

**FEE-FOR-SERVICE AGREEMENT BETWEEN  
THE COUNTY OF SAN MATEO  
DAYTOP VILLAGE, INC.  
FOR ALCOHOL AND DRUG TREATMENT SERVICES**

THIS AGREEMENT is entered into this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
by and between the COUNTY OF SAN MATEO, hereinafter called "County," and  
DAYTOP VILLAGE, INC., 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 alcohol and drug treatment services in accordance with state and federal laws, regulations, and funding mandates.

**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: Description of Services for Abuse and Crime Prevention Act (SACPA) - Proposition 36 and Substance Abuse Treatment
- Exhibit B: Reimbursement Provisions and Rates of Payment for Substance Abuse and Crime Prevention Act (SACPA) – Proposition 36
- Exhibit C: Services and Rates of Payment for SB 223 Funded Alcohol and Drug Treatment Services
- Exhibit D: Drug Court Funded Alcohol and Drug Treatment Services and Rates of Payment
- Exhibit E: CSAT HIV “Door-to-Treatment” Services Funded Alcohol and Drug Treatment Services and Rates of Payment
- Exhibit F: Ryan White CARE Act Services and Rates of Payment
- Exhibit G: Drug/Medi-Cal (D/MC) Day Care Habilitative Treatment services, and NNA Funded Adolescent Residential Alcohol and Drug Treatment Services

Exhibit H: Outcome Based Management (OBM) and Budgeting Responsibilities

- Attachment 1: Compliance with Section 504
- Attachment 2: Fingerprinting Compliance
- Attachment 3: HIV/AIDS Services
- Attachment 4: Payment and Monitoring Procedures
- Attachment 5: Program Specific Requirements
- Attachment 6: Equal Benefits Compliance
- Attachment 7: Additional State Negotiated Net Amount (NNA) Requirements
- Attachment 8: Drug/Medi-Cal Appeal Process

**2. Services to be performed by Contractor.**

In consideration of the payments set forth in the Exhibits and Attachments herein, Contractor shall perform alcohol and drug treatment services as set forth this Agreement and in the Exhibits and Attachments to the Agreement.

**3. Payments.**

A. Maximum Amount

In full consideration of Contractor's performance of the services described in the Exhibits and Attachments herein, the County shall pay all contractors who provide fee for service alcohol and drug treatment services under this Agreement and all other Agreements authorized collectively by single resolution, a copy of which is attached hereto and incorporated by reference herein, an aggregate amount that shall not exceed:

1. TWO MILLION ONE HUNDRED FIFTY EIGHT THOUSAND DOLLARS (\$2,158,000) for SACPA/Proposition 36 funded alcohol and drug treatment services described in Exhibits A and B for the Contract term.
2. SIXTY THOUSAND SIX HUNDRED AND SEVEN DOLLARS (\$60,607) for SB 223 funded drug testing services described in Exhibit C for the Contract term.
3. ONE HUNDRED TWELVE THOUSAND FIVE HUNDRED SIXTY TWO DOLLARS (\$112,562) for Drug Court Partnership Trial Track funded alcohol and drug treatment services described in Exhibit D for the Contract term.
4. ONE HUNDRED SIXTY SIX THOUSAND SIX HUNDRED NINETY DOLLARS (\$166,690) for Comprehensive Drug Court Implementation funded alcohol and drug treatment services described in Exhibit D for the Contract term.
5. ONE HUNDRED THOUSAND DOLLARS (\$100,000) for CSAT HIV "Door-to-Treatment" services funded alcohol and drug treatment services described in Exhibit E for the Contract term.

6. ONE HUNDRED THOUSAND DOLLARS (\$100,000) DOLLARS for Ryan White CARE Act funded alcohol and drug treatment services described in Exhibit F for the Contract term.
7. TWO HUNDRED FIFTY FIVE THOUSAND DOLLARS (\$255,000) for Drug/Medi-Cal (D/MC) Day Care Habilitative Treatment services, and THREE HUNDRED THIRTY ONE THOUSAND ONE HUNDRED AND FORTY FOUR DOLLARS (\$331,144) for NNA Funded Adolescent Residential Alcohol and Drug Treatment Services described in Exhibit G for the Contract term.

**B. Time Limit for Submitting Invoices**

Contractor shall submit an invoice for services to County in accordance with the provisions of the Exhibits and Attachments herein. County shall not be obligated to pay Contractor for the services covered by any invoice if Contractor presents the invoice to County more than one hundred eighty (180) days after the date Contractor renders the services, or more than ninety (90) days after this Agreement terminates, whichever is earlier. To ensure full and timely payment for services provided, Contractor is required to submit invoices for services provided no later than the tenth (10<sup>th</sup>) day of each month.

The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable.

**4. Program Budget.**

- A) Contractor will expend funds received for operation of its program and services according to Contractor's annual operating budget. The portions of said budget, which reflect services performed or money paid to Contractor pursuant to this Agreement shall be subject to the approval of the Human Services Agency.
- B) In the event Contractor determines a reasonable business necessity to transfer funding between personnel and operating expenses specified in the budget submitted to the Human Services Agency the following will apply:
  1. Contractor will notify the Human Services Agency of transfers that in the aggregate are between ten percent (10%) and twenty percent (20%) of the maximum contract amount.
  2. Contractor will further notify the Human Services Agency of transfers that in the aggregate equal or exceed twenty percent (20%) of the maximum contract amount, and in the event the Director of the Human Services Agency or her designee determines said transfer of twenty percent (20%) or more is inconsistent with the goals and objectives of the County Alcohol and Drug Services, she may require a re-negotiation of the Agreement.

**5. Term and Termination.**

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2005 through June 30, 2006.

This Agreement may be terminated by Contractor, the Human Services Agency Director or his/her designee at any time without a requirement of good cause upon thirty (30) days' written notice to the other party. This Agreement may be terminated by the Human Services Agency Director or his/her designee immediately and without notice if such termination is for good cause. For the purposes of this Agreement, "good cause" shall mean a material breach of the Agreement. Nothing in this provision shall prevent the County from terminating the Agreement as specified in other provisions hereto including, but not limited to, termination due to the unavailability of funds (Section 6), the Contractor's unauthorized assignment of the Agreement to a third-party (Section 12), the Contractor's failure to take out and maintain adequate insurance (Section 13), and/or the Contractor's failure to comply with anti-discrimination or other laws (Sections 14-15).

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.

**6. 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.

**7. Contract Re-negotiation.**

County shall notify Contractor of its intent to continue utilizing the services of Contractor for the FY 2006-2007 on or before February 15, 2006, with the understanding that said indication is not binding on the County or on Contractor. From February 15, 2006 to May 15, 2006 the parties shall negotiate a draft Agreement. County shall exercise reasonable efforts to provide all contract parameters and requirements to Contractor by February 15, 2006, to submit the document for processing by June 1, 2006, and finalize the Agreement by July 1, 2006, subject to receipt of necessary information from the state budget.

**8. Treatment Services For Which Payment is Made Under This Agreement.**

Payments made under this Agreement are intended to pay Contractor for treatment services provided to individuals who are referred by the County, and who lack the necessary resources to pay for all, or part, of these treatment services themselves. Payments made under this Agreement are not intended to provide the full cost of care for all individuals referred by County for treatment services. In addition to the payments specified in this Agreement, the total cost of Contractor's treatment services will be paid by client fees, as specified in the Agreement and the Exhibits and Attachments hereto, and other sources of revenue.

**9. Child Abuse Prevention, Reporting, and Fingerprinting Requirements.**

Contractor agrees to ensure that all known or suspected instances of child abuse or neglect are reported to a child protective agency. Contractor agrees to fully comply with the Child Abuse and Neglect Reporting Act, California Penal Code Section 11164 et seq. Contractor will ensure that all known or suspected instances of child abuse or neglect are reported to an agency (police department, sheriff's department, county probation department if designated by the county to receive mandated reports, or the county welfare department) described in Penal Code Section 11165.9. This responsibility shall include:

- A. A requirement that all employees, consultants, or agents performing services under this contract who are required by Penal Code Section 11166(a), to report child abuse or neglect, sign a statement that he or she knows of the reporting requirement and will comply with it.
- B. Establishing procedures to ensure reporting even when employees, consultants, or agents who are not required to report child abuse under Penal Code Section 11166(a), gain knowledge of, or reasonably suspect that a child has been a victim of abuse or neglect.
- C. Contractor agrees that each applicant for employment or a volunteer position at Contractor's program who will have supervisory or disciplinary power over a minor or any person under his or her care will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of such minor(s) or person(s) under his or her care. (Penal Code Section 11105.3(a), as amended in 1990 by AB 2617). All fingerprinting will be at Contractor's sole expense.
- D. The fingerprinting process set forth in subparagraph 8.C. above will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the applicant certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has or omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.

E. Contractor will maintain, and make available to County upon request, a written fingerprint certification required by subparagraph 8.C. above, for each applicant for employment or a volunteer position at the program for whom fingerprinting is required pursuant to subparagraph 8.C. above. Such certification shall state that the individual has been fingerprinted, that the process has disclosed no criminal history on the part of the individual, which would compromise the safety of persons with whom that individual has contact. Fingerprint information received from Department of Justice (DOJ) will be retained or disposed of pursuant to DOJ directive.

**10. 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.

**11. 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.

**12. 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.

**13. 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 Risk Management, and Contractor shall use diligence to obtain such issuance and to obtain such approval. The Contractor shall furnish the Department/Division 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 Department/Division of any pending change in the limits of liability or of any cancellation or modification of the policy.

- (1) **Worker's 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 Worker's Compensation or to undertake self-insurance in accordance with the provisions of the Code, and 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:

- (a) Comprehensive General Liability ..... \$1,000,000
- (b) Motor Vehicle Liability Insurance ..... \$1,000,000
- (c) Professional Liability ..... \$1,000,000

County and its officers, agents, employees and servants shall be named as additional insured on any such policies of insurance, which shall also contain a provision that the insurance afforded thereby to the County, its officers, agents, employees and servants shall be primary insurance to the full limits of liability of the policy, and that if the County or its officers and employees have other insurance against the loss covered by such a policy, such other insurance shall be excess insurance only.



In the event of the breach of any provision of this section, or in the event any notice is received which indicates any required insurance coverage will be diminished or canceled, the County of San Mateo at its option, may, notwithstanding any other provision of this Agreement to the contrary, immediately declare a material breach of this Agreement and suspend all further work pursuant to this Agreement.

**14. Compliance with Laws; Payment of Permits/Licenses.**

All services to be performed by Contractor pursuant to this Agreement shall be performed in accordance with all applicable Federal, State, County, and municipal laws, including, but not limited to, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all Federal regulations promulgated thereunder, as amended, and the Americans with Disabilities Act of 1990, as amended, and Section 504 of the Rehabilitation Act of 1973, as amended and attached hereto and incorporated by reference herein as Attachment "I," which prohibits discrimination on the basis of handicap in programs and activities receiving any Federal or County financial assistance. Such services shall also be performed in accordance with all applicable ordinances and regulations, including, but not limited to, appropriate licensure, certification regulations, provisions pertaining to confidentiality of records, and applicable quality assurance regulations.

In the event of a conflict between the terms of this agreement and State, Federal, County, or municipal law or regulations, the requirements of the applicable law will take precedence over the requirements set forth in this Agreement.

Contractor will timely and accurately complete, sign, and submit all necessary documentation of compliance.

**15. Non-Discrimination.**

- A. *Section 504 applies only to Contractor who are providing services to members of the public.* Contractor shall comply with § 504 of the Rehabilitation Act of 1973, which provides that no otherwise qualified handicapped individual shall, solely by reason of a disability, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination in the performance of this Agreement.
- B. *General non-discrimination.* No person shall, on the grounds of race, color, religion, ancestry, gender, age (over 40), national origin, medical condition (cancer), physical or mental disability, sexual orientation, pregnancy, childbirth or related medical condition, marital status, or political affiliation be denied any benefits or subject to discrimination under this Agreement.
- C. *Equal employment opportunity.* Contractor shall ensure equal employment opportunity based on objective standards of recruitment, classification, selection, promotion, compensation, performance evaluation, and management relations for all employees under this Agreement. Contractor's equal employment policies shall be made available to County of San Mateo upon request.
- D. *Violation of Non-discrimination provisions.* Violation of the non-discrimination provisions of this Agreement shall be considered a breach of this Agreement and subject the Contractor to penalties, to be determined by the County Manager, including but not limited to

- i) termination of this Agreement;
- ii) disqualification of the Contractor from bidding on or being awarded a County contract for a period of up to 3 years;
- iii) liquidated damages of \$2,500 per violation;
- iv) imposition of other appropriate contractual and civil remedies and sanctions, as determined by the County Manager.

To effectuate the provisions of this section, the County Manager shall have the authority to examine Contractor's employment records with respect to compliance with this paragraph and/or to set off all or any portion of the amount described in this paragraph against amounts due to Contractor under the Contract or any other Contract between Contractor and County.

Contractor shall report to the County Manager the filing by any person in any court of any complaint of discrimination or the filing by any person of any and all charges with the Equal Employment Opportunity Commission, the Fair Employment and Housing Commission or any other entity charged with the investigation of allegations within 30 days of such filing, provided that within such 30 days such entity has not notified Contractor that such charges are dismissed or otherwise unfounded. Such notification shall include the name of the complainant, a copy of such complaint, and a description of the circumstance. Contractor shall provide County with a copy of their response to the Complaint when filed.

