



## Tehama County Minutes Certification

File Number: 25-0864

Enactment Number: MISC. AGR 2025-150

**6. HEALTH SERVICES AGENCY / MENTAL HEALTH 25-0864**

a) AGREEMENT- Request approval and authorization for the Executive Director to sign the agreement with Crestwood Behavioral Health, Inc. for the purpose of providing community mental health services to certain residents of Tehama County, for the rates set forth in Exhibit B, with the maximum compensation not to exceed \$3,600,000, effective 7/1/25 and shall terminate 6/30/28 (*Subject to receipt of required insurance documentation*)

Enactment No: MISC. AGR 2025-150

**RESULT:** APPROVED THE CONSENT AGENDA  
**MOVER:** Greg Jones  
**SECONDER:** Pati Nolen  
**AYES:** Supervisor Jones, Vice Chair Nolen, and Chairperson Hansen  
**NAYS:** Supervisor Burroughs  
**ABSENT:** Supervisor Walker

RESULT: APPROVE

I, SEAN HOUGHTBY, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on 6/10/2025.

Attest:

June 12, 2025

Date Certified

**AGREEMENT BETWEEN THE COUNTY OF TEHAMA AND  
CRESTWOOD BEHAVIORAL HEALTH, INC.**

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This agreement is entered into between the County of Tehama, through its Health Services Agency, (“County”) and Crestwood Behavioral Health, Inc., (“Contractor”) for the purpose of providing community mental health services to certain residents of Tehama County, determined by County's Mental Health Division to be in need of such services.

**1. RESPONSIBILITIES OF CONTRACTOR**

During the term of this agreement, Contractor shall:

Provide community mental health services for the mentally disordered pursuant to the provisions of the Bronzan-McCorquodale Act contained in the California Welfare and Institutions Code as it may be amended from time to time by the California legislature. These services shall be provided at Contractor's facilities according to the Assessment and Treatment Planning as described in Exhibit "C" attached hereto and made a part of this agreement.

Contractor shall provide only those services for which a written authorization from the County has been received. Services provided without prior written authorization from the County will be the responsibility of the Contractor and will not be reimbursed by the County.

Contractor shall be liable for State Department of Health Care Services audit exceptions due to inadequate documentation as per medical necessity requirements and shall reimburse County for any recoupments ordered by the State within sixty (60) days of the date of the State or County’s notice of such recoupment order. If Contractor fails to reimburse County within such period, County may offset the unpaid amount against any sums due from County to Contractor pursuant to this agreement or any other agreement of obligation.

**2. RESPONSIBILITIES OF THE COUNTY**

County shall compensate Contractor for said services pursuant to Section 3 and 4 of this agreement.

**3. COMPENSATION**

Contractor shall be paid in accordance with the rates set forth in the Fee Schedule, attached hereto as Exhibit "B" after satisfactorily completing the duties described in this Agreement. County and Contractor acknowledge that the basic rates recited in Exhibit B may be subject to adjustments based upon Short-Doyle Maximum Reimbursement rates set by the California Department of Mental Health for such Medi-Cal services. County agrees to pay the adjusted rate for each unit of service provided, no sooner than 30 days after notification to County by Contractor of such adjustment as published by the California Department of Mental Health. The compensation payable under this agreement shall not exceed \$1,200,000.00 during any fiscal year, further defined as July 1, 2025, through June 30, 2026; July 1, 2026, through June 30, 2027; and July 1, 2027, through June 30, 2028. The maximum compensation shall not exceed \$3,600,000.00. Contractor shall not be entitled to payment or reimbursement for any tasks or services performed except as specified herein. Contractor shall have no claim against County for payment of any compensation or reimbursement, of any kind whatsoever, for any service provided by Contractor after the expiration or other termination of this Agreement. Contractor shall not be paid any amount in excess of the Maximum Compensation amount set forth above, and Contractor agrees that County has no obligation, whatsoever, to compensate or reimburse Contractor for any expenses, direct or indirect costs, expenditures, or charges of any nature by Contractor that exceed the Maximum Compensation amount set forth above. Should Contractor receive any such payment it shall immediately notify County and shall immediately repay all such funds to County. This provision shall survive the expiration or other termination of this Agreement.

