

**AGREEMENT BETWEEN THE COUNTY OF SAN MATEO AND  
TELECARE CORPORATION**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_ ,  
20\_\_\_\_, by and between the COUNTY OF SAN MATEO, hereinafter called  
"County," and , TELECARE CORPORATION, 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 providing professional services hereinafter described for the Health Department, Mental Health Services Division.

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

**1. Exhibits and Attachments**

The following exhibits and attachments are included hereto and incorporated by reference herein:

Exhibit A—Services

Exhibit B—Payments and rates

Exhibit C—Contractor Budget

Attachment C—Election of Third Party Billing Process

Attachment D—Payor Financial Form

Attachment I—§504 Compliance

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

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

**3. Payments**

In consideration of the services provided by Contractor in accordance with all terms, conditions and specifications set forth herein and in Exhibit "A," County shall make payment to Contractor based on the rates and in the manner specified in Exhibit "B." The County reserves the right to withhold payment if the County determines that the quantity or quality of the work performed is unacceptable. In no event shall the County's total fiscal obligation under this Agreement exceed ONE MILLION THREE HUNDRED NINETEEN THOUSAND SEVEN HUNDRED SIX DOLLARS (\$1,319,706).

#### **4. Term and Termination**

Subject to compliance with all terms and conditions, the term of this Agreement shall be from July 1, 2007 through June 30, 2008.

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

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

#### **5. Availability of Funds**

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

#### **6. Relationship of Parties**

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

#### **7. Mutual Hold Harmless**

- A. 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, or (C) any failure to withhold and/or pay to the government income and/or employment taxes from earnings under

this Agreement, or (D) 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 (E) 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.

- B. 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.
- C. County shall indemnify and save harmless Contractor, 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 County, or (B) damage to any property of any kind whatsoever and to whomsoever belonging, or (C) any sanctions, penalties or claims of damages resulting from County'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 Contractor, its officers, agents, employees, or servants, resulting from the performance of any work required of County, provided that this shall not apply to injuries or damage for which Contractor has been found in a court of competent jurisdiction to be solely liable by reason of its own negligence or willful misconduct.
- D. The duty of County 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.
- E. Further, Both Contractor and County shall indemnify and save harmless each other, its officers, agents, employees, and servants from all claims, suits, or actions of every name, kind and description, brought for, or on account of any sanctions, penalties or claims of damages resulting from either party'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.

#### **8. Assignability and Subcontracting**

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

#### **9. Insurance**

The Contractor shall not commence work or be required to commence work under this Agreement unless and until all insurance required under this paragraph has been obtained and such insurance has been approved by 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 I will comply with such provisions before commencing the performance of the work of this Agreement.

(2) **Liability Insurance** The Contractor shall take out and maintain during the life of this Agreement such Bodily Injury Liability and Property Damage Liability Insurance as shall protect him/her while performing work covered by this Agreement from any and all claims for damages for bodily injury, including accidental death, as well as any and all claims for property damage which may arise from contractors operations under this Agreement, whether such operations be by himself/herself or by any sub-contractor or by anyone directly or indirectly employed by either of them. Such insurance shall be combined single limit bodily injury and property damage for each occurrence and shall be not less than the amount specified below.

Such insurance shall include:

- |                                             |             |
|---------------------------------------------|-------------|
| (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.

**10. 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.

**11. Non-Discrimination and Other Requirements**

- A. *Section 504 applies only to Contractors 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.

## **12. Compliance with Contractor Employee Jury Service Ordinance**

Contractor shall comply with the County Ordinance with respect to provision of jury duty pay to employees and have and adhere to a written policy that provides that its employees shall receive from the contractor, on an annual basis, no less than five days of regular pay for actual jury service in San Mateo County. The policy may provide that employees deposit any fees received for such jury service with the contractor or that the contractor deduct from the employees regular pay the fees received for jury service.

## **13. Retention of Records, Right to Monitor and Audit**

(a) CONTRACTOR shall maintain all required records for three (3) years after the COUNTY makes final payment and all other pending matters are closed, and shall be subject to the examination and/or audit of the County, a Federal grantor agency, and the State of California.

(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.

#### **14. Merger Clause**

This Agreement, including the Exhibits attached hereto and incorporated herein by reference, constitutes the sole Agreement of the parties hereto and correctly states the rights, duties, and obligations of each party as of this document's date. In the event that any term, condition, provision, requirement or specification set forth in this body of the agreement conflicts with or is inconsistent with any term, condition, provision, requirement or specification in any exhibit and/or attachment to this agreement, the provisions of this body of the agreement shall prevail. 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. [ 06-07 text]

#### **15. 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.

#### **16. Notices**

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

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

San Mateo County Health Department  
Mental Health Services  
225 37<sup>th</sup> Avenue

San Mateo, CA 94403

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

Telecare Corporation  
1080 Marina Village Parkway, Suite 100  
Alameda, California 94501

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

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

**ATTEST:**

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

Telecare Corporation

  
Contractor's Signature

Date: 8/14/07

Long Form Agreement/Non Business Associate v 6/28/06

Exhibit "A"  
TELECARE CORPORATION: 2007 - 2008

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

I. Integrated Services to Homeless Mentally Ill Program (AB 2034)

In full consideration of the payments herein provided for (as defined in Exhibit B), Contractor shall provide services described herein as authorized by the San Mateo County Division of Mental Health, and as meet medical necessity. These services shall be provided in manner prescribed by the laws of California and in accord with the applicable laws, titles, rules, and regulations, including quality improvement requirements of the Short-Doyle/Medi-Cal Program. All payments under this Agreement must directly support services specified in this Agreement. Such services shall be provided to seriously and persistently mentally ill adults, older adults and transition age adults. The San Mateo County Mental Services Documentation Manual ("County Documentation Manual") is included herein by reference. To the extent that there is inconsistency between a provision in the County Documentation Manual and this Agreement, the provisions in the County Documentation Manual shall prevail.

A. Target Population

Telecare shall enroll and serve seventy-nine (79) adult San Mateo County residents who are seriously and persistently mentally ill (SPMI) and who are homeless or at risk of being homeless. Ten (10) of the enrollees will be youth transitioning to adulthood. It is estimated that a significant percentage of the enrollees will have co-occurring substance abuse problems.

B. Enrollment

Enrollment in the Integrated Services Program is voluntary. Disenrollment from the program can occur only when it is deemed likely that an enrollee will require locked placement (jail, locked mental health rehabilitation facility, state hospital) for longer than 90 days.