- E. *Compliance with Equal Benefits Ordinance.* With respect to the provision of 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.

**16. Retention of Records, Right to Monitor and Audit.**

- (a) CONTRACTOR shall maintain all required records for five (5) 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 grant or agency, and the State of California.
- (b) Reporting and Record Keeping: CONTRACTOR shall comply with all program and fiscal reporting requirements set forth by appropriate Federal, State and local agencies, and as required by the COUNTY.
- (c) CONTRACTOR agrees to provide to COUNTY, to any Federal or State department having monitoring or review authority, to COUNTY's authorized representatives, and/or their appropriate audit agencies upon reasonable notice, access to and the right to examine all records and documents necessary to determine compliance with relevant Federal, State, and local statutes, rules and regulations, and this Agreement, and to evaluate the quality, appropriateness and timeliness of services performed.

**17. Merger Clause.**

This Agreement, including the Exhibits and Attachments 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.

**18. 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.

**19. Meet and Confer/Mediation.**

In the event of any dispute or controversy concerning or relating to any provision of this Agreement or any Attachment or Exhibit, the parties shall first meet and confer directly or through counsel in an attempt to reach a common understanding on the meaning and effect of the provision in dispute. If the meet and confer meeting does not result in resolution of the dispute or controversy, and prior to filing any action in any court of law having competent jurisdiction, the parties may agree to submit the dispute(s) or controversy(ies) to an agreed mediator within thirty (30) days of written request for mediation. Requests to meet and confer and to mediate shall be in writing.

**20. 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:**

Alcohol and Other Drug Services  
400 Harbor Boulevard, Building C  
Belmont, CA 94002

**In the case of Contractor, to::**

Daytop Village Inc.  
631 Woodside Road  
Redwood City, CA 94061

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

COUNTY OF SAN MATEO

By: \_\_\_\_\_  
Richard S. Gordon  
President, Board of Supervisors, San Mateo County

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

ATTEST:

By: \_\_\_\_\_  
Clerk of Said Board

**DAYTOP VILLAGE INC.**

\_\_\_\_\_  
Contractor's Signature

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

**EXHIBIT A (Fee-For-Service Agreement)**  
**Description of Services for**  
**State Substance Abuse and Crime Prevention Act (SACPA)/Proposition 36**

**DAYTOP VILLAGE, INC**  
**July 1, 2005 through June 30, 2006**

Alcohol and drug treatment and drug testing services, funded through State Substance Abuse and Crime Prevention Act (SACPA)/Proposition 36 and SB 223 funds, are designated specifically to serve individuals who have plead guilty to an offense, and are referred to alcohol and drug treatment services by the SACPA/ Proposition 36 Team.

The rates and service parameters described in this Exhibit are consistent with the County's SACPA/Proposition 36 Plan. Any modification of rates and/or service parameters will be in the form of an Amendment to the Agreement.

Maximum length of stay in any level of treatment is a ninety (90) calendar day period. An extension beyond the ninety (90) day period may be granted by written approval from the Alcohol and Other Drug Services (AODS) Administrator, but this will not occur without Contractor's written request outlining and justifying the client's clinical need.

**I. General Provisions:**

In providing services under this agreement, Contractor will:

- A. Comply with the California Department of Alcohol and Drug Programs (ADP) Emergency Adoption of Chapter 2.5, commencing with Section 9500, Division 4, Title 9, California Code of Regulations Substance Abuse and Crime Prevention Act of 2000, and OMB Circulars A-87 and A-122.
- B. If providing substance abuse testing/urinalysis, provide such services in accordance with the California Health and Safety Code requirements for the Substance Abuse Treatment and Testing Accountability (SATTA) program, and the revised County Plan for SACPA/ Proposition 36 services.
- C. Provide services consistent with ADP Certification and/or Licensing Standards.
- D. Possess and maintain the appropriate licensure and/or certification required to provide the services described below prior to the provision of such services.
- E. Admit individuals, hereinafter referred to as "program participants", who are referred by the County to Contractor for these services.
- F. Provide services at locations in San Mateo County mutually agreed upon by County and Contractor.
- G. Transfer program participants between modalities and programs only upon the written approval of the County.
- H. Provide services under this contract for a period of no more than 90 days. Provision of services beyond 90 days requires prior written authorization by

- County.
- I. Provide services that are culturally and language appropriate for the individuals referred.

**II. Services:**

Contractor will provide alcohol and drug treatment services as follows:

**A. Level 1- Basic Nonresidential Treatment Services:**

Provide the following services to each participant referred for level 1 treatment services:

1. A one (1) hour individual intake assessment utilizing the Addiction Severity Index (ASI).
2. Either of the following treatment options based upon client need:
  - a. Twenty-four (24) one and one half (1.5) hour weekly group counseling sessions, two per week and Six half (.5) hour individual sessions.
  - b. Twelve (12) one and one half (1.5) hour weekly group counseling sessions, one per week and eleven one half (.5) hour individual sessions, one per week.
3. Content of treatment services utilizing a curriculum approved by AODS, indicated below:

Recovery Education- Curriculum

- a. Proposition 36 Orientation
- b. County Services (Mental Health, Homelessness, Entitlement)
- c. Addicts and Addiction
- d. The Disease of Addiction & Its Effects
- e. Your Body Chemistry & Recovery
- f. Addictive Thinking Patterns
- g. Internal & External Triggers
- h. 12-step & Spirituality
- i. Emotional Sobriety I (Anger & Resentment)
- j. Emotional Sobriety II (Guilt & Shame)
- k. Understanding Depression & Anxiety
- l. Rigorous Honesty
- m. Making Changes & Developing a Plan
- n. Beginning the Transition to Lifelong Change and Recovery
- o. \*FEAR: (This Curriculum is developed by the clients with staff supports.)

4. A one (1) hour individual exit assessment upon program completion.
5. Random drug testing in accordance with SB 223 guidelines and Contractor's approved Drug Testing Plan.
6. Coordination with County AODS/Probation/Parole as required.
7. Referral to ancillary services as appropriate, including: recovery support programs, mental health services, vocational services and family services, legal support, literacy assistance, English as a second language (ESL) classes, the County's Family Self-Sufficiency Team, parenting classes, educational training and job search.
8. Required attendance at a minimum of six (6) self-help group meetings.
9. ASI follow-up at six (6) months and twelve (12) months after intake for each program participant.

**B. Level 2 - Day Treatment Services:**

Provide the following services to each participant referred for level 2 treatment services:

1. Three (3) to five (5) visits per week for a period of three (3) to five (5) hours per visit, based upon client need. Each client will receive a minimum of fifteen (15) treatment hours per week, unless prior written approval is granted by the AODS Administrator or designee.
2. Content of treatment services utilizing a curriculum approved by AODS, indicated below:

**Recovery Education- Curriculum**

During the ninety (90) calendar days of treatment the curriculum topics shall include, but not be limited to, the following:

- a. Proposition 36 Orientation
- b. County Services (Mental Health, Homelessness, Entitlement)
- c. Addicts and Addiction
- d. The Disease of Addiction & Its Effects
- e. Your Body Chemistry & Recovery

- f. Addictive Thinking Patterns
  - g. Internal & External Triggers
  - h. 12-step & Spirituality
  - i. Emotional Sobriety I (Anger & Resentment)
  - j. Emotional Sobriety II (Guilt & Shame)
  - k. Understanding Depression & Anxiety
  - l. Rigorous Honesty
  - m. Making Changes & Developing a Plan
  - n. Beginning the Transition to Lifelong Change and Recovery
  - o. \*FEAR: (This Curriculum is developed by the clients with staff supports.)
  - p. Trauma and PTSD
  - q. Socialization skills
  - r. Anger Management
  - s. Stress Management
  - t. Health Issues Related to Substance Use
  - u. Grief and Loss
4. Random drug testing in accordance with SB 223 guidelines and Contractor's approved Drug Testing Plan.
  5. Coordination with County AODS/Probation/Parole as required.
  6. Required attendance at a minimum of six (6) self-help group meetings.
  7. An individual exit assessment upon program completion.
  8. Referral to ancillary services as appropriate including: recovery support programs, mental health services, vocational services and family services, legal support, literacy assistance, English as a Second Language (ESL) classes, the County's Family Self-Sufficiency Team, parenting classes, educational training and job search.
  9. ASI follow-up at six (6) months and twelve (12) months after intake for each program participant.

**C. Level 3- Residential Treatment:**

Provide the following services to each participant referred for level 3 treatment services:

1. Content of treatment services utilizing a curriculum approved by AODS, indicated below:



## Recovery Education- Curriculum

During the ninety (90) calendar days of treatment the curriculum topics shall include, but not be limited to, the following:

- a. Proposition 36 Orientation
  - b. County Services (Mental Health, Homelessness, Entitlement)
  - c. Addicts and Addiction
  - d. The Disease of Addiction & Its Effects
  - e. Your Body Chemistry & Recovery
  - f. Addictive Thinking Patterns
  - g. Internal & External Triggers
  - h. 12-step & Spirituality
  - i. Emotional Sobriety I (Anger & Resentment)
  - j. Emotional Sobriety II (Guilt & Shame)
  - k. Understanding Depression & Anxiety
  - l. Rigorous Honesty
  - m. Making Changes & Developing a Plan
  - n. Beginning the Transition to Lifelong Change and Recovery
  - o. \*FEAR: (This Curriculum is developed by the clients with staff supports.)
  - p. Trauma and PTSD
  - q. Socialization skills
  - r. Anger Management
  - s. Stress Management
  - t. Health Issues Related to Substance Use
  - u. Grief and Loss
3. Random drug testing in accordance with SB 223 guidelines and Contractor's approved Drug Testing Plan.
  4. Coordination with County AODS/Probation/Parole as required.
  5. An individual exit assessment upon program completion
  6. Referral to ancillary services as appropriate including: recovery support programs, self-help groups, mental health services, vocational services and family services, legal support, literacy assistance, ESL classes, the County's Family Self-Sufficiency Team, parenting classes, educational training and job search.
  7. ASI follow-up at six (6) months and twelve (12) months after intake for each program participant.

a. Residential Treatment for Program Participants with Co-Occurring Disorders :

In addition to Contractor's basic residential alcohol and drug treatment services, Contractor will also provide services to individuals with co-occurring disorders as defined in Section III.C.1. of Attachment 6. Contractor's co-occurring residential alcohol and drug treatment services will include the residential services as outlined above plus medication monitoring, psychiatric counseling, longer group sessions, and mental health support services.

1. Contractor will have in place written policies and procedures regarding the monitoring of program participants with co-occurring disorders and the monitoring of medications.

**EXHIBIT B (Fee for Service Agreement)**  
**Reimbursement Provisions and Rates of Payment**  
**Alcohol and Drug Treatment Services**  
**Substance Abuse and Crime Prevention Act (SACPA) - Proposition 36**

**DAYTOP VILLAGE, INC**  
**July 1, 2005 through June 30, 2006**

**I. GENERAL REIMBURSEMENT PROVISIONS:**

- a. Contractor will be reimbursed only for services provided to participants referred to Contractor in writing by County. Contractor will not be reimbursed for any services provided to any participant not referred to Contractor in writing by County.
- b. In no instance will County reimburse Contractor for services provided to participants prior to the completion of written referral by County.
- c. In no instance will County reimburse Contractor for a service session the program participant did not attend (a "no-show").
- d. County will reimburse Contractor consistent with Alcohol and Drug Program (ADP) Bulletin No. 01-17.
- e. Contractor will maintain a billing and record keeping system that documents by individual instance of service to each individual participant the services provided under this contract.
- f. Contractor will submit to County by the tenth (10<sup>th</sup>) day of the month following the month services were provided an invoice for reimbursement of treatment services in format specified by County.
- g. At option of the County, Contractor will submit to County by the tenth (10<sup>th</sup>) day of the month following the month services were provided supplemental statistical information in format specified by County.

**II. Rates of Payment:**

Payment rates for services described in Exhibit A are as follows:

- A. Section I. – Level I Treatment:
  1. \$30 per client for each one and one half (1.5) hour group session attended within the approved treatment period.
  2. \$40 per client for each one half (.5) hour individual session attended within the approved treatment period.
  3. \$80 per one (1) hour intake assessment
  4. \$80 per one (1) hour exit assessment

B. Section II. – Level II Treatment:

1. \$85 per client for each day treatment visit completed within the approved treatment period.

C. Section III. – Level III Treatment:

1. \$80 per client for each residential treatment day completed within the approved treatment period.
  - a. Residential Treatment for Participants with Co-Occurring Disorders: \$118 per client per day completed within the approved treatment.