For Medi-Cal clients, Board and Care shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

For Medi-Cal clients, Health Care services, including medical ancillary services, such as laboratory, X-ray, or other medical services performed on-site or off-site, and other physical health services, shall not be the responsibility of Tehama County under this agreement and shall not be billed under this agreement.

#### **4. BILLING AND PAYMENT**

On or before the 15th of each month, Contractor shall submit to County an itemized invoice for all services rendered during the preceding calendar month. County shall make payment of all

undisputed amounts within 45 days of receipt of Contractor's invoice. County shall be obligated to pay only for services properly invoiced in accordance with this section.

Contractor shall use its best efforts to submit all claims for reimbursement under the Agreement within thirty (30) days after the ending date of the Agreement. All claims submitted after thirty (30) days following the ending date of the Agreement will not be subject to reimbursement by the County unless Contractor provides a valid reason for delayed submission. Any "obligation incurred" included in claims for reimbursements and paid by the County which remain unpaid by the Contractor after one year following the ending date of the Agreement will be disallowed under audit by the County.

When, on the basis of retrospective review, it has been determined that Contractor has failed to meet service standards or documentation standards established by the MHP and Title 9, California Code of Regulations, payment will be denied on the basis of audit exception. Payment will not be made on the basis of added, amended, or altered records presented after the date of the retrospective review.

Whenever there is audit exception against the County resulting from a claim for funding for an expenditure by the Contractor that is not allowable, the County may offset reimbursement to the Contractor for the exception.

## **5. TERM OF AGREEMENT**

This agreement shall commence on July 1, 2025, and shall terminate June 30, 2028, unless terminated in accordance with section 6 below.

## **6. TERMINATION OF AGREEMENT**

If Contractor fails to perform his/her duties to the satisfaction of the County, or if Contractor fails to fulfill in a timely and professional manner his/her obligations under this agreement, or if Contractor violates any of the terms or provisions of this agreement, then the County shall have the right to terminate this agreement effective immediately upon the County giving written notice thereof to the Contractor. Either party may terminate this agreement on 30 days' written notice. County shall pay contractor for all work satisfactorily completed as of the date of notice. County may terminate this agreement immediately upon oral notice should funding cease or be

materially decreased or should the Tehama County Board of Supervisors fail to appropriate sufficient funds for this agreement in any fiscal year.

The County's right to terminate this agreement may be exercised by the Health Services Agency's Executive Director.

**7. ENTIRE AGREEMENT; MODIFICATION**

This agreement for the services specified herein supersedes all previous agreements for these services and constitutes the entire understanding between the parties hereto. Contractor shall be entitled to no other benefits other than those specified herein. No changes, amendments or alterations shall be effective unless in writing and signed by both parties. Contractor specifically acknowledges that in entering into and executing this agreement, Contractor relies solely upon the provisions contained in this agreement and no other oral or written representation.

**8. NONASSIGNMENT OF AGREEMENT**

Inasmuch as this agreement is intended to secure the specialized services of Contractor, Contractor may not assign, transfer, delegate or sublet any interest herein without the prior written consent of the County.

**9. EMPLOYMENT STATUS**

Contractor shall, during the entire term of this agreement, be construed to be an independent contractor and nothing in this agreement is intended nor shall be construed to create an employer-employee relationship, a joint venture relationship, or to allow County to exercise discretion or control over the professional manner in which Contractor performs the services which are the subject matter of this agreement; provided always, however, that the services to be provided by Contractor shall be provided in a manner consistent with the professional standards applicable to such services. The sole interest of the County is to ensure that the services shall be rendered and performed in a competent, efficient, and satisfactory manner. Contractor shall be fully responsible for payment of all taxes due to the State of California or the Federal government, which would be withheld from compensation of Contractor, if Contractor were a County employee. County shall not be liable for deductions for any amount for any purpose from Contractor's compensation. Contractor shall not be eligible for coverage under County's

Workers Compensation Insurance Plan nor shall Contractor be eligible for any other County benefit.

