

**AMENDMENT TO AGREEMENT
BETWEEN THE COUNTY OF SAN MATEO AND
DAYTOP VILLAGE, INC.**

THIS AMENDMENT TO THE AGREEMENT, 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, ON August 15, 2006, under resolution # 068222, the parties entered into a Fee For Service Agreement; and

WHEREAS, the parties wish to amend the Agreement to add additional services; and increase the amount of funding for the following services: 1) Drug Court Partnership Grant (DCP) by \$44,968, for a total of \$132,284; 2) Comprehensive Drug Court Implementation Grant (CDCI) by \$152,326, for a total of \$291,131; 3) CSAT HIV Door-to-Treatment Grant by \$47,880, for a total of \$140,850; 4) Ryan White Care Act by \$47,721, for a total of \$140,383; 5) Negotiated Net Amount (NNA) by \$175,654, for a total of \$516,730; and 6) Drug Medi-Cal by \$127,500, for a total of \$382,500; for a combined total of \$596,049, for the first half of FY 2007-08; for a new total obligation of \$1,603,878; and to extend the term to 12/31/2007.

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

1. The following Exhibits and Attachments Are attached hereto and incorporated by reference herein:

- | | |
|---------------|--|
| Exhibit A: | Description of Services - Drug Court Funded Alcohol and Drug Treatment Services and Rates of Payment, is hereby deleted and replaced in its entirety by Exhibit A-1, attached hereto. |
| Exhibit B: | EXHIBIT B-1 – Description of Services - CSAT HIV “Door-to-Treatment” Funded Alcohol and Drug Treatment Services and Rates of Payment, is hereby deleted and replaced in its entirety by Exhibit B-1, attached hereto. |
| Exhibit C: | Description of Services - <u>Description Of Services</u> -Ryan White Care Act Funded Alcohol And Drug Treatment Services And Rates Of Payment, is hereby deleted and replaced in its entirety by Exhibit C-1, attached hereto. |
| Attachment 3: | HIV/AIDS Services is hereby deleted and replaced in its entirety by Attachment 3-1. |
| Attachment 4: | Payment and Monitoring Procedures is hereby deleted and replaced in its entirety by Attachment 4-1. |
| Attachment 5: | Program Specific Requirements is hereby deleted and replaced in its entirety by Attachment 5-1. |

2. The end of the Term date is changed throughout the Agreement as follows:
The end of the term shall change, wherever reflected in the Agreement as 6/30/07 to the new end term of 12/31/2007.
3. Section 3. Payment, Paragraph A. 1, 2, 3, 4, and 5 are hereby amended to read as follows:
 1. One Hundred and Thirty Two Thousand Two Hundred and Eighty Four Dollars (\$132,284) for Drug Court Partnership Trial Track funded alcohol and drug treatment services described in Exhibit A-1 for the Contract term.
 2. Two Hundred and Ninety One Thousand One Hundred and Thirty One Dollars (\$291,131) for Comprehensive Drug Court Implementation funded alcohol and drug treatment services described in Exhibit A-1 for the Contract term.
 3. One Hundred and Forty Thousand Eight Hundred and Fifty Dollars (\$140,850) for CSAT HIV "Door-to-Treatment" services funded alcohol and drug treatment services described in Exhibit B-1 for the Contract term.
 4. One Hundred and Forty Thousand Three Hundred and Eighty Three Dollars (\$140,383) for Ryan White CARE Act funded alcohol and drug treatment services described in Exhibit C-1 for the Contract term.
 5. Three Hundred and Eighty Two Five Hundred Dollars (\$382,500) for Drug/Medi-Cal (D/MC) Day Care Habilitative Treatment Services, and Five Hundred and Sixteen Thousand Seven Hundred and Thirty Dollars (\$516,730) for NNA Funded Adolescent Residential Alcohol and Drug Treatment Services described in Exhibit D-1 for the Contract term.
4. All other terms and conditions of the agreement dated 8/15/2006, between the County and Contractor shall remain in full force and effect.