C. Referrals

The Mental Health Services Division's Outreach and Support Team will be the entry point for all referrals to the Integrated Services Program. The Outreach and Support Team provide outreach, engagement and linkage case management services to homeless SPMI adults presenting to Psychiatric Emergency Services (PES) who do not require acute admission, who are on the streets or in the homeless shelters, who are incarcerated in the jail, and/or who are on acute psychiatric inpatient units. Potential young adult clients may also be identified through youth serving agencies/services. The "Outreach and Support Team" will identify potential program enrollees who are "new" (not currently opened) to the County Adult System of Care or intermittent users of services who have not achieved individual positive outcomes in the past.

#### D. Program Principles

The framework for the Integrated Services Program will be based on the following principles:

- Services are accessible (24 hour, 7 days a week capability)
- Services are integrated
- Services are flexible and approached with a "whatever it takes" philosophy
- Services are strengths-based fostering *Hope, Wellness and Recovery*
- Service delivery is based on building relationships with individuals through a process of outreach, engagement and engendering trust
- Services are consumer directed
- Services are culturally competent

#### E. Services

Telecare will provide two (2) services: 1) a supported housing service in Unit A-7, Building 323 of VA Menlo Park campus for up to forty (40) adult residents; 2) an Integrated Services Team for up to seventy-five (75) clients who are homeless or at risk of being homeless and who are seriously and persistently mentally ill.

##### 1. Supported Housing Service

The Supportive Housing Service will house forty (40) adults who are seriously and persistently mentally ill and who are homeless or at risk of becoming homeless. This program, located in Unit A-7, Building 323 of the VA Menlo Park campus will provide the following services:

- a. On-site staff support in Unit A-7, Building 323 of the VA Menlo Park campus 24 hours a day, 7 days a week, 365 days a year.

- b. Medication support including storage of medications for Unit A-7 residents and daily reminders to take medications.
- c. Assessment of health and mental health status at time of entry into Unit A-7 supported housing program.
- d. Room and board in Unit A-7; a minimum of two meals a day will be provided. One hot meal will be provided five days per week, Monday through Friday. Contractor will provide all food items for these meals for Unit A-7 residents.
- e. All furnishings purchased with funds provided under this Agreement shall remain the property of San Mateo County.
- f. Contractor will establish a "flexible fund" to purchase interim housing resources (hotel/motel vouchers) for enrollees who do not reside in Unit A-7 on the VA Menlo Park campus.
- g. Coordination with the Integrated Services Team and other community providers regarding needed services and referrals that promote skill building, maintenance of health and mental health, and transition to more independent living situations.

## 2. Integrated Services Team

An Integrated Services Team will serve seventy-five (75) adults who are homeless or at risk of becoming homeless and who are seriously and persistently mentally ill. Program enrollees shall have access to the Integrated Service Team 24 hours a day, 7 days a week. After hours calls will be answered promptly and effectively. Each enrollee shall have a clearly designated mental health "personal services coordinator", who is part of a multidisciplinary treatment team responsible for providing or assuring needed services. Responsibilities of the Integrated Service Team include: complete assessment of the enrollee's needs, development of a personal services plan; assistance with securing benefits; linkage with all appropriate community services; monitoring of the quality and follow through of services; and, necessary advocacy to ensure that each enrollee receives those services which are agreed to in the personal services plan. Each enrollee shall participate in the development of his or her personal services plan.

The Integrated Service team will also actively engage all individuals referred by the County's "Outreach and Support Team", and will work closely with the supported housing program to provide assistance to enrollees in their respective housing situations.

The services provided by the Integrated Service Team will include, but not be limited to, the following.

- a. Outreach services.
- b. Outpatient services.

- c. Assessment.
  - d. Medication.
  - e. Crisis intervention.
  - f. Case management.
  - g. Dual Diagnosis services.
  - h. 24-hour services.
  - i. Assistance with basic living skills.
  - j. Vocational services.
  - k. Socialization services.
  - l. Money management.
3. Housing Support – “Pathways” (Mentally Ill Offender Crime Reduction – MIOCR)
- Act as rental guarantor
  - Supplement property management services
  - Provide utility stipends
  - Supplement market value rental payments
4. Volume of Services

Contractor will provide a minimum of 450,000 units (minutes) of services during the term of this Agreement. These services shall be as defined in the County Documentation Manual (included by reference herein).

## II. Records and Administrative Requirements

- A. Paragraph 13 of the Agreement and Paragraph P.4 of Exhibit B notwithstanding, Contractor shall maintain medical records required by the California Code of Regulations. Notwithstanding the foregoing, Contractor shall maintain beneficiary medical and/or clinical records for a period of seven (7) years, except that the records of persons under age eighteen (18) at the time of treatment shall be maintained: a) until one (1) year beyond the person's eighteenth (18<sup>th</sup>) birthday or b) for a period of seven (7) years beyond the date of discharge, whichever is later.
- B. Contractor shall submit a copy of any licensing report issued by a licensing agency to County Mental Health Division Adult Services Deputy Director within 10 business days of Contractor's receipt of any such licensing report.
- C. Contractor agrees to administer/utilize any and all survey instruments as directed by the County Mental Health Services Division, as required by the State Department of Mental Health.
- D. Cultural Competency

1. All program staff shall receive at least one (1) in-service training per year on some aspect of providing culturally and linguistically appropriate services. At least once per year and upon request, Contractor shall provide County with a schedule of in-service training(s) and a list of participants at each such training.
  2. Contractor shall use good faith efforts to translate health-related materials in a culturally and linguistically appropriate manner. At least once per year and upon request, Contractor shall provide to County copies of Contractor's health-related materials in English and as translated.
  3. Contractor shall use good faith efforts to hire clinical staff members who can communicate with clients in a culturally and linguistically appropriate manner. At least once per year and upon request, Contractor shall submit to County the cultural composition and linguistic fluencies of Contractor's staff.
- E. Contractor shall provide all pertinent documentation required for federal Medi-Cal reimbursement (including initial and quarterly notices, assessment and service plans, and progress notes).
- F. Contractor shall complete all State evaluation requirements and send monthly updates of evaluations to County.
- G. Contractor shall maintain certification through San Mateo County to provide Short-Doyle Medi-Cal reimbursable services.
- H. Contractor shall submit to County the cultural composition of Contractor's staff in the third (3<sup>rd</sup>) quarter of the contract year.
- I. Contractor may not employ any persons deemed an Ineligible Person by the Office of the Inspector General in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who (1) is currently excluded, suspended, debarred or otherwise ineligible to participate in Federal health care programs, or (2) has been convicted of a criminal offense related to the provision of health care items or services and has not been reinstated in the Federal health care programs after a period of exclusion, suspension, debarment or ineligibility. Ineligibility may be verified by checking: [www.Exclusions.OIG.HHS.Gov](http://www.Exclusions.OIG.HHS.Gov).