**10. INDEMNIFICATION**

Contractor shall defend, hold harmless, and indemnify Tehama County, its elected officials, officers, employees, agents, and volunteers against all claims, suits, actions, costs, expenses (including but not limited to reasonable attorney's fees of County), damages, judgments, or decrees by reason of any person's or persons' injury, including death, or property (including property of County) being damaged, arising out of contractor's performance of work hereunder or its failure to comply with any of its obligations contained in this agreement, whether by negligence or otherwise. Contractor shall, at its own expense, defend any suit or action founded upon a claim of the foregoing. Contractor shall also defend and indemnify County against any adverse determination made by the Internal Revenue Service or the State Franchise Tax Board and/or any other taxing or regulatory agency against the County with respect to Contractor's "independent contractor" status that would establish a liability for failure to make social security or income tax withholding payments, or any other legally mandated payment.

Contractor shall defend and indemnify Tehama County for any recoupment of funding resulting from periodic audit by the State of California, or United States of America and arising from Contractor's negligent acts, willful acts, or errors or omissions or such acts of Contractor's subcontractors, any person employed under Contractor, or under any subcontractor. Should County become subject to such recoupment Contractor shall reimburse County for recouped funds in proportion to Contractor's share of audit exceptions to the total audit exceptions charged against County.

**11. INSURANCE**

Contractor shall procure and maintain insurance pursuant to Exhibit A, "Insurance Requirements For Contractor," attached hereto and incorporated by reference.

**12. PREVAILING WAGE**

Contractor certifies that it is aware of the requirements of California Labor Code Sections 1720 et seq. and 1770 et seq., as well as California Code of Regulations, Title 8, Section 16000 et seq. ("Prevailing Wage Laws"), which require the payment of prevailing wage rates and the

performance of other requirements on certain “public works” and “maintenance” projects. If the Services hereunder are being performed as part of an applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, and if the total compensation is \$1,000 or more, Contractor agrees to fully comply with and to require its subcontractors to fully comply with such Prevailing Wage Laws, to the extent that such laws apply. If applicable, County will maintain the general prevailing rate of per diem wages and other information set forth in Labor Code section 1773 at its principal office and will make this information available to any interested party upon request. Contractor shall defend, indemnify, and hold the County, its elected officials, officers, employees and agents free and harmless from any claims, liabilities, costs, penalties, or interest arising out of any failure or alleged failure of the Contractor or its subcontractors to comply with the Prevailing Wage Laws. Without limiting the generality of the foregoing, Contractor specifically acknowledges that County has not affirmatively represented to contractor in writing, in the call for bids, or otherwise, that the work to be covered by the bid or contract was not a “public work.” To the fullest extent permitted by law, Contractor hereby specifically waives and agrees not to assert, in any manner, any past, present, or future claim for indemnification under Labor Code section 1781.

Contractor acknowledges the requirements of Labor Code sections 1725.5 and 1771.1 which provide that no contractor or subcontractor may be listed on a bid proposal or be awarded a contract for a public works project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5, with exceptions from this requirement specified under Labor Code sections 1725.5(f), 1771.1(a) and 1771.1(n).