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

COUNTY OF SAN MATEO

By: _____
Rose Jacobs Gibson, President, Board of Supervisors,
San Mateo County

Date: _____

ATTEST:

By: _____
Clerk of Said Board

Daytop Village, Inc.

Contractor's Signature

Date: _____

EXHIBIT A-1 - DESCRIPTION OF SERVICES
DRUG COURT FUNDED ALCOHOL AND DRUG TREATMENT SERVICES
AND RATES OF PAYMENT
(Fee For Service Agreement)
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

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. Reimbursement will not be approved for any individual treated who was not part of this formal referral process.

I. COMPREHENSIVE DRUG COURT IMPLEMENTATION (CDCI) GRANT AND DRUG COURT PARTNERSHIP (DCP) GRANT FUNDED ALCOHOL AND DRUG TREATMENT SERVICES

CDCI Drug Court services are funded through a State Department of Alcohol and Drug Programs grant designated specifically to serve individuals who are in the Drug Court system (pre-plea and post-plea), and are referred to alcohol and drug treatment services by the Drug Court Team.

DCP Drug Court services are funded through a Drug Court Partnership grant designated to specifically serve individuals who are in the Drug Court system (post-plea), 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 Comprehensive Drug Court Implementation Act of 2004 and 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, 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.

4. Provide services under this contract for a period of no more than 180 days. Provision of services beyond 180 days requires prior written authorization by the Drug Court Team.
5. Sixty (60) days prior to anticipated discharge date client begins Vocational Training, Resume building, Job Search, Exploring housing opportunities and aftercare planning.
6. Transfer program participants between modalities in accordance with the contractors approved step down model.

B. Day Treatment Alcohol and Treatment Services

Contractor's services will include:

1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning, relapse prevention, aftercare planning, follow-up at 6-months after intake for each program participant, and follow-up with Probation/Parole as required.
2. Access to ancillary services that may include: legal support, HIV/AIDS, HEP A.B.C, AND STD testing and education, health care, literacy assistance and supportive educational training, and job search.
3. 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 AOD Administrator or designee.
3. 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 the Drug Court Team.
4. Transfer program participants between modalities in accordance with the contractors approved step down model.

C. Nonresidential Alcohol and Drug Treatment Services:

Contractor's services will include:

1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning, relapse prevention, aftercare planning, follow-up at 6-months after intake for each program participant, and follow-up with Probation/Parole as required.
2. Individual and group counseling.
3. Access to ancillary services that may include: legal support, HIV/AIDS, HEP A.B.C, AND STD testing and education, health care, literacy assistance and supportive educational training, and job search.
4. 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 the Drug Court Team.

5. Transfer program participants between modalities in accordance with the contractors approved step down model.

D. Transitional Housing Services:

Contractor will provide the following services:

3. Contractor will require participant to participate in Day Treatment or Non Residential treatment services while staying in transitional housing.
4. 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 the Drug Court Team.
5. Participant shall attend outside twelve step meetings
6. Program participants must be admitted with prior authorization from the Drug Court Team for transitional housing services. Program participants must be admitted to, and participating in, nonresidential or Day treatment services at least three (3) times a week while receiving transitional housing services.
7. Ensure homes are clean, well furnished, and well maintained.
8. There must be a rental agreement for each program participant, signed by the landlord, owner, or representative and the program participant, that clearly shows the deposit, refund policy, rent payment schedule and policy on return of rent if the program participant leaves.
9. There will be policies in place for admission criteria, late payment of rent, consequences for using and/or selling alcohol and other drugs, and grounds and procedures for discharge.
10. Have posted clear conditions of residency including house rules, housekeeping duties, curfews, etc.
11. Contractor will have a written policy to address the use and/or sale of alcohol and other drugs.
12. Develop a plan for each participant to obtain financial self-sufficiency. Assist participants to function as independent and financially self-supporting individuals.