- J. Contractors providing state funded health services may not employ any persons deemed an Ineligible Person by the California Department of Health Services (CDHS) in the provision of services for the County through this agreement. Any employee(s) of contractor determined to be an Ineligible Person will be removed from responsibility for, or involvement with County clients or operations. An "Ineligible Person" is an individual who has been (1) convicted of a crime involving fraud or abuse of the Medi-Cal program, or (2) suspended from the federal Medicare program for any reason. Ineligibility may be verified by checking:

[http://files.medical.ca.gov/pubsdoco/publications/bulletins/part1/part1bull\\_1.asp](http://files.medical.ca.gov/pubsdoco/publications/bulletins/part1/part1bull_1.asp).

- K. Contractors shall provide County with a monthly report on membership including member's name, current living situation, age, ethnicity, and LOCUS score.

L. Advance Directives

Contractor will comply with County policies and procedures relating to advance directives.

M. Beneficiary Rights

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

N. Physician Incentive Plans

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

O. Availability and Accessibility of Service

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

P. Compliance Plan and Code of Conduct

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

#### Q. Beneficiary Brochure and Provider Lists

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

### III. Objectives and Reporting

#### A. Program Objectives

##### 1. Supported Housing

- a. The residence will maintain a ninety percent (90%) occupancy rate.

Data to be collected by Contractor.

- b. Dropout rates will not exceed twenty percent (20%) of the total number of residents each year.

Data to be collected by Contractor.

- c. Ninety percent (90%) of residents will verbalize that they are satisfied with the services and support received.

Data to be collected by Contractor.

- d. Of those individuals leaving the residence, seventy-five percent (75%) will move to more independent residential settings.

Data to be collected by Contractor.

## 2. Integrated Service Team

- a. Drop out rates from the program will not exceed fifteen percent (15%) of the total number of enrollees each year.

Data to be collected by Contractor.

- b. Ninety percent (90%) of the enrollees will verbalize that they are satisfied with the services provided.

Data to be collected by County.

### State AB 2034 Measures

## 3. Hospitalization

Enrolled program clients shall reduce total days of psychiatric hospitalization by 70% in comparison to total days for 12 months prior to enrollment.

Data to be collected by Contractor.

## 4. Incarceration

Enrolled program clients shall reduce total days of incarceration by 85% in comparison to total days for 12 months prior to enrollment.

Data to be collected by Contractor.

## 5. Homelessness

Enrolled program clients shall reduce total days of homelessness by 85% in comparison to total days for 12 months prior to enrollment.

Data to be collected by Contractor.

## B. Reporting

1. Contractor will complete and submit to the County data forms that are necessary to fulfill the AB 2034 reporting requirements as well as meet County program evaluation needs. Contractor will incorporate the information and general outcome parameters established by AB 2034 as follows:

- a. The number of persons served, and of those, the number who are able to maintain housing, and the number who receive extensive community mental health services.
- b. The number of persons with contacts with local law enforcement and the extent to which local and State incarceration has been reduced or avoided.
- c. The number of persons participating in employment service programs including competitive employment.
- d. The number of persons contacted in outreach efforts who appear to be severely mentally ill, as described in proposals submitted to State Department of Mental Health, who have refused treatment after completion of all applicable outreach measures.
- e. The amount of hospitalizations that have been reduced or avoided.

## 2. Supported Housing

Contractor shall provide the following data to County annually:

- a. Residency rate.
- b. Dropout rate.
- c. Percentage of residents who verbalize that they are satisfied with services received.
- d. Percentage of residents who leaving the residence who have moved to more independent settings.

## 3. Integrated Service Team

Contractor shall provide the following data to County annually:

- a. Dropout rate.
- b. Percentage of residents who verbalize that they are satisfied with services received.

Exhibit "B"  
TELECARE CORPORATION: 2007 - 2008

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

I. PAYMENTS

In full consideration of the supported housing services and assertive community treatment services provided by Contractor pursuant to this Agreement and subject to Paragraph 3 ("Payments") of this Agreement, County shall pay Contractor in the manner described below, except that any and all such payments shall be subject to the conditions contained in this Agreement.

A. The total program cost is \$1,473,256. Contractor shall collect member SSI payments to cover \$153,550 of program costs.

1. AB 2034 Funded Services

- a. In no event shall the total obligation of the County for payment for Contractor's actual costs (as determined through the cost report process, defined in Paragraph I.L. of this Exhibit B) exceed ONE MILLION ONE HUNDRED NINETY-TWO THOUSAND TWO HUNDRED SEVENTY-FOUR DOLLARS (\$1,219,706) ("Maximum Contract Amount" or "MCA") for AB 2034 funded services provided under this Agreement. The MCA is the sum of the AB 2034 funding allotted to this Agreement for this period of NINE HUNDRED FOURTEEN THOUSAND FOUR HUNDRED DOLLARS (\$941,832) and the revenues expected to be generated by third-party billings for Contractor's services under this Agreement of TWO HUNDRED SEVENTY-SEVEN THOUSAND EIGHT HUNDRED SEVENTY-FOUR DOLLARS (\$277,874) ("Revenue Component").
- b. In the event that the revenues received for Contractor's services are less than the Revenue Component and that difference is shown to have been generated by County's inability to bill and/or for disallowances by third party payors, in either case based on Contractor's failure:
  - 1) to use Medicare-eligible providers;
  - 2) to provide documentation adequate to support Contractor's services per County Documentation Manual (incorporated by reference herein);
  - 3) to provide services at a per unit cost that is equal to or below the State Maximum Allowance; and/or

4) to submit the billing information required by this Agreement to the County in a timely manner (collectively, "Third Party Disallowances"), then the MCA may be reduced by the amount of that difference.

If Revenues received for the contract term is less than the Revenue Component due to items a-d of this paragraph I.A.1.b. of Exhibit B, Contractor shall reimburse to County the difference between the actual revenues and the Revenue Component.

- c. Revenue Component reduction as described in I.A.1.a. of this Exhibit B shall not relieve Contractor of the obligation to provide the volume of services as described in Paragraph I.E.4. of Exhibit A.
- d. Payment Schedule

Unless otherwise authorized by the Director of Health or her designee, the provisional rate of payment by County to Contractor for services funded by State AB 2034 funding shall be one-twelfth (1/12) of the total obligation per month. Payments will be made in the amount of ONE HUNDRED ONE THOUSAND SIX HUNDRED FORTY-TWO DOLLARS AND SIXTEEN CENTS (\$102,642.16) per month for the term of this Agreement.