**III. Contractor's monthly itemized bill will include the following:**

1. Daisy ID Number and name of program participants receiving "SACPA" funded services, by modality, and the name of the referring County Alcohol and Drug Case Manager.
2. Dates services were provided, the number of bed days provided for residential, or number of visit days provided for day treatment services, broken down by program participant, by modality.
3. Number of groups and individual counseling hours provided for day treatment services.
4. Total amount of the bill for each month, by modality.
5. Contractor will submit itemized bill and invoice statement by the tenth (10th) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

**EXHIBIT C (Fee for Service Agreement)**  
**Services and Rates of Payment**

**Substance Abuse Treatment and Testing Accountability (SATTA) - SB 223**

**DAYTOP VILLAGE, INC**  
**July 1, 2005 through June 30, 2006**

**I. GENERAL REIMBURSEMENT PROVISIONS FOR SB 223 SERVICES**

- a. Contractor will provide SATTA services described herein in accordance with the provisions of Exhibit A of this Agreement, California Health and Safety Code requirements for the SATTA program, and the revised County Plan for SACPA/Proposition 36 services.
- b. Contractor will be reimbursed only for services provided to participants referred to Contractor in writing by County for services described in Exhibit A. Contractor will not be reimbursed for any services provided to any participant not referred to Contractor in writing by County.
- c. In no instance will County reimburse Contractor for services provided to participants prior to the completion of written referral by County.
- d. Contractor will maintain a billing and record keeping system that documents by individual instance of service to each individual participant the services provided under this contract.
- e. Contractor will submit to County by the tenth (10<sup>th</sup>) day of the month following the month services were provided an invoice for reimbursement of substance abuse testing/urinalysis services in format specified by County. Contractor's monthly invoice will include:
  1. Name of program participant receiving SB 223 drug testing services, dates of drug testing provided, and result of test.
  2. Total amount of the bill for SB 223 drug testing services for each month.

**II. TREATMENT SERVICES TO BE PROVIDED**

**A. SB 223 DRUG TESTING**

Drug testing typically means any procedure or protocol used to analyze body fluids or human tissue to determine whether a program participant is, or has recently been, using alcohol and/or other drugs. Drug testing methods may include, but are not limited to, a urine test, a blood test, saliva test, and breath alcohol test.

Any Contractor electing to provide drug testing as part of their services under this contract, the Contractor will provide such services in conformity with the following guidelines.

1. Drug testing must be used as a treatment tool.
2. Drug testing results shall be given no greater weight than other aspects of the program participant's individual treatment program.
3. Drug testing shall be conducted in conjunction with treatment to enhance the effectiveness of the program participant's treatment program and help the program participant achieve success.
4. Drug testing results shall not be used as the basis for the imposition of new criminal charges.
5. A single drug test shall not be the sole basis for:
  - a. Determining unamenability to treatment, or
  - b. Revoking probation pursuant to Penal Code 1210.1(e)(3)(c).
6. Drug testing shall reflect the clinical needs of the program participant, based upon the individual's severity of abuse, progress in treatment and/or relapse potential, as determined by the counselor or counseling team.
7. Drug testing may be conducted on either a random basis or a regularly scheduled basis throughout the length of the program.

### **III. REIMBURSEMENT RATES FOR SB 223 SERVICES**

- A. Rate of payment will not exceed the actual cost of the drug screen, plus an administrative fee as specified in Contractor's County approved Drug Testing Plan. Total cost reimbursed, including the administrative fee, will not exceed \$30.00 per screen.

**EXHIBIT D (FEE-FOR-SERVICE AGREEMENT)**  
**DRUG COURT PARTNERSHIP AND COMPREHENSIVE DRUG COURT  
IMPLEMENTATION GRANTS (DCP/CDCI) FUNDED ALCOHOL  
AND DRUG TREATMENT SERVICES, AND RATES OF PAYMENT  
DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**

Contractor will provide the following Drug Court treatment services at mutually agreed upon location(s) in San Mateo County. Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. Contractor will admit individuals referred by San Mateo County Drug Court Team(s), hereinafter referred to as "program participants", to these services. Referrals will come from the Alcohol and Drug Services Case Management Team and may originate from either North County or South County Drug Courts, or Juvenile Drug Court. Reimbursement will not be approved for any individual treated who was not part of this formal referral process.

**I. DRUG COURT PARTNERSHIP FUNDED ALCOHOL AND DRUG TREATMENT SERVICES**

Drug Court Partnership (DCP) services, hereinafter referred to as Drug Court services, are funded through a federal Drug Court Partnership grant designated to specifically serve individuals who are in the Drug Court system, have plead guilty to a felony offense, and are referred to alcohol and drug treatment services by the Drug Court Team. Contractor will provide the following services in accordance with the Drug Court Partnership Act of 2002:

**A. Residential Alcohol and Drug Treatment Services**

Contractor's basic residential alcohol and drug treatment services will include:

1. Intake, assessment [(utilizing the Addiction Severity Index (ASI)], food, shelter and other basic needs, treatment planning, follow-up at 6-months and 12-months after intake for each program participant, relapse prevention, case management, aftercare planning, follow-up for each program participant, and follow-up with Probation/Parole as required.
2. A structured program including group and individual counseling to address recovery issues including: denial, withdrawal symptomatology, drug/alcohol use history, the disease of addiction and relapse triggers, and parenting skills, art therapy, and family socialization activities.

3. Access to ancillary support services that may include: legal support, 12-step meetings, HIV/AIDS testing and education, literacy assistance and supportive educational training, and job search, and medical/mental health assessments to those program participants identified as having special needs.

## **II. DRUG COURT REFERRAL AND REIMBURSEMENT PROVISIONS**

- A. Contractor will be reimbursed only for the actual services provided to Drug Court program participants who are referred with a written referral and the Addiction Severity Index (ASI) completed by an Alcohol and Drug Services Case Management (in conjunction with the Drug Court Team), and by order of the court. Program participants may also be referred directly from the Superior Court by an order of the court or under the direction of the participants' supervising probation officer, with notification to Alcohol and Drug Services.
- B. Reimbursements will not be approved for any program participant treated who was not part of the Drug Court formal referral process as evidenced by the referral form which must be signed by an Alcohol and Drug Case Management and the transferred ASI, or by a copy of the conditions of probation that includes an order by the court to a specified treatment program or a copy of a memo signed by the supervising probation officer directing the program participant to attend a specified program.
- C. Reimbursements will not be approved retroactively (i.e. program participant admitted before a written referral/approval and ASI). If during the course of his/her care a Drug Court program participant needs to be transferred to a different program due to clinical reasons, the treating provider must submit a transfer request to the Alcohol and Drug Services Case Management who will approve or disapprove the transfer of the program participant. At the discretion of the Alcohol and Drug Services Case Management, the program participant may need to be reassessed by the Alcohol and Drug Services Case Management.
- D. Program participants requesting a transfer to another treatment program must make a written request to the Drug Court Team. The final determination will reside with the Drug Court Judge.
- E. All payments under this Agreement must directly support services specified in this Agreement.



**III. DRUG COURT ALCOHOL AND DRUG TREATMENT SERVICES  
PAYMENT RATES**

In full consideration of Drug Court funded alcohol and drug treatment services provided to individuals referred by the County, who lack the necessary resources to pay for all, or part, of these services themselves, the aggregate amount County shall be obligated to pay for services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed:

- A. ONE HUNDRED SIXTY SIX THOUSAND SIX HUNDRED NINETY DOLLARS (\$166,690) for CDCI funded treatment services; and
  - B. ONE HUNDRED TWELVE THOUSAND FIVE HUNDRED SIXTY TWO DOLLARS (\$112,562) for DCP funded treatment services.
- B. From these funds County shall pay Contractor at the rate of \$70.00 per bed day, per individual served, for services provided for DCP funded residential alcohol and drug treatment services, including food, shelter and other basic needs.
- C. A separate billing and record keeping system will be kept by Contractor for those individuals receiving DCP funded Drug Court alcohol and drug treatment services.
  - D. Contractor's monthly itemized bill will include the following:
    - 1. Name of program participants receiving Drug Court funded alcohol and drug treatment services, name of the referring Drug Court team member for each program participant, and funding source (DCP).
    - 2. Dates services were provided for Drug Court alcohol and drug treatment services, broken down by program participant and funding source.
    - 3. Number of bed-days provided each month for each funding source.
    - 4. Total amount of the bill for each month, for each funding source.
    - 5. Contractor will submit itemized bill and invoice by the tenth (10) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol

and Drug Services office for approval and processing for payment.

**EXHIBIT E (Fee-For-Service Agreement)**  
**Center For Substance Abuse Treatment HIV “Door-to-Treatment” Funded  
Alcohol and Drug Treatment Services and Rates of Payment  
DAYTOP VILLAGE, INC.  
July 1, 2005 through June 30, 2006**

These alcohol and drug treatment services, funded through the federal Center For Substance Abuse Treatment (CSAT) HIV “Door-to-Treatment” grant, are designated specifically to serve individuals who are in need of substance abuse treatment, and are at high risk for HIV, including: 1) women, 2) adolescents, 3) men who inject drugs, 4) men who have sex with men, and 5) individuals released from incarceration within the past two years. Contractor’s services will comply with all regulations and requirements of the CSAT HIV “Door-to-treatment” grant. Contractor shall provide adult and adolescent residential alcohol and drug treatment services in accordance with all state regulatory and statutory provisions associated with these services, and all federal regulations pertaining to the CSAT HIV “Door-to-Treatment” grant. Contractor will possess and maintain the appropriate licensure and/or certification required to provide the services described below. No services will be provided until the appropriate licensure and/or certification has been obtained.

**I. CENTER FOR SUBSTANCE ABUSE TREATMENT (CSAT) HIV  
FUNDED “DOOR-TO-TREATMENT” ALCOHOL AND DRUG  
TREATMENT SERVICES**

Admit to Contractor’s alcohol and drug treatment services, program participants who meet the eligibility criteria as set forth in the CSAT HIV “Door-to-Treatment” grant:

- A. Adult Residential Alcohol and Drug Treatment Services:  
Contractor will provide the following adult residential alcohol and drug treatment services:
1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning, food, shelter and other basic needs, treatment planning (in conjunction with the program participant), clinical/Case Manager, addiction education and intervention, relapse prevention and aftercare planning, urine screening, and follow-up at 6-months and 12-months after intake for each program participant.
  2. Provide services under this contract for a period of no more than 90 days. Provision of services beyond 90 days requires prior written authorization by County. Program shall include group and individual counseling to address recovery issues including: drug/alcohol use history, behavioral therapy, co-occurring disorder, family history, relationships, anti-social

and/or criminal thinking and behavior, legal issues, social skills, education and vocational needs, on-site family services and psychopharmacological interventions.

3. Access to ancillary support services may include: legal support, 12-step meetings, HIV/AIDS, HEP A.B.C and STD testing and education, family counseling, literacy assistance and supportive educational and vocational training, job search, and medical/mental health assessments to those program participants identified as having co-occurring disorders.

B. Adult Alcohol and Drug Day Treatment Services:

Contractor will provide the following adult alcohol and drug day treatment services:

1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning (in conjunction with the program participant), relapse prevention, aftercare planning, urine screening, and follow-up at 6-months and 12-months after intake for each program participant.
2. Contractor's basic day treatment services will include a minimum of 2 individual and 12 group counseling sessions per month, per program participant, transportation to and from Contractor's facility if needed.
3. Curriculum will include: treatment planning, individual and group counseling, didactic and experiential learning, substance abuse education, denial, family dysfunction, criminal thinking, the disease model of addiction, co-dependency, the effects of addiction on families, relapse and recovery, cravings and abstinence, and introduction to 12-step models of AA and NA.
4. Access to ancillary services which may include: transportation, legal support, HIV/AIDS, HEP A.B.C, and STD testing and education, health and mental health care, literacy assistance and supportive educational training, and job search.

C. Adolescent Residential Alcohol and Drug Treatment Services:

Contractor will provide the following adolescent residential alcohol and drug treatment services:

1. Intake, assessment (using the Addiction Severity Index [ASI]), individual treatment plan (in conjunction with the

program participant), recovery planning, individual and group counseling, family counseling for families of program participants, Case Manager services, follow-up at 6 months and 12 months after intake for each program participant.

2. Develop an aftercare plan with each program participant prior to participant's completion of program. Plan will include support for continued recovery, relapse prevention, education, aftercare planning, and continuing linkages with community services.
3. Review all medical needs of program participants and make referrals as required.
4. Provide program participants with a minimum of twenty (20) hours of structured programming per week.
5. Provide or facilitate at least one alcohol and drug free socialization activity for participants.
6. Make available ancillary support services including HIV/AIDS, HEPA.B.C, and STD testing and education, literacy assessment and training, and basic education assessment and instruction.
7. Make accessible twelve-step groups, including Alcoholics Anonymous (AA), and Narcotics Anonymous (NA).

D. Adolescent Alcohol and Drug Day Treatment Services:

Contractor will provide the following adolescent alcohol and drug day treatment services:

1. Intake, assessment (using the Addiction Severity Index [ASI]), individual treatment plan (in conjunction with the program participant), aftercare planning, individual and group counseling, family counseling for families of program participants, Case Manager services, follow-up at 6 months and 12 months after intake for each program participant.
2. Contractor will provide adolescent day treatment services six (6) days per week, nine (9) hours per day on school days, three (3) hours per day on non-school days, including:
  - a. Up to nine (9) hours of structured programming per week (not including education hours);

- b. up to six (6) hours of general education assessment and instruction; and
  - c. up to six (6) hours of special education assessment and instruction.
3. Contractor's program curriculum will include: individual and group counseling, family counseling (for families of program participants); HIV/AIDS, HEP A.B.C, and STD support services including individual and group HIV/AIDS, HEP A.B.C, and STD counseling, medical follow-up, testing and education; and aftercare counseling for program participants and their families prior to the program participant's completion of program. The aftercare plan will include support for continued recovery, relapse prevention, education, and linkages with HIV/AIDS, HEP A.B.C, and STD community services.
  4. Make accessible twelve-step groups, including Alcoholics Anonymous, and Narcotics Anonymous.
  5. Review all medical needs of program participants and make referrals as required.
  6. Provide or facilitate at least one alcohol- and drug-free socialization activity for participants.
  7. Provide program participants with a minimum of twenty (20) hours of structured programming per week.