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. Provide services under this contract for a period of no more than a total of 90 days in accordance of approved step down model. Provision of services beyond 90 days requires prior written authorization by the Drug Court Team.
- 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 the amounts stated in Section 3.

Payments - A. Maximum Amount, in the main body of this Agreement.

- A. From these funds County shall pay Contractor at the rate of for July 1, 2006 through June 30, 2007:
 - 1. \$70.00 per bed day, per individual served, for services provided for DCP/CDCI funded residential alcohol and drug treatment services, including food, shelter and other basic needs.
 - 2. \$35.00 per individual and group counseling hour provided for DCP/CDCI funded nonresidential alcohol and drug treatment services.
 - 3. \$85 per client for each day provided for DCP/CDCI funded Day Treatment alcohol and drug treatment services.
 - 4. \$16.67 per bed day, per individual served , for services provided for DCP/CDCI funded transitional services alcohol and drug treatment services.

- B. From these funds County shall pay Contractor at the rate of for July 1, 2007 through December 31, 2007:
1. \$72.10 per bed day, per individual served, for services provided for DCP/CDCI funded residential alcohol and drug treatment services, including food, shelter and other basic needs.
 2. \$36.05 per individual and group counseling hour provided for DCP/CDCI funded nonresidential alcohol and drug treatment services.
 3. \$87.55 per client for each day provided for DCP/CDCI funded Day Treatment alcohol and drug treatment services.
 4. \$17.17 per bed day, per individual served , for services provided for DCP/CDCI funded transitional services alcohol and drug treatment services.
- C. Provide attendance reports to the Drug Court Team Case Management Specialist, on at least a monthly basis. Provide monthly progress update to probation officer, regarding progress of Drug Court program participants. Notify Probation Officer and Drug Court Case Manager immediately if program participant misses a session or is discharged from the program.
- D. A separate billing and record keeping system will be kept by Contractor for those individuals receiving DCP/CDCI funded alcohol and drug treatment services.
- E. Contractor's monthly itemized bill will include the following:
1. Name of program participants receiving Drug Court funded alcohol and drug treatment services, DAISY ID numbers, name of the referring Drug Court team member for each program participant, and funding source (DCP/CDCI).
 2. Dates services were provided for Drug Court alcohol and drug treatment services, broken down by program participant, modality, and funding source (DCP/CDCI).
 3. Number of bed-days, group or individual Counseling sessions or day treatment days provided each month for each funding source.
 4. Total amount of the bill for each month, for each funding source (DCP/CDCI).
 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 B-1– DESCRIPTION OF SERVICES
CSAT HIV “Door-to-Treatment” Funded Alcohol and Drug Treatment Services
and Rates of Payment
(Fee For Service Agreement)
DAYTOP VILLAGE, INC.
July 1, 2006 through September 30, 2007

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) men who inject drugs, 2) men who have sex with men, 3) adolescents, 4) women 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 men’s 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 service(s), individuals 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 men’s residential alcohol and drug treatment services:

1. Intake, assessment (utilizing ASI), food, shelter and other basic needs, treatment planning (in conjunction with the program participant), addiction education and intervention, aftercare planning, urine screening and follow-up at 6-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: individual and group counseling, family groups, the 12-step model of recovery, introduction to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, life skills training, transportation, relapse prevention and aftercare planning.
3. Access to ancillary support services including: 12-step meetings, HIV/AIDS, HEP A.B.C and STD testing and education, literacy assistance and supportive education and job training through Welfare-to-Work, Peninsula Works, and the Family Self-Sufficiency Team (FSST), legal issues, housing and health/mental health issues.

4. In addition, Contractor will provide men's residential alcohol and drug treatment services to men who have co-occurring disorders. Services will include the same basic treatment services, plus medication monitoring, psychiatric counseling, longer group sessions and mental health support services.
 - a. Contractor will have in place written policies and procedures regarding the monitoring of program participants with co-occurring disorders and the monitoring of medications.