- e. County Revenue Component Estimate

Contractor shall provide Medi-Cal and Medicare reimbursable services which are expected to generate the amount of TWO HUNDRED SEVENTY-SEVEN THOUSAND EIGHT HUNDRED SEVENTY-FOUR DOLLARS (\$277,874) (Revenue Component). These services shall be reported to County through the Monthly Reporting process as described in Paragraph I.C. of this Exhibit B.

## 2. Mentally Ill Offender Crime Reduction (MIOCR) Funded Services

- a. Payment for services funded through MIOCR shall be made for actual costs. County shall make payment following receipt of invoice from Contractor. Invoices shall be submitted quarterly.
- b. Total payment for MIOCR funded services shall not exceed ONE HUNDRED THOUSAND DOLLARS (\$100,000) for the Agreement term.

## B. Agreement Maximum

In no event shall the total obligation of the County for payment for Contractor's actual costs (as determined through the cost report process, defined in Paragraph I.L. of this Exhibit B) exceed ONE MILLION THREE HUNDRED NINETEEN THOUSAND SEVEN HUNDRED SIX DOLLARS (\$1,319,706).

C. Monthly Reporting

1. Payment by County to Contractor shall be monthly. Contractor shall bill County on or before the tenth (10<sup>th</sup>) working day of each month for the prior month. The invoice shall include a summary of services and changes for the month of service. In addition contractor shall provide back up to the invoice. Such back-up shall be in the form of:
    - a. County provided service reporting form(s) ("Service Reporting Form(s)") completed by Contractor according to the instructions accompanying the Service Reporting Form(s), or
    - b. County approved form(s) or electronic submission of backup data which provide detailed description of services provided including but not limited to: client name, mental health ID#, service date, type of service provided (Ex: TBS, Intensive Day Treatment, etc.), and duration of service (hour/minute format).
  2. County reserves the right to change the Service Report Forms, instructions, and/or require the Contractor to modify their description of services as the County deems necessary.
- D. Each month Contractor will provide a written summary of services rendered each such month ("Summary"). The Summary shall include data on caseload, units of service, type of housing provided, vacancy rate, and other evaluative information as requested by County. Such Summary will accompany the invoice described above. Monthly summaries shall be incorporated into an annual (fiscal year-end) report which shall include such information as the Mental Health Services Director requires to permit reporting, monitoring, and evaluation of Contractor's program pursuant to this Agreement.
- F. Contractor's annual 2007-2008 budget is attached and incorporated into this Agreement as Exhibit C.
- G. Budget modifications may be approved by the Director of Health or her designee, subject to the maximum amount set forth in Paragraph 3.
- H. In the event that funds provided under this Agreement are expended prior to the end of the contract period, Contractor shall provide ongoing services under the terms of this Agreement through the end of the contract period without further payment from County.

- I. In the event this Agreement is terminated prior to June 30, 2008, Contractor shall be paid on a prorated basis for only that portion of the contract term during which Contractor provided services pursuant to this Agreement. Such billing shall be subject to the approval of the Director of Health.
- J. In the event Contractor claims or receives payment from County for a service, reimbursement for which is later disallowed by County or the State of California or the United States Government, then Contractor shall promptly refund the disallowed amount to County upon request, or, at its option, County may offset the amount disallowed from any payment due or become due to Contractor under this Agreement or any other agreement.

K. County May Withhold Payment

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

L. Cost Report

Contractor shall submit to County a year-end cost report no later than ninety (90) days after the expiration date of this Agreement. This report shall be in accordance with the principles and format outlined in the Cost Reporting/Data Collection (CR/DC) Manual. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report shall be submitted along with the Cost Report.

- 1. If the annual Cost Reports provided to County show that total payments to Contractor exceeds the total actual costs for these services rendered by Contractor during the reporting period, following any and all adjustments made under Paragraph I.A. of this Exhibit B, a single payment in the amount of the contract savings shall be made to County by Contractor, unless otherwise authorized by the Director of Health or her authorized representative. This cost settlement reimbursement shall be made within ninety (90) days of the end of the Agreement.
- 2. Where discrepancies between costs and charges are found on the Cost Report to County, Contractor shall make a single payment to County when the total charges exceed the total actual costs for all of the services rendered to eligible patients during the reporting period.

3. Should Contractor provide fewer units than what is identified in Paragraph I.E.4. of Exhibit A, payment rates by County to Contractor may not exceed the State Maximum Allowance ("SMA"). In such case, the amount of the difference between the actual costs for services provided that exceed the SMA and the costs of those same number of units provided at the SMA shall be reimbursed by Contractor to the County in a single payment.
  4. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. Should an audit be started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
  5. Subsequent audits by the State may result in additional cost settlement.
  6. Notwithstanding other provisions of this agreement, final settlement shall include an amount for Administrative Services equal to the amount listed in Contractor's Budget, Exhibit C.
- M. In the event this Agreement is terminated prior to June 30, 2008, the Contractor shall be paid for services already provided pursuant to this Agreement.

N. Election of Third Party Billing Process

Contractor shall select an option for participating in serial billing of third-party payors for services provided through this Agreement through the completion of Attachment C – Election of Third Party Billing Process. The completed Attachment C shall be returned to the County with the signed Agreement. Based upon the option selected by the Contractor the appropriate following language shall be in effect for this Agreement.

1. Option One

- a. Contractor shall bill all eligible third-party payors financially responsible for a beneficiary's health care services that Contractor provides through this Agreement. Within ten (10) days of the end of each month, Contractor shall provide to County copies of the Explanation of Benefits or other remittance advice for every third-party payment and/or denial of such third-party payments for services provided by Contractor during such month. The amount of any such third-party payment shall be deducted from the total actual costs for all services rendered by Contractor as reflected on the Cost Report as defined in Paragraph L. of this Exhibit B. County accepts no financial responsibility for services provided to beneficiaries where there is a responsible third-party payor, and to the extent that County inadvertently makes payments to Contractor for such services rendered, County shall be entitled to recoup such reimbursement, through the Cost Report reconciliation.
- b. Contractor shall provide a copy of each completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this Agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

## 2. Option Two

- a. Contractor shall provide information to County so that County may bill applicable other third-parties for services provided by Contractor through this Agreement. County shall retain these revenues and shall not offset these revenues against payments to Contractor.
- b. Contractor shall provide a copy of the completed Payor Financial Form (Attachment D) and subsequent annual updates for all clients who receive services through this agreement. For clients who begin to receive services during the term of this Agreement, completed Payor Financial Forms shall be provided to the County with client registration forms. For clients who were receiving services prior to the start date of this Agreement and who continue to receive services through this Agreement, completed Payor Financial Forms are due within ten (10) days of the end of the first month of the Agreement.