If the services are being performed as part of the applicable “public works” or “maintenance” project, as defined by the Prevailing Wage Laws, Contractor acknowledges that this project is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

### **13. NON-DISCRIMINATION**

Contractor shall not employ discriminatory practices in the treatment of persons in relation to the circumstances provided for herein, including assignment of accommodations, employment of personnel, or in any other respect on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

**14. GREEN PROCUREMENT POLICY**

Through Tehama County Resolution No. 2021-140, the County adopted the Recovered Organic Waste Product Procurement Policy (available upon request) to (1) protect and conserve natural resources, water and energy; (2) minimize the jurisdiction's contribution to pollution and solid waste disposal; (3) comply with state requirements as contained in 14 CCR Division 7, Chapter 12, Article 12 (SB 1383); (4) support recycling and waste reduction; and (5) promote the purchase of products made with recycled materials, in compliance with the California Integrated Waste Management Act of 1989 (AB 939) and SB1382 when product fitness and quality are equal and they are available at the same or lesser cost of non-recycled products. Contractor shall adhere to this policy as required therein and is otherwise encouraged to conform to this policy.

**15. COMPLIANCE WITH LAWS AND REGULATIONS**

All services to be performed by Contractor under to this Agreement shall be performed in accordance with all applicable federal, state, and local laws, ordinances, rules, and regulations. Any change in status, licensure, or ability to perform activities, as set forth herein, must be reported to the County immediately.

**16. LAW AND VENUE**

This agreement shall be deemed to be made in and shall be governed by and construed in accordance with the laws of the State of California (excepting any conflict of laws provisions which would serve to defeat application of California substantive law). Venue for any action arising from this agreement shall be in Tehama County, California.

**17. AUTHORITY**

Each party executing this Agreement and each person executing this Agreement in any representative capacity, hereby fully and completely warrants to all other parties that he or she has full and complete authority to bind the person or entity on whose behalf the signing party is purposing to act.

**18. NOTICES**

Any notice required to be given pursuant to the terms and provisions of this agreement shall be in writing and shall be sent first class mail to the following addresses:

If to County: Tehama County Health Services Agency  
Attn: Executive Director  
P.O. Box 400  
Red Bluff, CA 96080  
(530) 527-8491

If to Contractor: Crestwood Behavioral Health, Inc.  
Attention: Executive Director of Contracts  
520 Capitol Mall, Suite 800  
Sacramento, CA 95814  
(916)764-5310 [elena.mashkevich@cbhi.net](mailto:elena.mashkevich@cbhi.net)

Notice shall be deemed to be effective two days after mailing.

**19. NON-EXCLUSIVE AGREEMENT**

Contractor understands that this is not an exclusive agreement, and that County shall have the right to negotiate with and enter into agreements with others providing the same or similar services to those provided by Contractor, or to perform such services with County's own forces, as County desires.

**20. STANDARDS OF THE PROFESSION**

Contractor agrees to perform its duties and responsibilities pursuant to the terms and conditions of this agreement in accordance with the standards of the profession for which Contractor has been properly licensed to practice.

**21. LICENSING OR ACCREDITATION**

Where applicable the Contractor shall maintain the appropriate license or accreditation through the life of this contract.

**22. RESOLUTION OF AMBIGUITIES**

If an ambiguity exists in this Agreement, or in a specific provision hereof, neither the Agreement nor the provision shall be construed against the party who drafted the Agreement or provision.

**23. NO THIRD-PARTY BENEFICIARIES**

Neither party intends that any person shall have a cause of action against either of them as a third-party beneficiary under this Agreement. The parties expressly acknowledge that is not their intent to create any rights or obligations in any third person or entity under this Agreement. The parties agree that this Agreement does not create, by implication or otherwise, any specific, direct or indirect obligation, duty, promise, benefit and/or special right to any person, other than the parties hereto, their successors and permitted assigns, and legal or equitable rights, remedy, or claim under or in respect to this Agreement or provisions herein.

**24. HAZARDOUS MATERIALS**

Contractor shall provide to County all Safety Data Sheets covering all Hazardous Materials to be furnished, used, applied, or stored by Contractor, or any of its Subcontractors, in connection with the services on County property. Contractor shall provide County with copies of any such Safety Data Sheets prior to entry to County property or with a document certifying that no Hazardous Materials will be brought onto County property by Contractor, or any of its Subcontractors, during the performance of the services. County shall provide Safety Data Sheets for any Hazardous Materials that Contractor may be exposed to while on County property.

