amount stated in Paragraph 3 of this Agreement. Furthermore, of the total contract obligation, County shall not pay or be obligated to pay more than the amounts listed below for each component of service required under this Agreement:

Crisis Residential Treatment Services	\$ 969,905
Transitional Residential Treatment Services	862,090
Intensive Case Management (REACH)	1,187,210
Supplemental Case Management	25,000
New Ventures Case Management (Wellness Recovery Action Partnership)	1,314,292
Rehabilitation Services	
Supported Education and Employment Services	211,110
Training and Consulting and WRAP/Support Peer	16,020
Young Adult Independent Living (YAIL)	283,145
Medication Support Services	278,650
TOTAL CONTRACT OBLIGATION	\$5,147,422

B. Subject to the maximum amount stated above and the terms and conditions of this Agreement, Contractor shall be reimbursed the full cost of providing services under this Agreement. Unless otherwise authorized by the Director of Health Services or her authorized representative, the rate of payment by County to Contractor shall be one-twelfth (1/12) of the total obligation per month for the term of this Agreement.

- C. In any event, the maximum amount County shall be obligated to pay for all services rendered under this contract shall not exceed FIVE MILLION ONE HUNDRED FORTY-SEVEN THOUSAND FOUR HUNDRED TWENTY-TWO DOLLARS (\$5,147,422).
- D. Contractor's annual 2004-2005 budget is attached and incorporated into this Agreement as Exhibit C.
- E. Budget modifications may be approved by the Director of Health Services or her designee, subject to the maximum amount set forth in Paragraph C of this Exhibit B.
- F. The Director of the Health Services Agency is authorized to execute subsequent amendments and minor modifications not to exceed \$25,000 and to make minor changes in the type of services and activities provided under the Agreement.
- G. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.
- H. In the event this Agreement is terminated prior to June 30, 2005, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Director.
- I. Disallowances that are attributable to an error or omission on the part of County shall be the responsibility of County. This shall include but not be limited to quality assurance (QA) audit disallowances as a result of QA Plan error or format problems with County-designed service documents.
- J. Monthly Reporting
 - 1. Payment by County to Contractor shall be monthly. Contractor shall bill County on or before the tenth (10th) working day of each month for the prior month. The invoice shall include a summary of services and changes for the month of service.

2. The summary ("Summary") shall include data on caseload, units of service, type of housing provided, vacancy rate, and other evaluative information as requested by County. Such Summary will accompany the invoice described above. The Summary shall become incorporated into an annual (fiscal year-end) report which shall include such information as the Director requires to permit reporting, monitoring, and evaluation of Contractor's program pursuant to this Agreement.
 3. In addition Contractor shall provide back-up to the invoice. Such back-up shall be in the form of:
 - a. County provided service reporting form(s) ("Service Reporting Form(s)") completed by Contractor according to the instructions accompanying the Service Reporting Form(s), or
 - b. County approved form(s) or electronic format which provide detailed description of services provided including but not limited to: client name, mental health ID#, service date, type of service provided and duration of service (days/hour/minute format).
 4. County reserves the right to change the Service Report Forms, Summary, instructions, and/or require the Contractor to modify their description of services as the County deems necessary.
- K. If County or Contractor finds that performance is inadequate, at the County's discretion, a meeting may be called to discuss the causes for the performance problem, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated pursuant to Paragraph 4 of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement, if any.
- L. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.
- M. Cost Report

1. Contractor shall submit to County a year-end cost report no later than ninety (90) days after the expiration date of this Agreement. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted along with the Cost Report.
2. If the annual Cost Report provided to County shows that total payment to Contractor exceed the total actual costs for all of the services rendered by Contractor to eligible patients during the reporting period, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Director of Health Services or her designee. By mutual agreement of County and Contractor, contract savings or "rollover" may be retained by Contractor and expended the following year, provided that these funds are expended for mental health services approved by County and are retained in accordance with Paragraph Q of this Exhibit B.
3. Where discrepancies between costs and charges are found on the Cost Report to County, Contractor shall make a single payment to County when the total charges exceed the total actual costs for all of the services rendered to eligible patients during the reporting period. Likewise, a single payment shall be made to Contractor by County when the total actual costs exceed the total charges made for all of the services rendered to eligible patients during the reporting period and shall not exceed the total amount in Paragraph C of this Exhibit B.