## O. Beneficiary Billing

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

P. Claims Certification and Program Integrity

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

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

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

Executed at \_\_\_\_\_ California, on \_\_\_\_\_, 200\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Agency \_\_\_\_\_"

3. The certification shall attest to the following for each beneficiary with services included in the claim:
  - a. An assessment of the beneficiary was conducted in compliance with the requirements established in this agreement.

- b. The beneficiary was eligible to receive services described in Exhibit A of this Agreement at the time the services were provided to the beneficiary.
  - c. The services included in the claim were actually provided to the beneficiary.
  - d. Medical necessity was established for the beneficiary as defined under California Code of Regulations, Title 9, Division 1, Chapter 11, for the service or services provided, for the timeframe in which the services were provided.
  - e. A client plan was developed and maintained for the beneficiary that met all client plan requirements established in this agreement.
  - f. For each beneficiary with mental health services included in the claim, all requirements for Contractor payment authorization for were met, and any reviews for such service or services were conducted prior to the initial authorization and any re-authorization periods as established in this agreement.
  - g. Services are offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, age, or physical or mental disability.
4. Except as provided in Paragraph 13 of the Agreement and in Paragraph II.A. of Exhibit A relative to medical records, Contractor agrees to keep for a minimum period of three years from the date of service a printed representation of all records which are necessary to disclose fully the extent of services furnished to the client. Contractor agrees to furnish these records and any information regarding payments claimed for providing the services, on request, within the State of California, to the California Department of Health Services; the Medi-Cal Fraud Unit; California Department of Mental Health; California Department of Justice; Office of the State Controller; U.S. Department of Health and Human Services, Managed Risk Medical Insurance Board or their duly authorized representatives, and/or the County.
- Q. If County finds that performance is inadequate, a meeting may be called to discuss the causes for the performance problem, and this Agreement may either be renegotiated, allowed to continue to end of term, or terminated, subject to the provisions of Paragraph 4, of this Agreement. Any unspent monies due to performance failure may reduce the following year's agreement.

#### R. Rollover

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

1. Contractor shall submit a summary calculation of any savings 90 days after end of the fiscal year. The summary calculation will be a separate report from the year-end cost report. With the summary calculation Contractor shall return the amount of the savings.
2. At the time of the submission of the summary calculation Contractor may request to rollover some or all of any savings. The request must be made in writing to the Director of Mental Health Services or her designee. The request shall identify specifically how the rollover funds will be spent, including a detailed budget. Savings shall not be spent until Contractor receives a written approval of the request. Approved rollover funds shall be spent only for the succeeding fiscal year and only for the specific purpose(s) requested and approved.
3. Contractor shall submit an accounting report of the rollover savings. This report shall include copies of the detailed expenses. The report is due 90 days after the specific purpose has been completed, or 90 days after the end of the fiscal year, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
4. If the specific purpose is not yet complete as of the end of the first succeeding fiscal year, contractor may make subsequent request(s) to rollover the unspent funds to the succeeding fiscal year(s) by submitting a written request with the accounting report. The unspent rollover funds shall not be spent until the Director of Mental Health Services or her designee approves the request.
5. A final accounting of the rollover funds shall be submitted 90 days after the specific purpose has been completed, or 90 days after the end of the fiscal year in which rollover funds are spent, whichever comes first. Any unspent rollover funds shall be returned to the County with the accounting report.
6. County anticipates the receipt of revenues from various sources, including State AB 2034 funds, will be used to fund services provided by Contractor through this Agreement. Should actual revenues be less than the amounts anticipated for this Agreement, funding provided by County to Contractor may be reduced accordingly.

## EXHIBIT C

## Transitions Budget for FY 2007 - 2008

| ITEMS                              |            | Total Program |
|------------------------------------|------------|---------------|
| <b>I. PERSONNEL SERVICES</b>       | <b>FTE</b> |               |
| A. Salaries and Benefits           |            |               |
| Title or Position                  |            |               |
| Wages - Program Administrator      | 0.57       | 63,551        |
| Wages - Housing Coord/Clin Dir.    | 1.50       | 87,038        |
| Wages - Rehab Therapist            | 5.00       | 241,518       |
| Wages - SW/Clin.Spec/TLead         | 1.00       | 75,282        |
| Wages - Registered Nurses          | 0.80       | 54,571        |
| Wages - LVNs/LPTs                  | -          | -             |
| Wages - MHW/RAL/PSC                | 4.20       | 106,129       |
| Wages - Technicians                | 1.00       | 45,742        |
| Wages - Other Techs                | 1.00       | 32,125        |
|                                    |            |               |
| B. Benefits                        |            | 204,138       |
|                                    |            |               |
| Total Personal Services            | 15.07      | 910,094       |
| <b>II. ADMINISTRATIVE SERVICES</b> |            |               |
| Corporate Allocation               |            | 115,298       |
| Operating Income                   |            | 76,866        |
| Total Administrative Services      |            | 192,164       |
| <b>III. CONTRACT SERVICES</b>      | <b>FTE</b> |               |
| Contract Entities :                |            |               |
| Professional Fee - Therapist       |            | 97,000        |
|                                    |            |               |
| Total Contract Services            | -          | 97,000        |
| <b>IV. OPERATING EXPENSE</b>       |            |               |
| Space Rent                         |            | -             |
| Office Supplies/Communications     |            | 11,586        |
| Data Collection                    |            |               |
| Training                           |            | 530           |
| Medications                        |            | 6,096         |
| Housing Cost - Rent Subsidies      |            |               |
| - Master Leasing                   |            | 30,000        |
| - Motel Vouchers                   |            |               |
| - Others                           |            |               |
| Outreach Program                   |            |               |
| Employment                         |            | 8,081         |
| Vehicles                           |            | 160           |
| Mileage- Van/ Private Car          |            | 2,630         |
| Food                               |            | 109,540       |
| Other                              |            | 105,376       |
| Total Operating Expense            |            | 273,998       |
| <b>V. TOTAL</b>                    |            | 1,473,256     |
| <b>VI. REVENUE</b>                 |            |               |
| Medi-Cal                           |            |               |
| County General Funds               |            | 941,832       |
| Medi-Cal FFP                       |            | 277,874       |
| MIOCR                              |            | 100,000       |
| Other (Member SSI Payments)        |            | 153,550       |
| Total Revenue                      |            | 1,473,256     |
| <b>VII. NET PROGRAM COST</b>       |            | -             |

**Attachment C**  
**Election of Third Party Billing Process**

Effective July 1, 2005, San Mateo County Mental Health Services will be required to bill all other insurance (including Medicare) before billing Medi-Cal for beneficiaries who have other coverage in addition to Medi-Cal. This is called "serial billing." All claims sent to Medi-Cal without evidence of other insurance having been billed first will be denied.