**25. HARASSMENT**

Contractor agrees to make itself aware of and comply with the County's Harassment Policy, TCPR §8102: Harassment, which is available upon request. The County will not tolerate or condone harassment, discrimination, retaliation, or any other abusive behavior. Violations of this policy may cause termination of this agreement.

**26. COUNTERPARTS, ELECTRONIC SIGNATURES – BINDING**

This agreement may be executed in any number of counterparts, each of which will be an original, but all of which together will constitute one instrument. Each Party of this agreement agrees to the use of electronic signatures, such as digital signatures that meet the requirements of the California Uniform Electronic Transactions Act (“CUETA”) Cal. Civil Code §§ 1633.1 to 1633.17), for executing this agreement. The Parties further agree that the electronic signatures of the Parties included in this agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Electronic signature means an electronic sound, symbol, or process attached to or logically associated with an electronic record and executed or

adopted by a person with the intent to sign the electronic record pursuant to the CUETA as amended from time to time. The CUETA authorizes use of an electronic signature for transactions and contracts among Parties in California, including a government agency. Digital signature means an electronic identifier, created by computer, intended by the party using it to have the same force and effect as the use of a manual signature, and shall be reasonably relied upon by the Parties. For purposes of this section, a digital signature is a type of “electronic signature” as defined in subdivision (i) of Section 1633.2 of the Civil Code. Facsimile signatures or signatures transmitted via pdf document shall be treated as originals for all purposes.

## **27. CODE OF CONDUCT**

Tehama County Health Services Agency (TCHSA) maintains high ethical standards and is committed to complying with all applicable statutes, regulations, and guidelines. The TCHSA and each of its employees and contractors shall follow an established Code of Conduct.

### **PURPOSE**

The purpose of the TCHSA Code of Conduct is to ensure that all TCHSA employees and contractors are committed to conducting their activities in accordance with the highest levels of ethics and in compliance with all applicable State and Federal statutes, regulations, and guidelines. The Code of Conduct also serves to demonstrate TCHSA’s dedication to providing quality care to its patients.

### **CODE OF CONDUCT – General Statement**

- The Code of Conduct is intended to provide TCHSA employees and contractors with general guidelines to enable them to conduct the business of TCHSA in an ethical and legal manner;
- Every TCHSA employee and contractor is expected to uphold the Code of Conduct;
- Failure to comply with the Code of Conduct or failure to report non-compliance may subject the TCHSA employee or contractor to disciplinary action, up to or including termination of employment or contracted status.

### **CODE OF CONDUCT**

- All TCHSA employees and contractors:
- Shall perform their duties in good faith and to the best of their ability.

- Shall comply with all statutes, regulations, and guidelines applicable to Federal health care programs, and with TCHSA's own policies and procedures.
- Shall refrain from any illegal conduct. When an employee or contractor is uncertain of the meaning or application of a statute, regulation, or guideline, or the legality of a certain practice or activity, he or she shall seek guidance from his or her immediate Supervisor, Division Director, the Quality Assurance Manager, the Compliance Auditor, the Assistant Executive Director-Programs, or the Assistant Executive Director-Administration.
- Shall not obtain any improper personal benefit by virtue of their employment or contractual relationship with TCHSA;
- Shall notify their Supervisor, Division Director, Assistant Executive Director-Administration, the Assistant Executive Director-Programs, or Agency Executive Director immediately upon receipt (at work or at home) of any inquiry, subpoena, or other agency or governmental request for information regarding TCHSA;
- Shall not destroy or alter TCHSA information or documents in anticipation of, or in response to, a request for documents by any applicable governmental agency or from a court of competent jurisdiction;
- Shall not engage in any practice intended to unlawfully obtain favorable treatment or business from any entity, physician, patient, resident, vendor, or any other person or entity in a position to provide such treatment or business;
- Shall not accept any gift of more than nominal value or any hospitality or entertainment, which because of its source or value, might influence the employee's or contractor's independent judgment in transactions involving TCHSA;
- Shall disclose to their Division Director any financial interest, official position, ownership interest, or any other relationship that they (or a member of their immediate family) has with TCHSA vendors or contractors;
- Shall not participate in any false billing of patients, governmental entities, or any other party;
- Shall not participate in preparation of any false cost report or other type of report submitted to the government;