**II. CSAT/HIV "DOOR-TO-TREATMENT" REFERRAL AND REIMBURSEMENT PROVISIONS**

- A. Contractor will be reimbursed only for the actual services provided to CSAT/HIV "Door-to-Treatment" program participants who are referred with a written referral and the Addiction Severity Index (ASI) completed by an Alcohol and Drug Services Case Manager. Reimbursements will not be approved for any program participant treated who was not part of this formal referral process.
- B. Reimbursements will not be approved retroactively (i.e. program participant admitted before a written referral/approval and ASI). If a CSAT/HIV "Door-to-Treatment" program participant needs to be transferred during the course of their care to a different program, due to clinical reasons, the treating provider must submit a transfer request to the Alcohol and Drug Services Case Manager who will approve or disapprove the transfer of the program participant. At

the discretion of the Alcohol and Drug Services Case Manager, the program participant may need to be reassessed by the Alcohol and Drug Case Manager.

- C. All payments under this Agreement must directly support services specified in this Agreement.

**III. CSAT/HIV “DOOR-TO-TREATMENT” FUNDED ALCOHOL AND DRUG TREATMENT SERVICES PAYMENT RATES**

In full consideration of the CSAT/HIV “Door-to-Treatment” funded alcohol and drug treatment services provided to individuals referred by the County, who lack the necessary resources to pay for all, or part, of these services themselves, the aggregate amount County shall be obligated to pay for services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED THOUSAND DOLLARS (\$100,000). County payment to Contractor shall be consistent with Alcohol and Drug Program (ADP) Bulletin No. 01-17. County shall pay Contractor in the manner described below:

A. Alcohol and Drug Treatment Rates:

From the aggregate funds County shall pay Contractor at the following rates:

1. \$70.00 per bed day for adult residential alcohol and drug treatment services, including food, shelter and other basic needs;
2. \$100.00 per bed day for adult residential alcohol and drug treatment services for adults who are diagnosed with a co-occurring disorder as defined in Section III.C. of Attachment 6, including food, shelter and other basic needs;
3. \$49.00 per treatment visit day for adult alcohol and drug day treatment services, including light snacks, recreational activities such as art therapy, or other types of day time activities (may also include transportation);
4. \$169.00 per bed day for adolescent residential alcohol and drug treatment services, including food, shelter and other basic needs; and
5. \$100.00 per treatment visit day for adolescent alcohol and drug day treatment services, including light snacks, recreational activities such as art therapy, or other types of day time activities (may also include transportation).

- B. A separate billing and record keeping system will be kept by Contractor for those individuals receiving these CSAT/HIV “Door-to-Treatment” alcohol and drug treatment services. A separate billing will be submitted for each modality (adult residential, adult residential with co-occurring disorders, adult day treatment, adolescent residential, and adolescent day treatment services).
- C. Contractor’s monthly itemized bill will include the following:
1. Daisy ID Number and name of program participants receiving CSAT/HIV “Door-to-Treatment” funded services, by modality, and the name of the referring County Alcohol and Drug Case Manager.
  2. Dates services were provided, the number of bed days provided for residential, or number of visit days provided for day treatment services, broken down by program participant, by modality.
  3. Number of groups and individual counseling hours provided for day treatment services.
  4. Total amount of the bill for each month, by modality.
  5. Contractor will submit itemized bill and invoice statement by the tenth (10th) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.



**EXHIBIT F (Fee-For-Service Agreement)**  
**Ryan White CARE Act Funded Alcohol and Drug  
Treatment Services and Rates of Payment**  
**DAYTOP VILLAGE, INC.**  
**December 1, 2005 through June 30, 2006**

Contractor will provide the following alcohol and drug treatment services to individuals, hereinafter referred to as "program participants" who have been diagnosed with HIV/AIDS, and referred by a representative of the County of San Mateo or its designee. Services will be provided at a mutually agreed upon location in San Mateo County. All payments under this Agreement must directly support services specified in this Agreement. All clients referred shall have documented proof of a diagnosis of HIV/AIDS and proof of residency in San Mateo County. This Agreement is paid on a fee-for-service basis and does not provide a minimum number of referrals or amount of work to be performed. Services provided under this Agreement are for individuals who are referred by the County, who lack the resources to pay for all or part of their own treatment.

**I. Ryan White CARE Act Funded Residential Alcohol and Drug Treatment Services**

- A. Contractor shall provide the following residential alcohol and drug treatment services to program participants who have been diagnosed with HIV/AIDS:
1. An intake, assessment (using the Addiction Severity Index [ASI]), and ASI follow-up at six (6) months and twelve (12) months after intake for each program participant.
  2. Contractor will develop a written alcohol and drug treatment and recovery plan for each program participant. The plan will be forwarded to the County Assessment Specialist within fourteen (14) days of the program participants' admission. The plan shall include input, recommendations and any agreements reached between Contractor and the County Assessment Specialist on the program participants' care. Agreements may include, but are not limited to, special services and/or arrangements needed by the program participant to accommodate physical and/or mental limitations. These plans shall be reviewed by the County Assessment Specialist and shall include aftercare plans, relapse prevention, and housing services.
  3. All usual and customary alcohol and drug treatment services, including individual and group counseling, recovery planning, case management, educational and aftercare services. Food, shelter and other basic health and hygiene needs of program participants

will be met as part of Contractor's basic treatment program.

4. Reasonable accommodations for program participants with physical limitations and special dietetic needs.
5. Access to clothing as needed.
6. Participation in County activities, whenever possible, if deemed a necessary part of program participant's health care plan by County.
7. Access, including reliable transportation, to and from medical and social services appointments and special treatment services, as required by County.
8. Provide County Assessment Specialist access to written monthly progress reports for each program participant.
9. Immediate notification to County Assessment Specialist if the program participant is unable to participate in their planned program due to changes in health, or if Contractor is planning to discharge the program participant from the program for any reason.

B. General Requirements:

1. Contractor shall send a representative to all monthly Service Providers AIDS Network (SPAN) meetings. In addition, Contractor shall send a representative to all regularly scheduled providers meetings facilitated by County if Contractor is currently serving a program participant who is being funded through this Agreement; and shall confer and attend meetings as deemed necessary or appropriate by County or its designee.
2. Contractor shall participate in County's "AIDS Program County-Wide Client Needs and Satisfaction Survey," if such participation is requested by County.

C. Program Objectives:

Contractor shall operate the program with the goal of achieving the following projected outcome objectives for program participants referred for alcohol and drug treatment services by County:

1. Sixty five percent (65%) of all program participants who complete the first (1<sup>st</sup>) thirty (30) days of treatment will complete the ninety (90) day program.
2. Seventy five percent (75%) of all program participants surveyed who complete the treatment program shall report total abstinence

from, or significant reduction in, alcohol and drug use ninety (90) days after completion.

3. Fifty percent (50%) of all program participants surveyed shall continue to access some type of recovery support system one (1) year after completing the first (1<sup>st</sup>) ninety (90) days of treatment.

Contractor shall assess progress toward these objectives during the last month of the third (3<sup>rd</sup>) quarter of the County fiscal year (March 2006). The results of this assessment shall be reported to County by April 15, 2006.

## **II. Amount and Method of Payment**

In full consideration of the Ryan White CARE Act funded alcohol and drug treatment services provided to individuals referred by the County, who lack the necessary resources to pay for all, or part, of these services themselves, the aggregate amount County shall be obligated to pay for services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed ONE HUNDRED THOUSAND DOLLARS (\$100,000). In any event, provision of services must be requested and authorized in writing by County Alcohol and Other Drug Services (AODS), and payment shall be made only for those services actually received by program participant. County shall pay Contractor in the manner described below (including timing of and tasks required for progress payments, if applicable):

### **A. Treatment Service Rates:**

From the aggregate funds County shall pay Contractor as follows:

1. SEVENTY DOLLARS (\$70.00) per bed day for alcohol and drug treatment services provided per program participant.

## **III. Contractor's monthly itemized bill will include the following:**

1. Daisy ID Number and name of program participants receiving "Ryan White CARE Act" funded services, by modality, and the name of the referring County Alcohol and Drug Case Manager.
2. Dates services were provided, the number of bed days provided for residential, or number of visit days provided for day treatment services, broken down by program participant, by modality.
3. Number of groups and individual counseling hours provided for day treatment services.
4. Total amount of the bill for each month, by modality.
5. Contractor will submit itemized bill and invoice statement by the tenth (10th) day of the month following the month services were

provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

**EXHIBIT G (Flat Rate Agreement)**

**Drug/Medi-Cal (D/MC) Day Care Habilitative Treatment services, and NNA Funded Adolescent Residential Alcohol and Drug Treatment Services and Payments**

**DAYTOP VILLAGE, INC.**

**July 1, 2005 through June 30, 2006**

**1. NNA FUNDED ADOLESCENT RESIDENTIAL ALCOHOL AND DRUG TREATMENT SERVICES**

Contractor shall provide NNA adolescent residential alcohol and drug treatment services in accordance with all state regulatory and statutory provisions associated with these services. Priority admission shall be given to San Mateo County residents as a condition of this Agreement. Contractor shall provide the following services:

**A. NNA Level 12 Adolescent Residential Alcohol and Drug Treatment Units of Service:**

1. Contractor will provide a total of one thousand eight hundred twenty-five (1,825) days of adolescent residential alcohol and drug treatment services to be allocated by Contractor. Services will be provided to a total of five (5) program participants as follows:

**B. NNA Level 12 Adolescent Residential Alcohol and Drug Treatment Services:**

Contractor's basic level 12 adolescent residential alcohol and drug treatment services will include:

1. Intake, assessment (using the Addiction Severity Index [ASI], individual treatment planning (in conjunction with program participants, recovery planning, individual and group counseling, case management, and follow-up at 6 months and 12 months after intake for each program participant.
2. Provide one thousand one hundred sixty five (1,165) hours of NNA adolescent nonresidential family counseling and after care services to be allocated by Contractor. Of the one thousand one hundred sixty-five (1,165) hours of NNA adolescent nonresidential alcohol and drug treatment services:
  - a. Provide five hundred eighty three (583) hours of NNA nonresidential alcohol treatment services as follows:

- 1) Provide four hundred ninety seven (497) hours of family counseling for families of program participants; and
  - 2) Provide eighty-six (86) hours of aftercare counseling for program graduates and their families.
- b. Provide fifty hundred eighty two (582) hours of NNA nonresidential drug treatment services as follows:
- 1) Provide four hundred ninety seven (497) hours of family counseling for families of program participants; and
  - 2) Provide eighty-five (85) hours of aftercare counseling for program graduates and their families.

C. NNA Adolescent Residential Alcohol and Drug Treatment Rates of Payment:

In full consideration of the NNA funded alcohol and drug treatment services provided to individuals referred by the County, who lack the necessary resources to pay for all, or part, of these services themselves, the aggregate amount County shall be obligated to pay for services rendered under this Agreement and all other Agreements approved collectively by single resolution, shall not exceed THREE HUNDRED THIRTY ONE THOUSAND ONE HUNDRED FORTY FOUR DOLLARS (\$331,144).

County payment to Contractor will be made at the following rates:

1. \$187.10 per bed day for level 12 adolescent residential alcohol and drug treatment services.
  - a. The unit rate for residential services (1 unit = 1 bed day) is defined as twenty-four hours of residential services including food, shelter, and other basic needs.
  - c. A separate billing and record keeping system will be kept by Contractor for those individuals receiving these NNA adolescent residential alcohol and drug treatment services
  - d. Contractor's monthly itemized bill will include the following:
    1. Name of program participant receiving NNA funded adolescent residential treatment services.

2. Dates services were provided, the number of bed days provided for adolescent residential services, broken down by program participant.
3. Total amount of the bill for each month.
4. Contractor will submit itemized bill and invoice statement by the twenty one (21) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.

**I. DRUG/MEDI-CAL DAY CARE HABILITATIVE TREATMENT SERVICES**

Contractor represents and warrants that it is Drug/Medi-Cal (D/MC) certified to provide Day Care Habilitative (DCH) services. Contractor understands and acknowledges that all participants in the DCH program must be enrolled in the Medi-Cal program. Contractor agrees to comply with all aspects of the most current State Department of Alcohol and Drug Programs (ADP) Drug-Medi-Cal Utilization Control Plan, State of California Standards and Drug Treatment Programs, State Negotiated Net Amount (NNA) contract, and all pertinent state and federal statutes and regulations as they pertain to these services. Contractor agrees to provide the following services:

A. D/MC Day Care Habilitative (DCH) Units of Service:

Contractor will provide Day Care Habilitative (DCH) outpatient services which are at least three (3) hours per day per client, directed at stabilization and rehabilitation of Medi-Cal beneficiaries with substance abuse impairments.

1. Admit to Contractor's DCH program a minimum of twenty eight (28) program participants per year who meet the eligibility requirements for Drug/Medi-Cal Day Care Habilitative services.
2. Provide an annual total of one thousand two hundred fifty one (1,251) visit days to be allocated by Contractor.
3. A unit of service is defined as a face-to-face visit per person, one visit per day.