In order to comply with the serial billing requirement you must elect which of the two following options to use in our contract with you. In either case, you will need to establish the eligibility of your clients through the completion of the standard form (Payor Financial Form) used to collect this information. Please select and complete one of the two options below:

Option One

Our agency will bill other insurance, and provide San Mateo County Mental Health Services (SMCMHS) with a copy of the Explanation of Benefits provided by that insurance plan before billing SMCMHS for the remainder.

We \_\_\_\_\_ (agency name) elect option one.

\_\_\_\_\_  
Signature of authorized agent

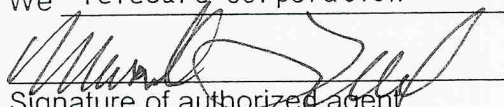
\_\_\_\_\_  
Name of authorized agent

\_\_\_\_\_  
Telephone number

Option Two

Our agency will provide information to San Mateo County Mental Health Services (SMCMHS) so that SMCMHS may bill other insurance before billing Medi-Cal on our agency's behalf. This will include completing the attached client Payor Financial Form and providing it to the SMCMHS Billing Office with the completed "assignment" that indicates the client's permission for SMCMHS to bill their insurance.

We Telecare Corporation (agency name) elect option one.

  
Signature of authorized agent

Marshall Langfeld

\_\_\_\_\_  
Name of authorized agent

510-337-7950

\_\_\_\_\_  
Telephone number

Please note if your agency already bills private insurance including Medicare for services you provide, then you must elect Option One. This is to prevent double billing. Please return this completed form to:

Doreen Avery, Business Systems Manager  
Mental Health Services  
225 37<sup>th</sup> Avenue  
San Mateo, CA 94403  
(650) 573-2284

## Attachment D - Payor Financial Form

## AGENCY NAME:

|                                       |                                                                                                                    |                                                                                                        |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| Client's Last Name/MH ID # (if known) | First Name M.I.                                                                                                    | Alias or other names Used                                                                              |
| Client Date of Birth                  | Undocumented? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, Social Security Number (Required) | 26.5 (AB3632) <input type="checkbox"/> Yes <input type="checkbox"/> No<br>IEP (SELPA) start date _____ |

Does Client have Medi-Cal? ☐ Yes ☐ No Share of Cost? ☐ Yes ☐ No Client's Medi-Cal Number (BIC Number)? \_\_\_\_\_  
**Please attach copy of MEDS Screen** If client is Full scope Mcal, skip the remaining sections of this form and fax to MIS/Billing Unit - 573-2110  
 Is Client Potentially Eligible for Medi-Cal Benefits? ☐ Yes ☐ No Client Referred to Medi-Cal? ☐ Yes, give date: \_\_\_\_\_ ☐ No  
 Is this a Court-ordered Placement? ☐ Yes ☐ No  
 Does Client have Medicare? ☐ Yes ☐ No If yes, please check all that apply \_\_\_ Part A \_\_\_ Part B \_\_\_ Part D (effective 1/1/06)  
 What is the Client's Medicare Number? \_\_\_\_\_

## Responsible Party's Information (Guarantor):

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship to Client \_\_\_\_\_ ☐ Self  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
☐ Refused to provide Financial Information and will be charged full cost of service.

## FINANCIAL ASSESSMENT - Annual UMDAP (Uniform Method of Determining Ability to Pay)

|                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Gross Monthly Income (include all in the Household)</b><br>A. Self .....\$ _____<br>B. Parents/Spouse/Domestic Partner .....\$ _____<br>C. Other .....\$ _____<br>Number of Persons Dependent on Income _____ | <b>Allowable Expenses</b><br>A. Court Ordered Monthly Obligation \$ _____<br>B. Monthly Child Care Payments<br>(Only if Necessary for Employment) \$ _____<br>C. Monthly Dependent Support Payments \$ _____<br>D. Monthly Medical Expense Payments \$ _____<br>E. Monthly Mandated Deductions for<br>Retirement Plan (Do not include<br>Social Security).....\$ _____<br>F. Housing Cost (Mortgage/Rent) \$ _____ |
| <b>Asset Amount (List all liquid assets)</b><br>A. Savings.....\$ _____<br>B. Checking.....\$ _____<br>C. Stocks.....\$ _____                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                    |

3<sup>rd</sup> Party HEALTH INSURANCE INFORMATION

|                                                                                                                                                                                    |                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Health Plan or Insurance Company (Not employer)</b><br>Name of Company _____<br>Street Address _____<br>City _____<br>State _____ Zip _____<br>Insurance Co. phone number _____ | Policy Number _____<br>Group Number _____<br>Name of Insured Person _____<br>Relationship to Client _____<br>Social Security Number of Insured Person _____<br>(if other than client)                                        |
| <b>Does this Client have Healthy Families Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, complete San Mateo County Mental Health SED form.     | <b>Does this Client have Healthy Kids Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br><b>Does this Client have HealthWorx Insurance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |

## CLIENT AUTHORIZATION - This section is not required for Full scope Medi-Cal Clients

I affirm that the statements made herein are true and correct. I understand that I am responsible for paying the UMDAP liability amount or cost of treatment received by myself or by members of my household during each 1-year period. If the cost of service is more than the UMDAP liability amount, I pay the lesser amount. It is my responsibility and I agree to provide verification of income, assets and expenses. If I do not, I will be billed in full for services received. I authorize San Mateo County Mental Health to bill all applicable mental health services to Medi-Care and/or my insurance plan, including any services provided under 26.5. I authorize payment of healthcare benefits to San Mateo County Mental Health.

Signature of Client or Authorized Person

Date

Reason if client is unable to sign

**Client Refused to Sign Authorization:** ☐ (Please check if applicable) Date \_\_\_\_\_ Reason \_\_\_\_\_

Name of Interviewer

Phone Number

Best Time to Contact \_\_\_\_\_

FAX COMPLETED COPY TO: MIS/BILLING UNIT (650)-573-2110

ENTERED BY

San Mateo County Mental Health Services Use Only

CLIENT ACCOUNT #

DATA ENTRY DATE

**MEDI-CAL AND HEALTHY FAMILIES/HEALTHY KIDS/HEALTH WORKS ELIGIBILITY**

Below are instructions for accessing the State's MEDS (Medi-Cal Eligibility Determination System) to determine eligibility and clearing share of cost through the internet. If you do not have access to the internet, please call Bernadette Ortiz (phone: 650-573-2712) or Analiza Salise (phone: 650-573-2442) to verify eligibility.