- Shall not pay or arrange for TCHSA to pay any person or entity for the referral of patients to TCHSA, and shall not accept any payment or arrangement for TCHSA to accept any payment for referrals from TCHSA:
- Shall not use confidential TCHSA information for their own personal benefit or for the benefit of any other person or entity while employed at or under contract to TCHSA, or at any time thereafter;
- Shall not disclose confidential medical information pertaining to TCHSA’s patients or clients without the express written consent of the patients or clients or pursuant to court order and in accordance with the applicable law and TCHSA applicable policies and procedures;
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of the Code of Conduct;
- Shall promptly report to the Compliance Auditor any and all violations or suspected violations of any statute, regulation, or guideline applicable to Federal health care programs or violations of TCHSA’s own policies and procedures;
- Shall not engage in or tolerate retaliation against employees or contractors who report or suspect wrongdoing.

**28. HEALTH INSURANCE PORTABILITY & ACCOUNTABILITY ACT  
(HIPAA)**

The Contractor acknowledges that it is a “health care provider” for purposes of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations. The Contractor agrees to use individually identifiable healthcare information obtained from the County only for purposes of providing diagnostic or treatment services to patients.

Contractor agrees to report to County any security incident or any use or disclosure of PHI (in any form) not provided for by this Agreement. Security incidents include attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. Contractor shall make this report by the next business day following discovery of the use, disclosure, or security incident.

**29. CULTURAL COMPETENCY**

Contractor shall insure that services delivered under the terms of this agreement reflect a comprehensive range of age appropriate, cost-effective, high quality intervention strategies directed so as to promote wellness, avert crises, and maintain beneficiaries within their own communities. Contractor shall make every effort to deliver services which are culturally sensitive and culturally competent, and which operationalize the following values:

- A. Services should be delivered in the client's primary language or language of choice since language is the primary "carrier of culture,"
- B. Services should encourage the active participation of individuals in their own care, protect confidentiality at all times, and recognize the rights of all individuals regardless of race, ethnicity, cultural background, disability or personal characteristics,
- C. Service delivery staff should reflect the racial, ethnic, and cultural diversity of the population being served,
- D. Certain culturally sanctioned behaviors, values, or attitudes of individuals legitimately may conflict with "mainstream values" without indicating psychopathology or moral deviance,
- E. Service delivery systems should reflect cultural diversity in methods of service delivery as well as policy,
- F. The organization should instill values in staff which encourage them to confront racially or culturally biased behavior in themselves and others and which encourage them to increase their sensitivity and acceptance of culturally based differences.
- G. Contractor's staff shall receive cultural competency training and Contractor shall provide evidence of such training to County upon request.

### **30. DOCUMENTS AND RECORDS**

- A. Upon written request, Contractor agrees to permit County, State, and/or Federal agencies authorized by the Director, to inspect, review, and copy all records, notes, and writing of any kind in connection with the services provided by Contractor under this agreement. All such inspections and copying shall occur during normal business hours.
- B. If the California Department of Health Care Services, Center for Medicare and Medicaid Services (CMS), or Office of the Inspector General of the US Department of Health and Human Services determines there is a reasonable possibility of fraud or similar risk, the

State, SMC or HHS Inspector General may inspect, evaluate, and audit the subcontractor at any time.