B. D/MC Day Care Habilitative (DCH) Services:

Contractor will provide Day Care Habilitative (DCH) services at least three (3) hours per day per client. DCH services shall include:

1. Assessment (using the Addiction Severity Index [ASI]), including:
  - a. An assessment of each individual's physical condition shall be made within thirty (30) days of admission and documented in the individual's record in one of the following ways:
    - 1) A physical examination by a physician, registered nurse practitioner or physician's assistant according to procedures prescribed by state law; or
    - 2) Upon the review of the medical history and other appropriate material, a determination must be made by a licensed physician if it is determined that a physical examination and laboratory examination is not necessary.
3. Extensive group and individual counseling and other appropriate activities and services will include:
  - a. Nine (9) hours per week of scheduled, formalized services (e.g., a work program, treatment techniques, urine surveillance, creative recreational activities, and ancillary services) shall be available for each program participant.
  - b. All DCH services provided to the individual must occur within the regularly scheduled array of activities. As such, only one (1) unit of service may be claimed per day. Exceptions may include emergency and crisis visits and must be documented as such in the individual's record.
4. Physician direction:
  - a. Physician formulation of, approval of, or involvement in each D/MC individual's plan of care within thirty (30) calendar days from the date of initial service.
  - b. Evidence of physician's direction must be documented by the physician's signed and dated approval of treatment plan or signed and dated notation indicating concurrence with the plan of treatment in the individual's clinical record. This must occur:
    - 1) Within fifteen (15) days of the date the plan was developed;



- 2) Whenever there is a significant change in the treatment plan (i.e., change in mode or modality) of service, problem identification, or focus of treatment);  
or
- 3) At least once within every ninety (90) days (prior to the start of a new ninety [90] day period) whichever comes first. When a medication regimen is a part of the treatment plan, such plan must also be approved by the physician.

5. Urine surveillance:

For those situations where substance abuse screening by urinalysis is deemed appropriate and necessary by the program director or supervising physician, Contractor shall:

- a. Establish procedures which protect against the falsification and/or contamination of any urine samples; and
- b. Document urinalysis results in the program participant's file.

6. Progress notes:

Weekly individual narrative summary notes shall be recorded for each individual. Progress on individual treatment plan problems, goals, objectives and ancillary services shall be included, and client attendance shall be noted.

The beginning and ending time of each program participant's participation shall be clearly recorded. Daily program participant sign-in sheets shall be maintained to track the schedule of services delivered to each participant.

7. Follow-up requirements:

All DCH services are required to develop a follow-up procedure. The Utilization Review Committee (URC) should assure itself that an adequate follow-up procedure has been established for the program participants of a particular program. Whenever individuals discontinue treatment for any reason, a follow-up procedure should go into effect.

C. D/MC Day Care Habilitative Rates of Payment:

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

below, unless otherwise specifically authorized by the Director of the Human Services Agency or her designee:

1. Contractor acknowledges that it is impossible for County to determine the actual costs until an audit of Contractor's records has been completed by federal, state, and/or County auditors, or their designees. In order to establish interim cash flow, County shall reimburse Contractor for DCH services, during the term of this Agreement as follows:

| <u>Service Function</u> | <u>Unit of Service</u> | <u>Provisional Rate</u>               |
|-------------------------|------------------------|---------------------------------------|
| DCH-visit day           | Face-to-Face Contact   | Maximum of \$67.93 per person/per day |

2. The maximum anticipated County obligation for DCH services is TWO HUNDRED FIFTY FIVE THOUSAND DOLLARS (\$255,000) for the term of the agreement.

**III. DRUG/MEDI-CAL (D/MC) FISCAL PROCEDURES**

- A. Contractor shall assume all liability for any Drug/Medi-Cal disallowances and agrees to reimburse County for all claims so refused for reimbursement.
- B. The actual net reimbursement cost will be subject to the maximum allowable cost per unit (CPU) limitations existing at time of service delivery. The maximum CPU rate is established by the State Department of Alcohol and Drug Programs (ADP) and the County Alcohol and Drug Services, and is subject to revision by the State of California. Should the state CPU maximum be revised, Contractor agrees to amend the program budget to fall within the guidelines of the most currently applicable CPU maximum.

Should Contractor's actual CPU exceed the state's maximum CPU, then Contractor's reimbursement cost will be reduced to the reimbursable limits mandated by the state.

- C. In order to be eligible to receive reimbursements, provider must enter all related data into the Daisy System.
  1. Contractor shall submit quarterly actual cost reports to the County Alcohol and Drug Services on or before the tenth (10) calendar day following the close of the second and third quarters of the contract term. Net reimbursable costs will be determined from the actual cost reports.

- a. Should actual unit costs exceed the provisional rate, the units may be adjusted downward.
  - b. Should actual unit costs fall below the provisional rate, the units may be adjusted upward.
  - c. Payment rates will be modified in the fourth quarter based on the third quarter cost report.
  - d. Net reimbursement for the entire fiscal year will be reconciled upon receipt of the third quarter cost report and based upon information presented in the third quarter cost report.
2. After audits by federal, state, and/or County auditors, or their designees, County shall reimburse Contractor the net reimbursable cost in accordance with the terms and conditions set forth herein. Should interim payments per the provisional rate exceed net reimbursable cost to Contractor of providing these services, Contractor agrees to refund said excess to County. Should payment per the provisional rate be less than net reimbursable cost to Contractor of providing these services, County agrees to pay Contractor for such additional cost. However, the total payment to Contractor for providing these services shall not, in any event, exceed the maximum contract obligation stated in Sections III and IV hereinabove.
  3. Should the state or any other funding agency refuse to reimburse County or disallow past payments made to County for any claim submitted by Contractor, Contractor agrees to reimburse County for all claims so refused for reimbursement.  
  
Contractor shall retain the right to object to any denials or limitations of reimbursement by reason of audit or otherwise and to advance its position with respect to any such denials by legal or other means.
  4. County may, at its sole option, retain the right to retain ten percent (10%) of the contracted General Fund allocation to cover any future disallowances.
  5. Should Contractor not utilize the maximum amount of County/Drug/Medi-Cal funds identified in the program budget, Contractor may request that it receive the County funds portion of same as determined by the State.

6. Final settlement payment for this Agreement shall be no greater than the actual net allowable costs for actual or accrued expenditures made pursuant to the approved program budget during the term of the contract less applicable revenues collected for all other payers. Actual net allowable costs will be determined by the final/year-end Cost Report.
7. Drug/Medi-Cal revenue cannot be transferred to cover the cost of non-Drug/Medi-Cal reimbursement programs.
8. The maximum contract amount may be increased or decreased by an amendment to the Agreement to adjust that amount to provide sufficient funds for any actual increase in provider services or to reflect a reduction in state funds.

**IV. DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS-TITLE 22, CALIFORNIA CODE OF REGULATIONS (CCR)- DRUG MEDI-CAL**

Contractor's DCH services shall include but not limited to:

- (1) Establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services. For purposes of this regulation, "an individual patient record" means a file for each beneficiary which shall contain, but not be limited to, information specifying the beneficiary's identifier (i.e., name, number), date of beneficiary's birth, the beneficiary's sex, race and/or ethnic background, beneficiary's address and telephone number, beneficiary's next of kin or emergency contact, and all documentation relating to the beneficiary gathered during the treatment episode, including all intake and admission data, all treatment plans, progress notes, continuing services justifications, laboratory test orders and results, referrals, counseling notes, discharge summary and any other information relating to the treatment services rendered to the beneficiary.
- (2) Maintain group counseling sign-in sheets which indicate the date and duration of the session;
- (3) Provide services; and
- (4) Submit claims for reimbursement and maintain documentation specified in Section 51008.5 supporting good cause claims where the good cause results from provider-related delays.

For a provider to receive reimbursement for Drug Medi-Cal substance abuse services, those services shall be provided by or under the direction of a physician and the following requirements shall apply:

(1) Admission criteria and procedures

A. For day care habilitative treatment services, the provider shall perform all of the following:

(i) Develop and use criteria and procedures for the admission of beneficiaries to treatment.

B. Treatment plan for each beneficiary

(i) For a beneficiary admitted to outpatient drug free, day care habilitative treatment services the provider shall prepare an individualized written treatment plan, based upon the information obtained in the intake and assessment process.

(ii) An initial treatment plan that meets all requirements outlines in Title 22.

(iii) Contractor will provide all required documentation and requirements stated in Title 22.

**VI. Contractor's monthly itemized bill will include the following:**

1. Daisy ID Number and name of program participants receiving "D/MC" funded services, by modality, and the name of the referring County Alcohol and Drug Case Manager.
2. Dates services were provided, the number of bed days provided for residential, or number of visit days provided for day treatment services, broken down by program participant, by modality.
3. Number of groups and individual counseling hours provided for day treatment services.
4. Total amount of the bill for each month, by modality.
5. Contractor will submit itemized bill and invoice statement by the tenth (10th) day of the month following the month services were provided. Bills and invoices will be submitted to the Alcohol and Drug Services office for approval and processing for payment.



**EXHIBIT H (Fee-For-Service Agreement)**  
**Outcome Based Management and Budgeting Responsibilities**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**

**I. Contractor's Responsibilities**

Engage in activities and supply information required to implement the County's Outcome Based Management and Budgeting (OBM) initiative. Activities include, but are not limited to:

- A. Attend planning and informational meetings;
- B. Develop program performance and outcome measurements;
- C. Collect and submit data necessary to fulfill measurement requirements;
- D. Participate in technical assistance and training events offered by the Human Services Agency and seek technical assistance and training necessary to fulfill measurement requirements;
- E. Participate in a review of performance and outcome information; and
- F. Comply with OBM Implementation Guidelines as specified in memos released by the Human Services Agency.

**II. Human Services Agency's (HSA) Responsibilities**

- A. Provide technical assistance and support to assist Contractor's implementation of the County's OBM initiative;
- B. Issue and review OBM Implementation Guidelines; and
- C. Conduct review of performance and outcome information.

**ATTACHMENT 1**  
**(Fee-For-Service Agreements)**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**

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) give/gives this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognize/recognizes and agree/agrees 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 regulations.

\_\_\_\_\_ Name of 504 Person – Type or Print

\_\_\_\_\_ Name of Contractor(s) Type or Print Street Address or P.O. Box

\_\_\_\_\_ City State Zip Code

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

\_\_\_\_\_ 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."



**ATTACHMENT 2**

**FINGERPRINTING COMPLIANCE  
(Fee-For-Service Agreements)**

**DAYTOP VILLAGE, INC.**

**July 1, 2005 through June 30, 2006**

**Alcohol and Drug Services**

- A. In accordance with the Child Abuse Prevention and Reporting section of this Agreement, Contractor agrees as follows: Each applicant for employment or a volunteer position at Contractor's program who will have a supervisory or disciplinary power over a minor or any person under his or her care will be fingerprinted in order to determine whether they have a criminal history which would compromise the safety of such minor(s) or person(s) under his or her care. (Penal Code 11105.3(a), as amended in 1990 by AB 2617). All fingerprinting will be at Contractor's sole expense.
  
- B. The fingerprinting process will be completed and the results of the process will be obtained before any of Contractor's employees, subcontractors, assignees or volunteers are assigned or permitted to work at the program. Alternatively, the Contractor may set a hire date prior to obtaining fingerprinting results contingent on the applicant certifying that: (1) his or her employment application truthfully and completely discloses whether he or she has ever been convicted of a felony or misdemeanor or been on parole or probation, and (2) that the applicant understands that a background check will be conducted, and that he or she will be dismissed from employment immediately if he or she has failed to provide information regarding convictions, has provided incomplete information regarding convictions, has or omitted information regarding convictions, or if the fingerprinting results reveal any conviction incompatible with this employment.
  
- C. Contractor will maintain, and will make available to County upon request, a written fingerprint certification for each applicant for employment or a volunteer position at the program for whom fingerprinting is required. Such certification shall state that the individual has been fingerprinted, that the process has disclosed no criminal history on the part of the individual which would compromise the safety of persons with whom that individual has contact. Fingerprint information received from the Department of Justice (DOJ) will be retained or disposed of pursuant to DOJ directive.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**ATTACHMENT 3**  
**(Fee-For-Service Agreements)**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**  
**HIV/AIDS Services**

- I. Contractor will provide the following HIV/AIDS services which are part of all Contractors basic alcohol and drug treatment program(s):
  - A. Contractor's program directors will attend administrator training provided jointly by the San Mateo County AIDS Program and the Human Services Agency's Alcohol and Drug Services, or equivalent training designed specifically for administrators of alcohol and/or drug treatment programs and approved by the Alcohol and Drug Services Administrator.
  - B. Contractor's staff will attend a minimum of two (2) hours of HIV update training specifically designed for counselors in alcohol and drug recovery programs. This requirement may be met by attendance at the San Mateo County AIDS Program in-service for alcohol and drug treatment staff, or equivalent training approved by the Alcohol and Drug Services Administrator. Seventy-five percent (75%) of Contractor's staff will receive this training.
  - C. Contractor will make available to each program participant (and families as appropriate) individual HIV/AIDS as a recovery issue, risk assessment and prevention education, culturally sensitive materials, and necessary knowledge and skills for attitude and behavior change. Contractor must have up-to-date information readily available for participants on HIV testing and counseling, needle exchange programs and written information on HIV/AIDS and Hepatitis A, B and C. Contractor must also make access to condoms available to all program participants.
  - D. Contractor will consult with San Mateo County AIDS Program to determine the best way for the AIDS Program, or Contractor's staff trained by the AIDS Program, to deliver HIV/AIDS group education to program participants. HIV/AIDS group education for participants will occur monthly for two (2) hours, with participant attendance expected. Group education will be designed with recovery as a focus, and will include culturally sensitive materials, and necessary knowledge and skills for attitude and behavior change.
  - E. Contractor will coordinate with the Alcohol and Drug Services Administrator, and San Mateo County AIDS Program to develop a plan for either on-site or easy access to HIV antibody testing including phlebotomy, for program participants through County AIDS Program HIV testing services. HIV antibody testing and counseling will be conducted according to California State Law including HIV testing/AIDS confidentiality laws, and California State Office of AIDS guidelines by certified HIV counselors.