**Instructions for Obtaining Medi-Cal Eligibility Using Internet**

- Double click on Internet Explorer
- Type in the address box: <https://www.medi-cal.ca.gov/eligibility>
- From the Login Center Transaction Services screen, enter  
Userid: **usually 5 zeros followed by your provider number**
- Enter state assigned password – call Medi-Cal Provider Relations Phone Support @  
1-800-541-5555
- Click on Submit or press enter
- From the Transaction Services screen, double click on Determine Patient's Eligibility
- From Perform Eligibility screen fill in the following fields:
  - Recipient ID – enter the client's Social Security # (without dashes)
  - Date of Birth – enter the client's DOB (mm/dd/yyyy)
  - Date of Card Issue – if unknown, enter today's date (mm/dd/yyyy)
  - Date of Service – enter the date on which the service is to be performed (mm/dd/yyyy)
  - Click on Submit or press enter

**Note:**

Click on Back - to return to Transaction Services screen

Clear – press this button to clear the fields in the form

Patient Recall – once any transaction has been performed on a client, pressing this button will fill in the common fields with all of the information from the last transaction. This is useful for using the same client on different transaction (such as an eligibility verification, then a Share of Cost) or for correcting data when a transaction has gone through with incorrect data.

### Instructions for Clearing Medi-Cal Share of Cost Using Internet

- Double click on Internet Explorer
- Type in the address box: <https://www.medi-cal.ca.gov/eligibility>
- From the Login Center Transaction Services screen, enter  
Userid: **your provider number preceded by 5 zeros**
- Enter state assigned password - call Medi-Cal Provider Relations Phone Support @  
1-800-541-5555
- Click on Submit or press enter
- From the Transaction Services screen, double click on Determine  
Share of Cost
- From Perform SOC screen fill in the following fields:
  - Recipient ID – enter the client’s Social Security # (without dashes)
  - Date of Birth – enter the client’s DOB (mm/dd/yyyy)
  - Date of Card Issue – if unknown, and clearing service for the current month, enter today’s date. If you are clearing a retroactive service, you must have the BIC issue date. (mm/dd/yyyy)
  - Date of Service – enter service date for the “SOC Clearance.” (mm/dd/yyyy)
  - Procedure Code – enter the procedure code for which the SOC is being cleared. The procedure code is required. (90862, 90841, 90882, etc.)
  - Billed Amount – enter the amount in dollars and cents of the total bill for the procedure code. (ex. 100 dollars would be entered as 100.00). If you do not specify a decimal point, a decimal followed by two zeros will be added to the end of the amount entered.
  - Share of Cost Case Number – optional unless applying towards family member’s SOC case
  - Amount of Share of Cost – optional unless a SOC case number was entered
  - Click on Submit or press enter

**Note:**

Click on Back - to return to Transaction Services screen

Clear – press this button to clear the fields in the form

Patient Recall – once any transaction has been performed on a client, pressing this button will fill in the common fields with all of the information from the last transaction. This is useful for using the same client on different transaction (such as an eligibility verification, then a Share of Cost) or for correcting data when a transaction has gone through with incorrect data.

Select SOC Case – this item affects how the Patient Recall button (described above) functions. Simply select the circle above the SOC case number that you want the Patient Recall button to use when it fills out the form. Note that the SOC case numbers are only available if the previous transaction was an Eligibility transaction.

The “Last Used” choice contains the SOC Case number that was used if the previous transaction was a SOC transaction. This is also a default choice if none are selected.

ATTACHMENT I

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

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

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

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

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

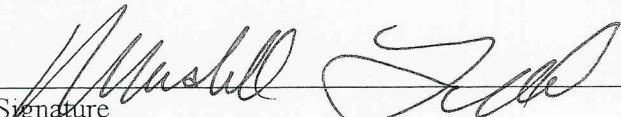
Kevin Jones  
Name of 504 Person - Type or Print

Telecare Corporation  
Name of Contractor(s) - Type or Print

795 Willow Road, Building 323-A  
Street Address or P.O. Box

Menlo Park, CA 94025  
City, State, Zip Code

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

  
Signature

CFO and Vice President  
Title of Authorized Official

8/14/07  
Date

\*Exception: DHHS regulations state that:

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

**County of San Mateo  
Contractor's Declaration Form**

**I. CONTRACTOR INFORMATION**

|                  |                                                    |        |                |
|------------------|----------------------------------------------------|--------|----------------|
| Contractor Name: | Telecare Corporation                               | Phone: | (510) 337-7950 |
| Contact Person:  | Marshall Langfeld                                  | Fax:   | (510) 337-7969 |
| Address:         | 1080 Marina Village Pkwy.#100<br>Alameda, CA 94501 |        |                |

**II. EQUAL BENEFITS** (check one or more boxes)

*Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.*

- ☒ Contractor complies with the County's Equal Benefits Ordinance by:
- ☒ offering equal benefits to employees with spouses and employees with domestic partners.
  - ☒ offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- ☐ Contractor does not comply with the County's Equal Benefits Ordinance.
- ☐ Contractor is exempt from this requirement because:
- ☐ Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
  - ☐ Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to offer equal benefits when said agreement expires.

**III. NON-DISCRIMINATION** (check appropriate box)

- ☐ Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- ☒ No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

**IV. EMPLOYEE JURY SERVICE** (check one or more boxes)

*Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.*

- ☒ Contractor complies with the County's Employee Jury Service Ordinance.
- ☐ Contractor does not comply with the County's Employee Jury Service Ordinance.
- ☐ Contractor is exempt from this requirement because:
- ☐ the contract is for \$100,000 or less.
  - ☐ Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to comply when the collective bargaining agreement expires.

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.

C. Caputo  
Signature

8/13/07  
Date

C. Caputo  
Name

V P H R  
Title

## CONTRACT INSURANCE APPROVAL

DATE: August 1, 2007

TO: Faiza Steele FAX: 363-4610 PONY: HRD 163

FROM: John Klyver

PHONE: 573-2641 FAX: 573-2841 PONY: MLH 322

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: Telecare Corporation – Transitions Program

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES? Yes

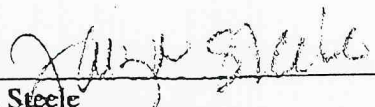
NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR: +15

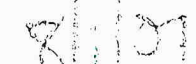
DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY: See attached.