B. Alcohol and Drug Day Treatment Services:

1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning (in conjunction with the program participant), addiction education and intervention, aftercare planning, urine screening, follow-up at 6-months after intake for each program participant.
2. Contractor's basic day treatment services will include a structured program consisting of: 4 individual counseling sessions, 16 group counseling sessions per program participant, per month. Contractor will also provide transportation and child care for program participants as needed.
3. Curriculum will include: literacy classes, employment readiness classes, positive communication skill building, life skills, anger management, conflict resolution, domestic violence, money management and credit counseling, health and nutrition, and a 10-week parenting series which will cover: assessment of parent/child interaction, parenting skill building, child development and age appropriate play strategies, how to be a parent advocate for school age children, disciplinary techniques, and positive affirmations.

C. Adolescent Residential Alcohol and Drug Treatment Services:

Contractor will provide adolescent residential alcohol and drug treatment services to male adolescents ages 14-18. Any male program participant turning 18 will be eligible to receive residential treatment services under Contractor's adult male residential alcohol and drug treatment program, unless they are still considered a dependent in which case they will remain in the adolescent treatment program. Contractor will provide the following services:

1. Intake, assessment (utilizing ASI), treatment planning, food, shelter and other basic needs, treatment planning (in conjunction with the program participant), addiction education and intervention, aftercare planning, urine screening and follow-up at 6-months after intake for each program participant.
2. Incorporate substance abuse treatment while integrating program participant into educational, social, family and therapeutic activities that are healthy and productive.
3. Curriculum will include: high risk behaviors around substance abuse, sexual activity and criminal gang involvement; individual and group counseling; quarterly family meetings, family therapy, anger management

and individual and group therapy; introduction to 12-step based recovery including AA and NA; educational support; weekly progress reports; scheduled clean and sober recreational and cultural activities; relapse identification and prevention; job search skills and appropriate life skills training; transportation; safe sex education including HIV prevention; and aftercare planning.

4. Make available ancillary support services including HIV/AIDS, HEP A.B.C and STD testing and education, literacy assessment and training and basic education assessment and instruction.

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 ASI completed by the 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 CSATA/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 the amounts stated in Section 3. Payments - A. Maximum Amount, in the main body of this Agreement.

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 Services Rates of Payment:
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 Co-occurring disorders 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. Contractor's monthly itemized bill will include the following:

1. DAISY ID number and name of program participant 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, 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 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 -1 – DESCRIPTION OF SERVICES
**Ryan White CARE Act Funded Alcohol and Drug
Treatment Services and Rates of Payment
(Fee For Service Agreement)**
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

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 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 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 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. 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: individual and group counseling, family groups, the 12-step model of recovery, introduction to Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) meetings, life skills training, transportation, relapse prevention and aftercare planning.
 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. Nonresidential Alcohol and Drug Treatment Services:

1. Intake, assessment (utilizing the Addiction Severity Index [ASI]), treatment planning, relapse prevention, aftercare planning, follow-up at 6-months after intake for each program participant, and follow-up with Probation/Parole as required.
2. Individual and group counseling.
3. Access to ancillary services that may include: legal support, HIV/AIDS, HEP A.B.C, AND STD testing and education, health care, literacy assistance and supportive educational training, and job search.
4. 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 the Drug Court Team.
5. Transfer program participants between modalities in accordance with the contractors approved step down model.

C. 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.

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 the

amounts stated in Section 3. Payments - A. Maximum Amount, in the main body of this Agreement.

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. From the aggregate funds County shall pay Contractor as follows for July 1, 2006 through June 30, 2007:
 - 1. \$70.00 per bed day for alcohol and drug treatment services provided per program participant.
 - 2. \$40.00 per staff hour per individual and group counseling hour provided for Ryan White funded nonresidential alcohol and drug treatment services.