**ATTACHMENT 4**  
**(Fee-For-Service Agreement)**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**  
**Payment and Monitoring Procedures**

**I. Final Settlement Payment**

Final settlement payment for this Agreement shall be no greater than the actual net allowable costs for actual or accrued expenditures made pursuant to the annual budget for contracted services submitted by Contractor for the term of the Agreement. Actual net allowable costs will be determined by the final/year-end Cost Report.

**II. Required Fiscal Documentation**

- A. Prior to execution of this Agreement, Contractor will have submitted to County for review and approval an annual budget covering all contracted services under this Agreement.
- B. Contractor will submit to County a final/year-end Cost Report no later than August 15, 2006.
- C. Contractor's final/year-end Cost Report may serve as Contractor's final budget revision upon approval of the AODS Administrator or designee. Subject to Paragraph 4.B. of the body of this Agreement, Contractor may transfer funds between personnel and operating expenses in the final year-end Cost Report.

**III. Withholding Payment for Failure to Submit Reports**

- A. County may withhold all or part of Contractor's monthly payment if Contractor fails to submit timely satisfactorily completed reports during the term of this Agreement or the term(s) of previous Agreements, including but not limited to:
  - 1. Annual budget proposal;
  - 2. Cost allocation plan;
  - 3. California Outcomes Measurement System (CalOMS) client records;
  - 4. Quarterly revenue, expenditure and units of service reports;
  - 3. Participant fee schedule;
  - 5. Final/year-end Cost Report;
  - 6. Addiction Severity Index (ASI) at intake, 6 month and 12 month follow-up after intake; and
  - 7. Monthly Drug Abuse Treatment Access Report (DATAR) as appropriate by program modality;
  - 8. Monthly units of service reports;
  - 9. Monthly hours of staff availability reports (for services other than

- residential);
- 10. Quarterly narrative report;
- 11. Outcome objectives data/report;

12. Capacity/utilization report to the state.

B. County will release to Contractor any payments withheld under this section to Contractor when County verifies that Contractor has submitted all required documents.

**IV. Documentation Required for Payment**

- a. County shall pay Contractor within thirty (30) days of receipt of invoice, provided invoice is accurate and any supporting documentation required for payment of invoice is also accurate.
- b. Invoices and/or supporting documentation that are inaccurate or contain inconsistencies must be corrected by Contractor and a new invoice submitted prior to payment.

**V. Procedures in the Event of Non-renewal of Agreement**

- A. County shall provide Contractor with thirty (30) days notice of its intent not to renew this Agreement or to contract with Contractor for any of the modalities described in the Agreement in the following fiscal year, and County may withhold all or part of Contractor's final payment until:
  - i. Contractor satisfactorily submits all reports required by this Agreement and until County has reviewed all of these reports, including the final/Year End Cost Report.
  - ii. Federal, state, or county government complete any audit that has been commissioned or is underway and submits the audit report, and County has reviewed said audit report.
  - iii. In the events of audits, set forth above, payment of amounts due and owing under the Agreement on the final invoice shall not be withheld more than one hundred eighty (180) days from notice of termination of the Agreement or from expiration of the term.

**VI. Contractor Notification to County of Inability to Provide All Units of Service**

- A. Services provided by Contractor more than thirty (30) days after County has given notice of termination, in excess of County's maximum contractual financial obligation, or in excess of Contractor's contractual responsibility are solely at Contractor's risk and financial responsibility, unless said extra services are specifically authorized in writing by the County and reflected in a duly executed Amendment to this Agreement.

**VII. Contractor's Risk in Providing Extra Services**

Services provided by Contractor more than thirty (30) days after County has given notice of termination, in excess of County's maximum contractual financial obligation, or in excess of Contractor's contractual responsibility are solely at Contractor's risk and financial responsibility, unless said extra services are specifically authorized in writing by the County and reflected in a duly executed Amendment to this Agreement.

**VIII. CONTRACTOR'S RESPONSIBILITIES**

A. Reporting Requirements for Alcohol and Drug Treatment Services:

1. Submit to County the monthly units of service report describing actual delivery of services provided under the Exhibits herein. Submit report within ten (10) calendar days after the end of each month.
2. Submit to County a copy of the monthly Drug Abuse Treatment Access Report (DATAR). Submit a copy of report within ten (10) calendar days after the end of each month. Submit original report to California Department of Alcohol and Drug Programs.
3. Submit to County Quarterly Expenses, Revenues and Units of Service reports outlining expenditures made, revenues received and units of service provided for each quarter, year-to-date. Submit reports within ten (10) calendar days after the end of each quarter.
4. Submit to County quarterly narrative reports describing actual delivery of services provided under the Exhibits and listing the current members of Contractor's governing board. Explain any variations from expected service levels. Submit quarterly narrative reports by the end of the month following each quarter.
5. Submit to County the alcohol and drug treatment outcome objectives data based on data collected from the Addiction Severity Index, (ASI). Contractor will utilize the ASI as the baseline tool for outcome measures. Submit data as specified in the March 28, 2000 Addiction Severity Index memo from Alcohol and Drug Services and any addenda thereto, and as directed by the County Alcohol and Drug Services Manager or her designee.

## **VIII. COUNTY'S RESPONSIBILITIES**

- A. A County program liaison will monitor the submission of all correspondence required in this Agreement, including, but not limited to:
1. Quarterly expenses, revenues, narrative and units of service reports;
  2. Financial reports such as annual budgets, cost allocation plans, and cost reports;
  3. Incident report
  4. Monthly reports;
  5. Outcome data/reports; and
  6. Other requested reports.
- B. A County program liaison will visit Contractor during the contract term. The visits shall be for the purpose of reviewing any aspect of Contractor's program operations. The visit may include, but is not limited to:
1. Review of all pertinent participant records;
  2. Conduct appropriate interviews/discussions with participants served by Contractor;
  3. Review and monitor all correspondence and reports submitted by Contractor related to Contractor's services provided under this Agreement;
  4. Meet with appropriate program management and operations staff; and
  5. Conduct site visit(s) to Contractor's program(s) at least once during the term of the Agreement to review all aspects of program operations. Site visit(s) may include a review of Contractor's programmatic and fiscal documentation related to required reports on services specified in the Exhibits.
    - a. Provide a written site review report documenting areas of compliance and any necessary corrective action(s) required; and

6. A County program liaison will attend an organized activity of a selected component or selected components of Contractor's program(s) at least once during the contract term.
- C. Alcohol and Drug Services will conduct monthly provider meetings with representatives of all contracted service providers and appropriate staff. The purpose of these meetings shall be information sharing, discussion of service delivery, progress on stated goals and objectives, and communication regarding policy and procedure issues.
- D. Provide ongoing technical assistance as needed.
- E. Alcohol and Drug Services shall act as intermediary on behalf of each contracted alcohol and drug service provider in the submission of the CalOMS and/or PADS forms to the State of California.

**ATTACHMENT 5**  
**(Fee-For-Service Agreement)**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**  
**Program Specific Requirements**

**I. GENERAL ADMINISTRATIVE REQUIREMENTS**

- A. Attend each of the following meetings:
  - 1. Monthly Alcohol and Drug Treatment Provider's meetings; and
  - 2. Other meetings as required by the County.
  - 3. Drug and Alcohol Information System for You (DAISY) User Group meeting.
  
- B. Contractor shall acknowledge the San Mateo County Alcohol and Other Drug Services (AODS) and/or the County of San Mateo as a funding source on newly developed promotional materials.
  
- C. Subcontracting requirements:
  - 1. Pursuant to Paragraph 12 of the body of this Agreement, Contractor may subcontract for provision of services described in this Agreement with written approval of the Director of the Human Services Agency or her designee. If Contractor subcontracts for any services under this Agreement, Contractor will guarantee that any and all subcontractors have and maintain the same level of insurance coverage required of the Contractor under this Agreement. Contractor and County will be listed as additional insured on all applicable insurance of subcontractor.

**II. ADMINISTRATIVE REQUIREMENTS FOR TREATMENT PROGRAMS**

Contractor shall maintain alcohol and drug treatment program client records that include the following:

- 1. Intake form (to include California Outcome Measures System (CalOms) data elements) ;
- 2. Signed fee determination;
- 3. Redetermination of fee every twelve (12) months or when requested by clients (except for residential treatment);
- 4. Health questionnaire;
- 5. Social history including employment, and criminal history;
- 6. Alcohol and drug history;
- 7. Presenting problem;



8. Completed baseline Addiction Severity Index (ASI), and 6 months and 12 months follow up;
9. Recovery/ treatment plan;
10. Progress notes;
11. Closure summary/discharge plan;
12. Documented quarterly quality assurance review by consultant/supervisor;
13. Signed release(s) of information as required;
14. Signed consent to treatment; and
15. Signed confidentiality agreement(s).

B. Contractor will be in compliance with the DAISY Web-Based Application.

1. Contractor must participate and be in compliance with the Drug and Alcohol DAISY system. DAISY is a centralized web-based application utilized by the County of San Mateo, Human Services Agency, Alcohol and Other Drug Services to manage client and provider information. Compliance includes achieving minimum hardware and connectivity specifications, attending trainings offered by the County, entering contractor and client data into the DAISY system, and utilizing DAISY to store client information, facilitate referrals, manage contractor waiting lists, and generate reports. The County will provide technical assistance and offer trainings on a regular basis to contracted agencies. Contractor shall ensure their appropriate staff attends the DAISY User Group and other scheduled trainings as appropriate. Contractor shall maintain an ongoing compliance with DAISY.
2. Contractor will fully comply with all applicable laws, regulations and mandates governing Confidentiality of Alcohol and Drug Abuse Patient Records, including but not limited to 42 C.F.R. Part 2, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. pts 160 & 164, and applicable sections of the California Health & Safety Code.

C. Administer the ASI to all treatment program clients who were not assessed via an ASI within 30 days prior to admission to Contractor's program(s). Submit follow up reports on data collected at 6 months and 12 months follow up as directed by the County AODS Administrator or designee.

D. Make efforts to diversify program revenue sources.

- E. Comply with applicable California Department of Alcohol and Drug Programs certification and/or licensure requirements for Contractor's alcohol and drug treatment program(s).
- F. Individuals will not be refused Contractor's basic alcohol and drug treatment services based on the individual's inability to pay. Contractor's basic alcohol and drug treatment plan will be submitted to, and approved by the County AODS Administrator or designee.
- G. In the event that a participant appeals the manner or amount of his/her fee determination, contractor's will abide by the decision of the AODS Administrator or designee. Fee determination shall be based on a fee schedule approved by County.

**III. PROGRAM CERTIFICATION**

In performing the services described in the Exhibits, Contractor shall perform the following services and abide by the following provisions:

- A. Program Requirements:
  - 1. Commence new program services no later than ninety (90) days after initiation of any start-up activities that are funded by County.
  - 2. Make use of available community resources, including recreational resources.
  - 3. Operate program(s) during times that provide reasonable accessibility for program participants with hours of operation posted in a conspicuous location.
  - 4. Perform outreach activities to encourage individuals in need of alcohol and/or other drug services to reach these services.
- B. Underserved Populations Requirements:
  - 1. Work collaboratively with the County to provide treatment services to the following priority population listing:
    - a. Pregnant injection drug users;
    - b. Pregnant substance users;
    - c. Pregnant Intravenous Drug Users (IDU);
    - d. Parenting injection drug users;
    - e. Parenting substance users;

- f. Non-English speaking;
- g. Hearing impaired;
- h. Physically impaired;
- i. Gay/lesbian;
- j. Elderly (for adult services);
- k. Pregnant women;
- l. HIV-positive;
- m. Persons with a co-occurring disorder; and
- n. Diverse cultures.

- 2. Work collaboratively with County to ensure that Contractor's program does not deny services based on language ability.
- 3. Demonstrate a commitment, in good faith, to recruit and retain program staff who can communicate with and relate to diverse populations.
- 4. Assure that Contractor's program staff receives training that addresses the prevention and treatment issues and approaches relevant to the special and/or underserved populations designated in Paragraph B.1.c. above.

C. Program participants who fall into the following categories will be considered to have a co-occurring disorder. Contractor will abide by the following definitions and protocol for such individuals:

- 1. Definition of co-occurring disorder:
  - a. An individual is considered to have a co-occurring disorder if they have both a DSM-IV mental health diagnosis and a DSM-IV substance use disorder diagnosis. These diagnoses, along with assessment of current acuity of symptoms and behavioral management issues, will be considered when determining the appropriate level of care for each client.
- 2. Protocol:
  - a. Category I - basic mental health issues and substance use disorders:  
Examples would include most individuals diagnosed with Adjustment Disorders, Somatoform Disorders, Dysthymic Disorders and most Personality Disorders, who have some behavioral problems, in addition to the Substance Use Disorder(s). Such individuals may or may not be on medications.

b. Category II - complex mental health issues and substance use disorders:  
Examples would include most individuals diagnosed with Dissociative Disorders, Eating Disorders, Anxiety Disorders, Attention Deficit Disorders, Major Depressive Disorders that are not substance-induced, and some Personality Disorders with complex behavioral issues (such as some individuals with Borderline Personality Disorders), in addition to the Substance Use Disorder(s). Many, but not all, of these individuals may be on medications. In addition, some individuals in Category III who are stabilized on medications and who do not have significant behavioral problems may be in this category.

c. Category III - serious mental health issues and substance use disorders:  
Examples would include most individuals diagnosed with Schizophrenia, other Psychotic Disorders, Bipolar Disorders, severe Major Depressive Disorders, as well as individuals with very complex behavioral problems and Dissociative Disorders, Eating Disorders, and Borderline Personality Disorders, in addition to the Substance Use Disorder(s). Almost all of the individuals will be on medications.