- C. Contractor shall preserve all records relating to the services provided pursuant to this agreement until at least ten years from the final date of the contract period or ten years from the date of completion of any audit, whichever is later.
- D. At the end of the period required for record retention, Contractor shall destroy all records made pursuant to this agreement in accordance with the California Code of Regulations, the California Welfare and Institutions Code, and Contractor's State licensing requirements.
- E. Contractor shall document compliance with all contractual requirements. Such documentation shall be provided to County upon request.

### **31. CLINICAL RECORDS**

Contractor shall maintain adequate records. Patient records must comply with all appropriate State and Federal requirements. Individual records shall contain intake information, interviews, and progress notes. Program records shall contain detail adequate for the evaluation of the service. Contractor agrees that its inability to produce records adequate for evaluation of the service shall constitute ground for audit exception and denial of Contractor's claim for payment for those services. Contractor shall provide monthly reports to the Director in conformance with the Client and Services Information (CSI) System as prescribed by the State Department of Health Care Services.

If Contractor maintains an Electronic Health Record (EHR) with Protected Health Information (PHI), and an individual request a copy of such information in an electronic format, Contractor shall provide such information in an electronic format to enable the County to fulfill its obligations under the HITECH Act, including but not limited to, 42 U.S.C. Section 17935(e) and the HIPAA regulations.

### **32. FINANCIAL RECORDS**

Contractor shall maintain financial records that clearly reflect the cost of each type of service for which payment is claimed. Any apportionment of costs shall be made in accordance with generally accepted accounting principles and shall evidence proper audit trails reflecting the true cost of the services rendered. Appropriate service and financial records must be kept in

accordance with the Department of Mental Health rules and regulations based on the Short/Doyle Community Mental Health Services Act of 1967, as amended.

**33. SEVERABILITY**

If any portion of this agreement or application thereof to any person or circumstance is declared invalid by a court of competent jurisdiction or if it is found in contravention of any federal or state statute or regulation or County ordinance, the remaining provisions of this agreement, or the application thereof, shall not be invalidated thereby and shall remain in full force and effect to the extent that the provisions of this agreement are severable.

**34. MONITORING**

Contractor agrees to extend to the Mental Health Director or designees, the right to review and monitor all records, programs, or procedures, at any time in regards to clients, as well as the overall operation of Contractor's program in order to ensure compliance with the terms and conditions of this agreement.

**35. DRUG-FREE WORKPLACE**

Contractor and Contractor's employees shall comply with the County's policy of maintaining a drug-free workplace. Neither the Contractor nor Contractor's employees shall unlawfully manufacture, distribute, dispense, possess or use controlled substances as defined in 21 USCA 812, including but not limited to marijuana, heroin, cocaine, and amphetamines at any of the Contractor's facilities or County's facilities or worksites. If Contractor or any employee of Contractor is convicted or pleads nolo contendere to a criminal drug statute violation occurring at a County facility or worksite, of which the Contractor has knowledge the Contractor, within five (5) days thereafter, shall notify the supervising department or the County department/agency for which the contract services are performed. Violation of this provision shall constitute a material breach of this Agreement.

**36. UNUSUAL OCCURRENCES**

Occurrences such as epidemic outbreaks, poisonings, fires, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety, or health of patients, personnel, or visitors shall be reported by the facility within twenty-four (24) hours either by telephone (and confirmed in writing) or by telegraph or fax to the local

health officer, the State Department of Health Services, and the Tehama County Health Services Agency's Mental Health Director, or in the Director's absence, Tehama County Health Services Agency's Executive Director. An incident report shall be retained on file by the facility for one year. The facility shall furnish such other pertinent information related to such occurrences as the local health officer or the State Department of Health Services may require. Every fire or explosion which occurs in or on the premises shall be reported within twenty-four (24) hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall (Title 22, Section 72541).