N. Beneficiary Billing

Contractor shall not submit a claim to, demand or otherwise collect reimbursement from, the beneficiary or persons acting on behalf of the beneficiary for any specialty mental health or related administrative services provided under this contract except to collect other health insurance coverage, share of cost and co-payments. The Contractor shall not hold beneficiaries liable for debts in the event that the County becomes insolvent, for costs of covered services for which the State does not pay the County, for costs of covered services for which the State or the County does not pay the Contractor, for costs of covered services provided under this or other contracts, referral or other arrangement rather than from the County, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

O. County May Withhold Payment

Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes). The County may withhold payment for any and all services for which the required documentation is not provided, or if the documentation provided does not meet professional standards as determined by the Quality Improvement Manager of the San Mateo County Mental Health Services Division of the Health Services Agency.

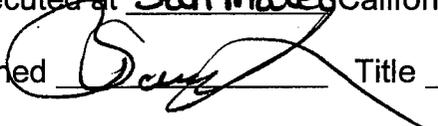
P. Claims Certification and Program Integrity

1. Contractor shall comply with all state and federal statutory and regulatory requirements for certification of claims, including Title 42, Code of Federal Regulations (CFR) Part 438, Sections 438.604, 438.606, and, as effective August 13, 2003, Section 438.608, as published in the June 14, 2002 Federal Register (Vol. 67, No. 115, Page 41112), which are hereby incorporated by reference.
2. Anytime Contractor submits a claim to the County for reimbursement for services provided under Exhibit A of this Agreement, Contractor shall certify by signature that the claim is true and accurate by stating the claim is submitted under the penalty of perjury under the laws of the State of California.

The claim must include the following language and signature line at the bottom of the form(s) and/or cover letter used to report the claim.

"Under the penalty of perjury under the laws of the State of California, I hereby certify that this claim for services complies with all terms and conditions referenced in the Agreement with San Mateo County.

Executed at San Mateo California, on Nov 1st, 2004

Signed  Title CEO

Agency CAMINAR "

3. The certification shall attest to the following for each beneficiary with services included in the claim:
- a. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.
 - b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
 - c. The services included in the claim were actually provided to the beneficiary.
 - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.
 - e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
 - f. For each beneficiary with specialty mental health services included in the claim, all requirements for Contractor payment authorization for specialty mental health services were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this agreement.
 - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.

4. Except as provided in Paragraph II.A. of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.

Q. Rollover

Contractor may rollover unspent funding from the County according to the following procedures.

1. Contractor shall submit a summary calculation of any savings 90 days after end of the fiscal year. The summary calculation will be a separate report from the year-end cost report. With the summary calculation Contractor shall return the amount of the savings.
2. At the time of the submission of the summary calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the Director of Mental Health Services or her designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.
3. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due 90 days after the specific purpose has been completed, or 90 days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

4. If the specific purpose is not yet complete as of the end of the succeeding fiscal year, contractor may request to rollover the unspent funds to the succeeding second fiscal year by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the request is approved by the Director of Mental Health Services or her designee.
5. A final accounting of the rollover funds shall be submitted 90 days after the specific purpose has been completed, or 90 days after the end of the second fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.

R. Substance Abuse and Mental Health Services ("SAMSHA") Grant

The Contractor and County acknowledge and agree that as least part of the funding for this Agreement is from SAMSHA grant funding, and as such, the following restrictions shall apply:

1. Funding must be used according to the following criteria:
 - a. Services must be provided to residents principally residing in a defined geographic area (referred to as service areas);
 - b. Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility;
 - c. 24-hour-a-day emergency care services;
 - d. Day treatment or other partial hospitalization services, or psychosocial rehabilitation services;
 - e. Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission;
 - f. Mental health services shall be provided, within the limits of the capacities of the centers, to any individual residing or employed within the service area regardless of ability to pay for such services; and
 - g. Mental health services of the center are available and accessible promptly, as appropriate and in a manner that preserves human dignity and assures continuity and high quality care.
2. Funds may not be expended for the following purposes:
 - a. To provide inpatient services;

- b. To make cash payments to intended recipients of health services;
- c. To purchase or improve land, purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or purchase major medical equipment;
- d. To satisfy any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or
- e. To provide financial assistance to any entity other than a public or nonprofit private entity.