- B. From the aggregate funds County shall pay Contractor as follows for July 1, 2007 through December 31, 2007:
 - 1. \$72.10 per bed day for alcohol and drug treatment services provided per program participant.
 - 2. \$41.20 per staff hour per individual and group counseling hour provided for Ryan White funded nonresidential alcohol and drug treatment services.

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

- A. 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.

- B. 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.

- C. Number of groups and individual counseling hours provided for day treatment services.

- D. Total amount of the bill for each month, by modality.

- E. Contractor will submit itemized bill and invoice statement by the tenth 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 D-1 – DESCRIPTION OF SERVICES
Drug/Medi-Cal (D/MC) Day Care Habilitative Treatment Services and
NNA Funded Adolescent Residential Alcohol and Drug Treatment Services
(Fee For Service Agreement)
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

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 be in good standing with the County of San Mateo's Children and Youth System of Care (CYSOC) Contractor shall provide the following services:

NNA Level 11 Adolescent Residential Alcohol and Drug Treatment Units of Service:

1. Contractor will provide a total of one thousand nine hundred fifty-five (1,955) 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:

NNA Level 11 Adolescent Residential Alcohol and Drug Treatment Services:

Contractor's basic level 11 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 after intake for each program participant.
2. Program services will consist of addiction and recovery specific topics, the twelve-step model of recovery, family dynamics, alcohol and drug screens, education, social relationships, health issues, psychological issues, causes of addiction, dysfunctional families and relationships, alcohol and drug-free recreational and social events, and access to vocational training and employment, and aftercare.
3. Case coordination and referrals with other youth and adolescent providers and county agencies.
4. Contracted adolescent treatment services will comply with the terms and requirements of the County's most recent Adolescent Alcohol and Drug Treatment Services Request for Proposals and The Youth Treatment Guidelines (2002). In accordance with the Guidelines, the target population is "youth in at-risk environments" between the ages of 12 and 17.
5. A high priority should be placed on identifying children with AOD problems within other public service systems, such as schools, child protective services, county mental health, perinatal AOD programs, probation, and, Medi-Cal and Healthy Families programs.
6. In accordance with the guidelines, family counseling must be provided as part of youth treatment.

7. The following are minimum critical requirements from the *Youth Treatment Guidelines* for youth treatment that shall be implemented in the contractors treatment standards:
 - A. Age appropriate treatment that addresses developmental, peer, and family issues.
 - B. Alcohol and Drug Testing
 - C. Discharge Planning
 - D. Continuing Care
 - E. Treatment provided from an asset rather than a deficit model perspective
 - F. An asset model should include the development of support, empowerment, boundaries and expectations, constructive use of time, commitment to learning, positive values, social competencies and positive identity.

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 the amounts stated in Section 3. Payments - A. Maximum Amount, in the main body of this Agreement.

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

1. \$174.47 per bed day for level 11 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.
 - b. 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
 - c. 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 stated in Section 3. Payments - A. Maximum Amount, in the main body of this Agreement.

II. 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.

III. 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

1. For day care habilitative treatment services, the provider shall perform all of the following:
 - a. Develop and use criteria and procedures for the admission of beneficiaries to treatment.
2. Treatment plan for each beneficiary
 1. 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.

2. An initial treatment plan that meets all requirements outlines in Title 22.
3. Contractor will provide all required documentation and requirements stated in Title 22.

IV. 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.

ATTACHMENT 3-1
HIV/AIDS Services
(Fee For Service Agreements)
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

- 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 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 AIDS program monitor. Seventy-five percent (75%) of Contractor's staff will receive this training.
 - B. Contractor will make available to each program participant (and families as appropriate) individual HIV/AIDS education as a recovery issue, risk assessment and prevention education, culturally sensitive informational 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, C and Sexually Transmitted Diseases (STD). Contractor must also make access to condoms available to all program participants.
 - C. 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 informational materials, and necessary knowledge and skills for attitude and behavior change.
 - D. Contractor will coordinate with the Alcohol and Drug AIDS program monitor, 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 the 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 4-1
Payment and Monitoring Procedures
(Fee For Service Agreement)
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

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, 2007 for fiscal year 2006-07 and August 15, 2008 for fiscal year 2007-08.
- 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 reports;
 - 5. Final/Year-end Cost Report; and
 - 6. Addiction Severity Index (ASI) at intake and 6-month follow-up after intake (or documented attempts at follow-up).
- 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 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 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:
 - 1. 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.