Note: Individuals who have a diagnosis of Antisocial Personality Disorder, Mental Retardation, Learning Disorders, Autistic Disorders, Delirium, Dementia or Amnesic and other Cognitive Disorders and Substance Use Disorders, but none of the psychiatric diagnoses noted above, are considered to have a co-occurring disorder for the purposes of this protocol.

D. Administrative Requirements:

1. Allow San Mateo County Drug and Alcohol Advisory Board (DAAB) members to visit Contractor's program site(s) at a mutually agreed time. One (1) day advance notification will suffice when a member of the DAAB and the Alcohol and Drug Services Administrator, agree that an immediate visit is necessary.
2. Provide statistical information upon reasonable request of County.

E. Facility Requirements:

1. Maintain wheelchair accessibility to program activities according to governing law, including the Americans With Disabilities Act (ADA),

as applicable.

2. Provide service site(s) that will promote attainment of Contractor's program objectives. Arrange the physical environment to support those activities.
3. Decrease program costs when possible by procuring items at no cost from County surplus stores and by accepting delivery of such items by County.

F. Governance and Operational Requirements:

1. Comply with all federal, state, and San Mateo County governmental agencies regulations and requirements including applicable provisions of the County's Combined Negotiated Net Amount and Drug Medi-Cal Contract that are or become effective during the term of the contract that relate to providing publicly funded alcohol and drug services.
2. Develop and enforce written policies and procedures, to be maintained in an operations manual available to all staff and volunteers. Include the following:
  - a. A conflict of interest policy applicable to all of Contractor's program employees, which includes, but is not limited to, financial conflict of interest.
  - b. Personnel policies that discuss the following:
    - 1) Criteria regarding employment of disabled people, including recovering alcohol and drug abusers, for each position, including the minimum length of recovery required for each position.
      - a) Include criteria regarding the employment of current program participants.
    - 2) Criteria describing the required academic and/or experiential background of Contractor's program treatment and prevention staff in alcohol and drug use and related problems, including recognition of referral criteria such as jaundice, convulsions, disorientation.
  - c. Program eligibility standards and policies and procedures for admission to and termination from the program.
  - d. Procedures for obtaining medical, psychiatric evaluation, and

emergency services.

- e. Policies for maintaining participant records consistent with State and Federal laws. Surrender such records to County should Contractor's program cease operations.
- f. A statement of participant's rights and the grievance procedure utilized to respond to complaints. The statement and the grievance procedure must be available to program participants.
- g. A confidentiality policy that complies with all applicable state and federal laws and regulations, including but not limited to the following:
  - 1) 42 Code of Federal Regulation (CFR) regulations related to Confidentiality of Alcohol and Drug Abuse Patient Records.
  - 2) Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR pts 160 & 164, and applicable sections of the California Health & Safety Code.
  - 3) California Mandated Blood Testing and Confidentiality to Protect Public Health Act of 1985 and all amendments, regarding AIDS/HIV issues.
  - 4) Health and Safety Code Section 11812(c).
- h. An prevention and recovery philosophy by which Contractor will maintain program structure, operation, and staffing.
  - 1) Contractor agrees that the use, sale, or distribution of alcohol and illicit drugs will be prohibited on all program premises; and at any event that is sponsored by or on behalf of Contractor's program (unless otherwise agreed upon in writing by the Alcohol and Drug Services Administrator).
  - 2) Contractor agrees that all materials utilized by Contractor and that all activities conducted by Contractor will not promote the use of alcohol or illicit drugs.

3) Contractor agrees not to accept any donations (including, but not limited to, money, goods, services, promotional materials, entertainment, or use of any goods) from any company or organization whose principal business is the manufacture, sale, distribution, or promotion of alcohol or tobacco, including but not limited to, companies of the alcohol or tobacco industries.

i. A policy statement on smoking in program facilities and during program activities.

j. A policy statement on the use of medically-prescribed drugs for dually diagnosed participants or participants who have other medical problems.

k. A policy statement on prevention of violence in the workplace.

G. Conflict of Interest Requirements:

1. If Contractor is a nonprofit agency, Contractor will comply with the California Corporations Code on Non-Profit Corporations.

2. Do not permit any member of Contractor's governing board to have or acquire, directly or indirectly, any personal financial interest in the performance of this Agreement, as by providing goods or services for compensation, or otherwise, without having first disclosed the same to the governing board.

3. Disclose to County in writing, within fourteen (14) calendar days of the occurrence of any of the following circumstances:

a. When any of the following persons or organizations performs for compensation any administrative or operational functions for Contractor with respect to the performance of this contract (including, but not limited to, fiscal accounting or bookkeeping functions).

1) Any member of Contractor's governing board.

2) Any person who is related by blood or marriage to a manager or a member of Contractor's governing board.

3) Any organization in which any person who is related

by blood or marriage to a manager or member of Contractor's governing board has a substantial personal financial interest.

- b. When Contractor enters into any agreement for the acquisition of goods or services for more consideration that would be paid for equivalent goods or services on the open market.
- 4. If the AODS Administrator reasonably determines that any activity constitutes a conflict of interest which is detrimental to program participants, program implementation, or program functioning, County may require Contractor to cease said activity.
- 5. If Contractor does not cooperate with any of the provisions of Paragraphs 1 through 4 of this Section, County may withhold payment subsequent to Contractor's non-cooperation. County will describe intention to withhold payment with justification in writing to Contractor.

#### **IV. FISCAL CERTIFICATIONS**

In performing the services described in the Exhibits, Contractor shall perform the following services and abide by the following provisions:

- A. In the event that Contractor's program owes money to any County agency for services or goods received specifically pursuant to this Agreement or owes money based on any audit as described in Paragraph IV.A.2. below, County may, at its option, deduct the amount owed from any payment due to Contractor or that will become due to Contractor under this Agreement.
  - 1. In the event that Contractor has already received payment for services, Contractor shall promptly refund to County, upon County's request, the amount to be withheld.
  - 2. In the event that the federal, state, or San Mateo County government performs an audit of Contractor's program provided pursuant to this Agreement, and determines that funds should be withheld from County due to Contractor's performance, Contractor shall be liable to County for the full amount of the funds withheld.
- B. Maintain all financial records, perform all cost allocations, and complete all financial reports according to standard accounting practices, as well as the California Department of Alcohol and Drug Programs Alcohol Services Reporting System Manual (ASRS) and the Federal Office of Management



and Budgets (OMB) Circular Nos. A-133.

- C. If it is deemed necessary by the Alcohol and Drug Services Administrator, hire a Certified Public Accountant to perform a fully certified audit of Contractor's program at Contractor's expense.
1. Contractor will perform audit according to standard accounting practices.
  2. This expense is an allowable cost in Contractor's program budget.
  3. If County reasonably believes that the governing board may not have met its fiduciary and/or other contractual responsibilities, the Alcohol and Drug Services Administrator may reserve the right to develop the use of said audit and to approve the selection of the auditor.
- D. If Contractor receives FIVE HUNDRED THOUSAND DOLLARS (\$500,000) or more in federal funds in a fiscal year, Contractor must have a single audit in accordance with Circular No. A-133. If Contractor is a non-profit organization with only one federal program, the audit can be made for that one program only.
1. Contractors receiving annually an aggregate of ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000) or more of funds from the County must have a financial audit.
  2. All audits must be conducted in accordance with government Auditing Standards (1994 Revision), prescribed by the U.S. Comptroller General, covering all County programs.
  3. Contractor may conduct audit either annually or bi-annually. If Contractor conducts audit biannually, audit must cover a two- (2-) year period.
  4. Audit reports will identify each County program covered by the audit, including contract amounts and contract periods.
  5. If a funding source has more stringent and specific audit requirements than the audit requirements set forth in Paragraphs D.1 through 3, directly above, those audit requirements shall apply in addition to the audit requirements set forth herein.
  6. Contractor will permit independent auditors to have access to Contractor's records and financial statements as necessary to

comply with all applicable audit requirements.

7. The cost of the audit must be reasonable and is an allowable cost in Contractor's program budget.
  8. Contractor will submit a copy of the audit report to County no later than ninety (90) days after termination of this Agreement. Contractor shall submit a written request for additional time to complete the audit report, subject to County's written approval.
- E. Make no capital equipment purchases not already included in Contractor's approved budget, with contract funds, without prior written approval from the Director of Human Services or her designee.
1. County has the option to retain ownership of capital equipment purchased with contract funds.
- F. Contractor will spend no contract funds on fundraising.

**V. UNUSUAL INCIDENTS POLICY**

Contractor shall comply with Title 9, Section 10561 of the California Code of Regulations, and shall report any unusual incidents occurring in connection with the performance of this Agreement with regards to Contractor's program(s), within twenty-four (24) hours of the incident, as well as a written report to the Alcohol and Drug Services Administrator, within seven (7) calendar days of any unusual incident.

- A. Unusual incidents include, but are not limited to:
1. Summoning of police/fire/emergency services personnel to the program premises in order to handle disturbances or crimes;
  2. The death by any cause of a person currently receiving services from Contractor's program(s);
  3. The death, under unusual circumstances, of any individual who has received services during the past six (6) to twelve (12) months from the agency;
  4. Situations arising which would seriously hamper the ability of the agency to deliver its services under this Agreement with the County (including the loss of key personnel);
  5. Serious personal injury; and

6. Serious property damage.

**Attachment 6**  
**COUNTY OF SAN MATEO**

**Equal Benefits Compliance Declaration Form**

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**I Vendor Identification**

Name of Contractor: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_

---

**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.\*

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**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 \_\_\_\_ day of \_\_\_\_\_ 2004 at \_\_\_\_\_, \_\_\_\_\_  
(City) (State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title

**ATTACHMENT 7**  
**(Fee-For-Service Agreement)**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**  
**Additional Negotiated Net Amount (NNA) Requirements**

The County's 2004-2008 state NNA contract requires the County to include the following provisions in all contracts in which state NNA funds are used to pay for drug and alcohol services. The parenthetical references in this Attachment refer to the section of the NNA Agreement that specify the requirements.

1. Debarment and Suspension Certification:
  - A. By signing this agreement, the Contractor agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 7 CFS Par 3017, 45 CFR 76, 40 CFR 32, or 34 CFR 85.
  - B. By signing this Agreement, the Contractor certifies to the best of its knowledge and belief, that it and its principals:
    - 1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department of agency;
    - 2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
    - 3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph two (2) herein; and
    - 4) Have not within a three-year period preceding the application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

5) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations., debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.

6) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

C. If the Contractor is unable to certify to any of the statements in this certification, the Contractor shall submit an explanation to the ADP program funding this contract.

D. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

E. If the Contractor knowingly violates this certifications, in addition to other remedies available to the Federal Government, the ADP may terminate this agreement for cause of default.

(Required by NNA Agreement FY 2004-08, Exhibit B, Section I.)

2. Contractor hereby acknowledges the applicability of California Government Code Sections 16645 through Section 16649 to this contract.

A. Contractor will not assist, promote or deter union organizing by employees performing work on a state service contract, including a public works contract.

B. No state funds received under this contract will be used to assist, promote or deter union organizing.

C. Contractor will not, for any business conducted under this contract, use any state property to hold meetings with employees or supervisors, if the purpose of such meetings is to assist, promote or deter union organizing unless the state property is equally available to the general public for holding meetings.

D. If Contractor incurs costs, or makes expenditures to assist, promote or deter union organizing, Contractor will maintain records sufficient to show that no reimbursement from state

funds has been sought for these costs, and Contractor shall provide those records to the Attorney General upon request.

(Required by NNA Agreement for FY 2004-08, Exhibit B, Paragraph M)

3. Confidentiality of Information:
  - A. The Contractor and its employees, agents, or Subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this agreement or persons whose names or identifying information become available or are disclosed by the Contractor, its employees, agents, or Subcontractors as a result of services performed under this agreement, except for statistical information not identifying any such person
  - B. Contractor and any Subcontractor that provides services covered by this Contract shall comply with all applicable state and federal statutes and regulations regarding confidentiality, including, but not limited to, the confidentiality of information requirements in the following:
    - 42 USC Section 290 dd-2
    - Title 42, CFR Part 2
    - Welfare and Institutions Code (hereinafter referred to W&IC), Section 14100.2
    - Section 11977 of the HSC
    - Title 22, California Code of Regulations (hereinafter referred to as Title 22), Section 51009, which is specific to Medi-Cal
    - Title 45, CFR Parts 160 and 164 which cites the Health Insurance Portability and Accountability Act of 1996 Privacy Rule
    - Civil Code Section 56- 56.37 – Confidentiality of Medical Information Act
    - HSC Section 123110 et seq. – Patient Access to Medical Records
  - C. Contractor agrees to implement administrative, physical and technical safeguards that reasonable and appropriately protect the confidentiality, integrity, and availability of all confidential information that it creates, receives, maintains or transmits. Contractor will provide State with information concerning such safeguards as the State may reasonable request from time to time.