**CAMINAR SAN MATEO BUDGET
FISCAL YEAR 2004 - 2005**

	Rehab	Training	New	Med	Med	Med	Med	Med	TOTAL
	Services	Occupation	Ventures	Case	Medication	Intensive	Case	Residential	
Employed	Occupation	Miniml	YALI	Chirk	Miniml	Occidental	Residential		BUDGET
Program Service Fees	-	-	-	-	-	-	-	28,100	28,100
Fees Government Agencies	211,110	16,020	1,314,792	283,145	278,650	1,212,210	909,905	882,090	5,147,422
New Ventures Art Club	-	-	500	-	-	-	-	-	500
Pantry	-	-	-	-	-	-	2,000	-	2,000
TOTAL REVENUE	211,110	16,020	1,314,792	283,145	278,650	1,212,210	1,000,005	1,091,690	5,407,822

PERSONNEL COSTS									
Salaries	141,870	13,565	727,040	171,695	104,450	744,632	596,356	583,799	3,083,405
Payroll Taxes	10,853	1,038	55,619	13,135	7,990	56,964	45,621	44,661	235,881
Unemployment Insurance	1,490	142	7,834	1,803	1,097	7,819	6,262	6,130	32,376
Employee Health Plans	19,397	1,052	81,632	17,361	6,276	56,555	77,913	57,659	317,846
Retirement	1,064	102	5,453	1,288	783	5,585	4,473	4,378	23,126
Workers' Comp. Insurance	7,878	780	72,730	18,655	8,284	78,615	63,992	61,488	312,421
TOTAL PERSONNEL COSTS	187,551	16,678	860,167	223,836	126,880	950,171	794,817	756,426	4,005,056

CONTRACT COSTS									
Contract Services	-	-	9,805	1,490	85,000	11,720	6,000	12,000	126,015
TOTAL CONTRACT COSTS	-	-	9,805	1,490	85,000	11,720	6,000	12,000	126,015

SERVICE & SUPPLY COSTS									
Fingerprinting	-	-	400	240	-	-	1,200	1,280	3,120
Advertising	150	-	375	150	-	300	450	600	2,025
Agency Vehicle Expense	-	-	500	1,500	-	-	-	-	2,000
Subscriptions	-	-	300	50	25	100	450	900	1,825
Depreciation & Amortization	135	-	6,640	4,200	600	12,385	6,000	32,280	62,240
Transportation/Travel	800	-	26,400	2,500	250	32,000	1,000	3,400	66,350
Equipment Rental	-	-	4,375	1,285	1,800	4,520	440	310	12,730
Rent: Offices	-	-	100,855	-	30,135	30,135	-	-	161,125
Telephone Expense	-	-	31,800	5,400	2,500	9,840	4,320	10,200	64,060
Telephone Costs: Residents	-	-	1,375	-	-	300	-	-	1,675
Utilities	-	-	-	-	-	-	18,000	24,000	42,000
Utilities Costs: Residents	-	-	1,800	-	-	1,200	-	-	3,000
Insurance Expense	625	-	9,205	1,600	1,625	7,260	11,595	19,885	51,895
Food & Beverage	-	-	-	-	-	-	18,000	35,000	53,000
Insurance: Agency Vehicle	-	-	-	3,895	-	7,790	-	3,895	23,370
Mortgage Interest	-	-	-	-	-	-	10,000	45,915	55,915
Household Supplies	-	-	100	100	-	500	3,500	7,000	11,200
Membership Dues & Licenses	295	-	2,305	370	20	1,285	950	2,600	7,825
Bldg Maint Supplies & Repairs	-	-	7,000	-	-	7,000	4,800	8,000	26,800
Household Furnishings	-	-	1,500	-	-	1,500	1,200	2,400	6,600
Maintenance: Equipment	-	-	2,000	300	-	500	3,200	5,000	11,000
Computer Maint. & Supplies	500	-	3,800	1,000	500	2,500	1,500	2,400	12,200
Office Supplies	500	-	12,500	1,600	500	6,000	3,000	3,600	27,700
Conference & Training	4,795	-	3,000	1,500	500	3,000	2,500	5,000	20,295
Printing & Publications	500	-	1,600	300	300	1,400	300	600	5,000
NV Art Club	-	-	500	-	-	-	-	-	500
Program Expense	500	-	2,000	4,400	250	3,500	3,200	4,000	17,850
Medical Expense	-	-	-	-	200	-	800	1,200	2,400
Real Estate Taxes	-	-	-	-	-	-	-	1,500	1,500
Postage & Freight	50	-	1,600	15	15	400	100	400	2,580
Miscellaneous	200	-	250	100	100	250	150	300	1,350
Wealth of Health	-	-	9,110	720	-	3,500	2,100	-	15,430
Special Events	500	-	5,000	1,000	350	4,000	1,000	1,500	13,350
Special Events- Board Expense	-	-	250	-	-	-	-	-	250
Pantry	-	-	-	-	-	-	2,000	-	2,000
TOTAL SERVICE/SUPPLY COSTS	9,850	-	236,540	32,225	39,670	141,165	109,545	223,265	791,980