2. 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.
3. 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 180 days from notice of termination of the Agreement or from expiration of the term.

VI. Contractor's Risk in Providing Extra Services

Services provided by Contractor more than 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 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 calendar days after the end of each month.
2. Effective July 1, 2007 ADP will only accept DATAR Reports submitted electronically via the web. Treatment programs are required to send monthly DATAR information to ADP by the tenth of the following month of service delivery.
3. Submit to County a quarterly report utilizing the Quarterly Report Form developed by Alcohol and Other Drug Services (AODS). The Quarterly Report shall include expenses, revenues and units of service reports outlining expenditures made and describing actual delivery of services provided under the Exhibits. It will also include a narrative report as outlined in the Quarterly Report Form. Reports are due on the following dates for each quarter in fiscal year 2006/2007:
 - First Quarter: October 23, 2006
 - Second Quarter: January 22, 2007
 - Third Quarter: April 23, 2007
 - Fourth Quarter: July 23, 2007

Reports are due on the following dates for each quarter in fiscal year 2007-08:

- First Quarter: October 22, 2007
- Second Quarter: January 21, 2008

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 Treatment Reports;
 2. Financial reports such as annual budgets, cost allocation plans, and cost reports;
 3. Incident reports;
 4. Outcome data;
 5. Monthly DATAR Reports
 6. Other requested reports
- B. A County program liaison may 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 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.
 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.
 6. A County program liaison may attend an organized activity of a selected component or selected components of Contractor's program(s) at least once during the contract term.
- C. AODS will conduct periodic mandatory treatment provider meetings with representatives of all contracted service providers and appropriate staff.
- D. Provide ongoing technical assistance as needed.
- E. AODS shall act as intermediary on behalf of each contracted alcohol and drug service provider in the submission of the California Outcomes Measurement System (CalOMS) data submissions to the State of California.

ATTACHMENT 5-1
Program Specific Requirements
(Fee For Service Agreement)
DAYTOP VILLAGE, INC.
July 1, 2006 through December 31, 2007

I. GENERAL ADMINISTRATIVE REQUIREMENTS

- A. Attend each of the following meetings:
 - 1. Contractor shall attend periodic mandatory meetings; and
 - 2. Drug and Alcohol Information System for You (DAISY) User Group meeting.
 - 3. Other meetings as required by the County

- 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

- A. 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 month 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 month 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.
 - H. Effective July 1, 2007 ADP will only accept DATAR Reports submitted electronically via its web-based DATAR reporting system. Treatment programs are required to send monthly DATAR information to ADP by the tenth of the following month of service delivery.

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 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. 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. These individuals may or may not be in prescribed medications.
- b. 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.

C. Administrative Requirements:

1. Provide statistical information upon reasonable request of County.

D. 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.

E. 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. A 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.

F. 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 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-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 November 15, 2007 for fiscal year 2006-07 and November 15, 2008 for fiscal year 2007-08.

- 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 his 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(b) (1) 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 County AODS Administrator or designee, within seven (7) calendar days of any unusual incident.

A. Unusual incidents include, but are not limited to the following:

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 administrative or key staff changes). All administrative and key staff changes should be reported to AODS. Notifications should include new staff's name, address, and qualifications.
5. Serious personal injury.
6. Serious property damage.
7. All cases of communicable diseases reported under section 2502 of title 17 of California Code of Regulation (CCR), shall be reported to the local health officer in addition to AODS.