The following will be completed by Risk Management:

| INSURANCE COVERAGE:             | Amount      | Approve                             | Waive                               | Modify                   |
|---------------------------------|-------------|-------------------------------------|-------------------------------------|--------------------------|
| Comprehensive General Liability | \$1,000,000 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Motor Vehicle Liability         | \$1,000,000 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| Professional Liability          | \$1,000,000 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| Workers' Compensation           | Statutory   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

REMARKS/COMMENTS:

  
Faiza Steele  
Risk Management Analyst

  
Date

**MARSH****CERTIFICATE OF INSURANCE**CERTIFICATE NUMBER  
SEA-000921712-14

## PRODUCER

MARSH RISK & INSURANCE SERVICES  
P. O. BOX 193880  
SAN FRANCISCO, CA 94119-3880  
CALIFORNIA LICENSE NO. 0437153

Attn: 415-743-8000

072624-CAS--2008

GLALP WC CA

## INSURED

TELECARE CORPORATION  
1080 MARINA VILLAGE PARKWAY, SUITE 100  
ALAMEDA, CA 94501THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS  
NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE  
POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE  
AFFORDED BY THE POLICIES DESCRIBED HEREIN.

## COMPANIES AFFORDING COVERAGE

## COMPANY

A LEXINGTON INSURANCE COMPANY

## COMPANY

B ZURICH AMERICAN INSURANCE COMPANY

## COMPANY

C AMERICAN ZURICH INSURANCE CO.

## COMPANY

D

## COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED.  
NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY  
PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. AGGREGATE  
LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| CO<br>LTR | TYPE OF INSURANCE                                                              | POLICY NUMBER    | POLICY EFFECTIVE<br>DATE (MM/DD/YY) | POLICY EXPIRATION<br>DATE (MM/DD/YY) | LIMITS                                                                                                       |
|-----------|--------------------------------------------------------------------------------|------------------|-------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------|
| A         | GENERAL LIABILITY                                                              | 0314744          | 07/01/07                            | 07/01/08                             | GENERAL AGGREGATE \$ 3,000,000                                                                               |
|           | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY               | S.I.R. \$100,000 |                                     |                                      | PRODUCTS - COMP/OP AGG \$ 1,000,000                                                                          |
|           | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR |                  |                                     |                                      | PERSONAL & ADV INJURY \$ 1,000,000                                                                           |
|           | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT                           |                  |                                     |                                      | EACH OCCURRENCE \$ 1,000,000                                                                                 |
|           |                                                                                |                  |                                     |                                      | FIRE DAMAGE (Any one fire) \$ 50,000                                                                         |
|           |                                                                                |                  |                                     |                                      | MED EXP (Any one person) \$                                                                                  |
|           |                                                                                |                  |                                     |                                      |                                                                                                              |
| B         | AUTOMOBILE LIABILITY                                                           | BAP378473303     | 07/01/07                            | 07/01/08                             | COMBINED SINGLE LIMIT \$ 1,000,000                                                                           |
|           | <input checked="" type="checkbox"/> ANY AUTO                                   |                  |                                     |                                      | BODILY INJURY (Per person) \$                                                                                |
|           | <input type="checkbox"/> ALL OWNED AUTOS                                       |                  |                                     |                                      | BODILY INJURY (Per accident) \$                                                                              |
|           | <input type="checkbox"/> SCHEDULED AUTOS                                       |                  |                                     |                                      | PROPERTY DAMAGE \$                                                                                           |
|           | <input type="checkbox"/> HIRED AUTOS                                           |                  |                                     |                                      |                                                                                                              |
|           | <input type="checkbox"/> NON-OWNED AUTOS                                       |                  |                                     |                                      |                                                                                                              |
|           |                                                                                |                  |                                     |                                      |                                                                                                              |
|           | GARAGE LIABILITY                                                               |                  |                                     |                                      | AUTO ONLY - EA ACCIDENT \$                                                                                   |
|           | <input type="checkbox"/> ANY AUTO                                              |                  |                                     |                                      | OTHER THAN AUTO ONLY: \$                                                                                     |
|           |                                                                                |                  |                                     |                                      | EACH ACCIDENT \$                                                                                             |
|           |                                                                                |                  |                                     |                                      | AGGREGATE \$                                                                                                 |
|           | EXCESS LIABILITY                                                               |                  |                                     |                                      | EACH OCCURRENCE \$                                                                                           |
|           | <input type="checkbox"/> UMBRELLA FORM                                         |                  |                                     |                                      | AGGREGATE \$                                                                                                 |
|           | <input type="checkbox"/> OTHER THAN UMBRELLA FORM                              |                  |                                     |                                      | \$                                                                                                           |
| C         | WORKERS COMPENSATION AND<br>EMPLOYERS' LIABILITY                               | WC829852005      | 07/01/07                            | 07/01/08                             | <input checked="" type="checkbox"/> WC STAT-<br>TORY LIMITS <input type="checkbox"/> OTH-<br>ER \$ 1,000,000 |
|           |                                                                                |                  |                                     |                                      | EL EACH ACCIDENT \$ 1,000,000                                                                                |
|           |                                                                                |                  |                                     |                                      | EL DISEASE-POLICY LIMIT \$ 1,000,000                                                                         |
|           |                                                                                |                  |                                     |                                      | EL DISEASE-EACH EMPLOYEE; \$ 1,000,000                                                                       |
| A         | OTHER                                                                          |                  |                                     |                                      |                                                                                                              |
|           | PROFESSIONAL LIABILITY                                                         | 0314744          | 07/01/07                            | 07/01/08                             | AGGREGATE 3,000,000                                                                                          |
|           | CLAIMS MADE                                                                    | S.I.R. \$100,000 |                                     |                                      | EACH OCCURRENCE 1,000,000                                                                                    |

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

THIS CERTIFICATE OF INSURANCE PROVIDES EVIDENCE OF COVERAGE AS RESPECTS WORK PERFORMED BY OR FOR CORDILLERAS MENTAL  
HEALTH SERVICES, 200 EDMONDS ROAD, REDWOOD CITY, CA 94062.

## CERTIFICATE HOLDER

COUNTY OF SAN MATEO  
HEALTH SERVICES AGENCY  
MENTAL HEALTH SERVICES DIVISION  
225 - 37TH AVENUE  
SAN MATEO, CA 94403

## CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF,  
THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE  
CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR  
LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES, OR THE  
ISSUER OF THIS CERTIFICATE.

MARSH USA INC.

BY: Ellen Redell Brown

MM1(3/02)

VALID AS OF: 07/02/07