- D. Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a use of disclosure of confidential information by Contractor or its Subcontractors in violation of the applicable state and federal statues and regulations regarding confidentiality cited above.
- E. Contractor shall monitor compliance with the above provisions on confidentiality and security and shall include them in all subcontracts.

(Required by NNA Amendment Agreement for FY 2004-08, Exhibit B, Section O)

4. Nondiscrimination in Employment:

- A. During the performance of this contract, Contractor and its subcontractors shall not unlawfully discriminate, harass, or allow harassment against any employee or applicant for employment because of sexual orientation, race, color, ancestry, religious creed, national origin, physical disability (including HIV and AIDS), mental disability, medical condition (cancer), age (over 40), marital status, and use of family care leave. Contractor and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Government Code Section 12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 7285 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this contract by reference and made a part hereof as if set forth in full. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other Agreement.
- B. Contractor agrees to post, and further agrees to require its subcontractors to post, in conspicuous places, notices available to all employees and applicants for employment setting forth the provisions of the Equal Opportunity Act {42 USC 2000(e)} in conformance with federal Executive Order No. 11246. Contractor agrees to comply, and further agrees to require its subcontractors to comply, with the provisions of the Rehabilitation Act of 1973 (29 USC 794).



(Required by NNA Agreement FY 2004-08, Exhibit B, Paragraph P)

5. No state or federal funds shall be used by Contractor or any subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by Contractor or any subcontractors to provide direct, immediate or substantial support to any religious activity. (Required by NNA Amendment 1, 2002-03, Exhibit B, Paragraph Q.4)
6. No state or federal funds available under this contract will be used for the acquisition, operation or maintenance of computer software in violation of copyright laws. (Reference : Executive Order D-10-99 and Department of General Services Management Memo 00-02)

(Required by NNA Agreement FY 2004-08, Exhibit B, Paragraph V)

7. If Contractor disagrees with state audit disallowances related to its programs, claims, or services, the Contractor may request an appeal through the County Alcohol and Drug Services Administrator, who shall promptly forward the Contractor's appeal to the state in accordance with Document 1J, "Audit Appeals Process." (Required by NNA Agreement FY 2004-08, Exhibit D, Article IV, I. 10.)
8. Lobbying and Restriction and Disclosure Certification

(Applicable to federally funded contracts in excess of \$100,000 per Section 1352 of the 31, U.S.C.)

A. Certification and Disclosure Requirements

- 1) Each person (or recipient) who requests or receives a contract, subcontract, grant, or subgrant, which is subject to Section 1352 of 31 U.S.C., and which exceeds \$10,000 at any tier, shall file a certification (in the form set forth in Exhibit C, Document 1W, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph B, Section 8).
- 2) Each recipient shall file a disclosure (in the form entitled "Standard Form-LLL – Disclosure of Lobbying Activities") if such recipient has made or has agreed to make any payment using non appropriated funds (to include profits from any covered federal action) in connection with a contract or grant or any extension or amendment of that contract or grant, which would

be prohibited under Paragraph B of this provision if paid for with appropriated funds.

- 3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affected the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph A, Section 2 herein. An event that materially affects the accuracy of the information reported includes:
  - (i) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;
  - (ii) A change in the person(s) or individual(s) influencing or attempting to influence a covered federal action; or
  - (iii) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.
  - (iv) Each person (or recipient) who requests or receives from a person referred in Paragraph A, Section 1 above – a contract, subcontract, grant or subgrant exceeding \$100,000 at any tier under a contract or grant shall file a certification, and a disclosure form, if required, to the next tier above.
  - (v) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph A, Section 1 above. That person shall forward all disclosure forms to ADP program contract manager.

#### B. Prohibition

1. Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer, or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement,

and the extension continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.

2. Restrictions on Salaries: Contractor agrees that no part of any federal funds provided under this Contract shall be used by it or any subcontractor to pay the salary of an individual in excess of \$171,900 per year.

**ATTACHMENT 8**  
**(Fee For Service Agreement)**  
**Drug/Medi-Cal Appeal Process**  
**DAYTOP VILLAGE, INC.**  
**July 1, 2005 through June 30, 2006**

Contractor may seek assistance from the State in the event of a dispute over the terms and conditions of the County/Subcontractor contract in accordance with the Appeal Processes contained in this Attachment.

**I. FINANCIAL AUDIT APPEALS**

The Department of Alcohol and Drug Programs (ADP) will contract with either the Department of General Services, Office of Administrative Hearing (OAH) or the Department of Health Services (DHS) for an administrative hearing process. Either agency's process is used only for appeals of financial disallowances of alcohol and/or drug program audits.

For either process, the following steps will be necessary to initiate an audit appeal:

- A. The Contractor shall prepare and submit a written statement, a Notice of Defense (statement of disputed issues), to ADP specifying any objections to the financial findings.
  - 1. The Notice must be mailed to ADP within sixty (60) calendar days from receipt of the Audit Report to:

Audit Appeals Coordinator  
Department of Alcohol and Drug Programs  
1700 K Street  
Sacramento CA 95814
  - 2. The Notice must include the signature and mailing address of an individual with the authority to represent the Contractor.
  - 3. ADP will notify the Contractor regarding further arrangements after receipt of the Notice of Defense.

**II. ADMINISTRATIVE APPEALS**

If the Contractor wishes to appeal ADP or Department of Health Services (DHS) dispositions concerning recoupment of specific Medi-Cal claims, the procedures included in California Code of Regulations (CCR) Title 22 Section 51015 must be followed. This section applies to Drug/Medi-Cal (D/MC) claims processing. The Contractor may also appeal disapprovals by ADP for (re)certification requests as indicated in Section IV of this Attachment.

- A. The following process will apply to first-level grievances/complaints:
1. The Contractor shall initiate the action by submitting the grievance or complaint in writing to ADP.
    - a. The grievance or complaint shall be submitted in the form of a letter on the official stationary of the Contractor and signed by an authorized representative of the Contractor.
    - b. The document shall state that it is being submitted in accordance with CCR Title 22 Section 51015.
    - c. The document shall identify the specific claim(s) involved and describe the disputed (in) action regarding the claims.
  2. The appeal shall be submitted to ADP within ninety (90) calendar days from the date the Contractor receives written notification of the decision to disallow claims.
    - a. Grievances or complaints shall be directed to:  
Deputy Director  
Program Operations Division  
Department of Alcohol and Drug Programs  
1700 K Street  
Sacramento, CA 95814
  3. ADP shall acknowledge the grievance or complaint within fifteen (15) calendar days of its receipt.
  4. ADP shall act on the appeal and inform the Contractor of ADP's decision, and the basis therefore, within fifteen (15) calendar days after ADP's notice of acknowledgment.
    - a. ADP shall have the option of extending the decision response time if additional information is required from the Contractor. The Contractor shall be notified if ADP extends the response time limit.
- B. The Contractor may initiate a second-level grievance/complaint for claims processing only. The grievance or complaint shall be directed to DHS. The second-level process may be pursued only after complying with the first-level grievance or complaint process and only under the following circumstances:
1. ADP failed to acknowledge the grievance/complaint within fifteen

(15) days of its receipt.

2. The Contractor is dissatisfied with the action taken by ADP where the conclusion is based on ADP's own evaluation of the merits of the grievance or complaint.
3. The second-level appeal is submitted to DHS within thirty (30) calendar days from the date ADP failed to acknowledge the first-level appeal or from the date of the first-level appeal decision by ADP.

C. The following process will apply to second-level grievances or complaints:

1. The Contractor shall refer the grievance or complaint to DHS to the attention of:  
Chief  
Field Services Branch  
Department of Health Services  
714 P Street, Room 1516  
Sacramento CA 95814
2. The following information shall be submitted:
  - a. a copy of the original written grievance/ complaint that was sent to ADP;
  - b. a copy of ADP's report to which the grievance or complaint applies; and
  - c. a copy of ADP's response, specific finding(s), and conclusion(s) regarding the grievance or complaint with which the Contractor is dissatisfied.
3. DHS shall review the written documents submitted in the grievance or complaint and send a written report of its conclusions and reasons to the Contractor and ADP within sixty (60) days of receipt of the referral. DHS may request additional information and/or hold an informal meeting with the involved parties before rendering a decision.
  - a. DHS shall have the option of extending the decision response time if additional information is required from the Contractor. The Contractor and ADP will be notified if DHS extends the response time limit.

**III. CLIENT RIGHT TO ADMINISTRATIVE DUE PROCESS**

Each Medi-Cal beneficiary has the right to an administrative hearing regarding

any action taken to deny, terminate, or reduce a beneficiary's receipt of D/MC benefits under CCR Title 22 and methadone treatment services under CCR Title 9. Procedures outlined in CCR Title 22 Sections 50951, 50953, and 51014.1; Welfare and Institutions Code Sections 10950 through 10965; and the Department of Social Services (DSS) Manual of Policy and Procedures, Chapter 22 will be followed by the Contractor, the Utilization Review Committee (URC) and the beneficiary for D/MC benefits.

If an administrative hearing is requested, an explanation of the circumstances under which the D/MC service and payment shall be continued must be explained to the beneficiary. These steps must be followed in preparation for a hearing:

- A. The Contractor must inform the beneficiary in writing at least ten (10) days before the effective date of the intended action to terminate or reduce services under D/MC. The notice to the beneficiary shall include:
  1. a statement of the action the Contractor intends to take;
  2. the reason for the intended action;
  3. citation of the specific regulation(s) supporting the intended action(s);
  4. an explanation of the beneficiary's right to request an administrative hearing due to the Contractor's decision; and
  5. an explanation of the procedure for the beneficiary to request a hearing. The beneficiary must submit the request to:

Administrative Adjudications Division  
Department of Social Services  
744 P Street, Room MS 19-37  
Sacramento, CA 95814

- B. The Contractor must submit the details of the intended action to the URC.
- C. Upon notification that a beneficiary has filed for an administrative hearing, the URC shall write a position paper to the Office of the Chief Referee at DSS. The position paper must summarize the facts of the case and set forth the regulatory justification for the action.

1. The URC does not have the authority to terminate D/MC payment for services because of client violation of CCR Title 9 requirements. If the beneficiary does not comply with program rules and requirements according to Title 9, the Contractor may terminate services and the beneficiary would have the right to a fair hearing under Title 9 procedures.
- D. The findings and decision of the DSS hearing officer shall be submitted to the Director, DHS, for review in accordance with Title 22 Section 50953(a). As part of its review, DHS shall seek input from ADP; however, DHS retains sole authority for decision-making regarding Medi-Cal issues.

#### **IV. PROVIDER PARTICIPATION, CERTIFICATION, AND RECERTIFICATION APPEALS**

The appeals procedures regarding D/MC provider participation, certification, and re-certification are as follows:

##### **A. First-Level Appeals**

1. A provider may appeal a certification evaluator's decision by submitting a request in writing to ADP Licensing and Certification Branch, with specific reasons for the request.
2. The request for a first-level appeal will be submitted to ADP within thirty (30) calendar days from the date the provider and/or county receives written notification of the ADP decision to deny the provider's certification.
3. ADP will acknowledge the written request within fifteen (15) calendar days of its receipt.
4. ADP will act on the appeal and inform the provider and/or county of ADP's decision and the basis therefor within fifteen (15) calendar days after ADP's acknowledgment notification.
5. ADP will have the option of extending the decision response time if additional information is required from the provider and/or county. The provider and/or county will be notified if ADP extends the response time limit.
6. The request for an appeal will be submitted in the form of a letter signed by an appropriate representative of the provider and/or county.
  - a. Requests for appeal should be directed to the:



Manager, Licensing and Certification Branch  
Quality Assurance Division  
Department of Alcohol and Drug Programs  
1700 K Street  
Sacramento, CA 95814

B. Second-Level Appeals:

1. provider and/or county may make a request for a second-level appeal to the ADP Quality Assurance Division Deputy Director only after complying with first-level appeal procedures and only in the following circumstances:
  - a. ADP has failed to acknowledge a request for a first-level appeal within fifteen (15) days of its receipt; or
  - b. the provider and/or county is dissatisfied with the action taken by ADP Licensing and Certification Branch where the conclusion is based on its own evaluation of the merits of the requests.
2. A request for second-level appeal will be submitted to ADP within thirty (30) calendar days from the date ADP failed to acknowledge the first-level appeal decision.
3. In making a request for a second-level appeal, the provider and/or county will include a copy of the original written request sent to ADP, a copy of ADP's report of such request, and the specific finding(s) or conclusion(s) of ADP with which the provider is dissatisfied.
4. The Deputy Director for the ADP Quality Assurance Division will review the written documents submitted in the request, may ask for additional information, may hold an informal meeting with involved parties, and will send a written report of its conclusions and reasons to the provider and/or county within sixty (60) days of receipt of the referral. ADP will have the option of extending the decision response time if additional information is required from the provider and/or county. The provider and/or county will be notified if ADP extends the response time limit.
5. All requests for second-level appeals made in accordance with this paragraph will be directed to:

Deputy Director  
Quality Assurance Division

Department of Alcohol and Drug Programs  
1700 K Street  
Sacramento, CA 95814

6. These appeal procedures should only be used after direct communications with the program analyst assigned to the area or inquiries submitted to ADP through normal channels have not resulted in a satisfactory resolution of the case.

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