TOTAL ADMINISTRATION SVCS	21,111	1,602	131,429	28,315	27,865	121,221	99,801	109,169	540,512
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TOTAL EXPENSES	213,212	18,280	1,327,861	285,965	281,415	1,224,277	1,009,962	1,102,560	5,463,552
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TOTAL DEFICIT/SURPLUS	(2,102)	(2,260)	(13,069)	(2,820)	(2,765)	(12,067)	(9,957)	(10,870)	(65,930)
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SUMMARY DATA									
TOTAL REVENUE	211,110	16,020	1,314,792	283,145	278,650	1,212,210	1,000,005	1,091,690	5,407,822
TOTAL EXPENSES	192,101	16,678	1,196,452	257,651	253,530	1,103,056	910,162	993,391	4,923,039
ADMINISTRATIVE COSTS	21,111	1,602	131,429	28,315	27,865	121,221	99,801	109,169	540,512
TOTAL BUDGET	213,212	18,280	1,327,861	285,965	281,415	1,224,277	1,009,962	1,102,560	5,463,552
DEFICIT/SURPLUS	(2,102)	(2,260)	(13,069)	(2,820)	(2,765)	(12,067)	(9,957)	(10,870)	(65,930)

Exhibit C - Contractor's FY 2004-05 Budget

Attachment I

(Required only from Contractors who provide services directly to the Public on County's behalf.)

Assurance of Compliance with Section 504 of the
Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

- a. employs fewer than 15 persons.
- b. employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Barry Shea

Name of 504 Person - Type or Print

Caminar

Name of Contractor(s) - Type or Print

1720 South Amphlett Blvd., #123

Street Address or PO Box

San Mateo

City

CA

State

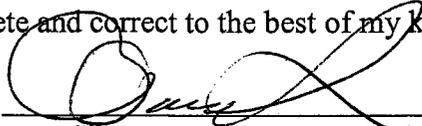
94401

Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

11-04-04

Date


Signature and Title of Authorized Official

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor: Caminar
Contact Person: Barry Shea
Address: 1720 South Amphlett Blvd., #123
San Mateo, CA 94401
Phone Number: (650) 578-8691 Fax Number: (650) 578-8697

II Employees

Does the Contractor have any employees? Yes No

Does the Contractor provide benefits to spouses of employees? Yes No

If the answer to one or both of the above is no, please skip to Section IV.*

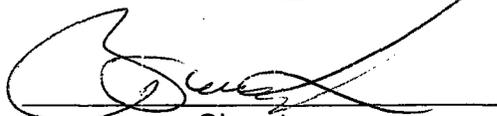
III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on _____ (date) and expires on _____ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 1st day of Nov, 2004 at San Mateo, CA
(City) (State)


Signature

Barry Shea
Name (Please Print)

C.E.O.

Title

COUNTY OF SAN MATEO
HEALTH SERVICES ADMINISTRATION

MEMORANDUM

DATE: October 6, 2004

TO: Priscilla Morse, Risk Management/Insurance Division

FROM: Liz Kauk, Mental Health Services/PONY #MLH 322

CONTRACTOR: Caminar

DO THEY TRAVEL: Yes

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: Yes

DUTIES (SPECIFIC): See attached

COVERAGE:

Comprehensive General Liability:	<u>\$1,000,000</u>
Motor Vehicle Liability:	<u>\$1,000,000</u>
Professional Liability:	<u>\$1,000,000</u>
Worker's Compensation:	<u>\$ yes</u>

APPROVE ✓

WAIVE _____

MODIFY _____

REMARKS/COMMENTS:

Priscilla Morse

SIGNATURE