**37. CIVIL RIGHTS ACT OF 1964**

Contractor agrees to comply with Title VII of the Civil Rights Act of 1964, and that no person shall, on the grounds of race, creed, color, disability, sex, sexual orientation, national origin, age, religion, Vietnam Era veteran status, political affiliation or any other nonmerit factors exclude an individual from any service or other benefit provided under the program or activity set forth in this Agreement, or provide an individual any service or other benefit which is different or provided in a different form from that provided to others under this program or activity, subject an individual to segregated or separate treatment in any facility in or in any manner or process related to receipt of any service or benefit under the program or activity; restrict an individual in any way from the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit under the program or activity; treat an individual differently from others in determining whether that individual satisfies any admission, enrollment, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or other benefit under the program or activity; or deny any opportunity to participate in a program or activity as an employee. Notwithstanding the foregoing, Contractor may deny services owing to the availability of beds or to other standard admission procedures and requirements of Contractor. Additionally, the nature of services that Contractor provides may vary based on the treatment requirements of each individual patient.

**38. COMPLIANCE AND PROGRAM INTEGRITY**

Contractor shall comply with all contractual provisions pursuant to Exhibit E, "COMPLIANCE AND PROGRAM INTEGRITY," attached hereto and incorporated by reference.

**39. TELECOMMUNICATION FOR ASSESSMENTS OF CLIENTS**

Contractor will utilize “VSee” software platform tool or other platform, or software approved by County at the request of the County to facilitate assessments of clients.

**40. TRAFFICKING VICTIMS PROTECTION ACT OF 2000**

Contractor and its Subcontractors that provide services covered by this Contract shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C.7104).”

**41. BYRD ANTI-LOBBYING AMENDMENT (31 USC 1352)**

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

**42. HATCH ACT**

County agrees to comply with the provisions of the Hatch Act (USC, Title 5, Part III, Subpart F., Chapter 73, Subchapter III), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

**43. EXHIBITS**

Contractor shall comply with all provisions of Exhibits A through E, attached hereto and incorporated by reference. In the event of a conflict between the provisions of the main body of this Agreement and any attached Exhibit(s), the main body of the Agreement shall take precedence.

IN WITNESS WHEREOF, County and Contractor have executed this agreement on the day and year set forth below.

Date: 5-15-25

COUNTY OF TEHAMA

Jayne S. Bottke  
Jayme S. Bottke, Executive Director

CRESTWOOD BEHAVIORAL HEALTH INC.,  
a Delaware corporation

Date: 5/14/2025

Elena Mashkevich  
Elena Mashkevich, Director of Contracts

T28934  
Vendor Number

## Exhibit A

### **INSURANCE REQUIREMENTS FOR CONTRACTOR**

Contractor shall procure and maintain, for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work described herein and the results of that work by Contractor, his/her agents, representatives, employees, or subcontractors. At a minimum, Contractor shall maintain the insurance coverage, limits of coverage and other insurance requirements as described below.

Commercial General Liability (including operations, products and completed operations) \$1,000,000 per occurrence for bodily injury, personal injury, and property damage. If coverage is subject to an aggregate limit, that aggregate limit will be twice the occurrence limit, or the general aggregate limit shall apply separately to this project/location.

#### Automobile Liability

Automobile liability insurance is required with minimum limits of \$1,000,000 per accident for bodily injury and property damage, including owned and non-owned and hired automobile coverage, as applicable to the scope of services defined under this agreement.

#### Workers' Compensation

If Contractor has employees, he/she shall obtain and maintain continuously Workers' Compensation insurance to cover Contractor and Contractor's employees and volunteers, as required by the State of California, as well as Employer's Liability insurance in the minimum amount of \$1,000,000 per accident for bodily injury or disease.

#### Professional Liability (Contractor/Professional services standard agreement only)

If Contractor is a state-licensed architect, engineer, contractor, counselor, attorney, accountant, medical provider, and/or other professional licensed by the State of California to practice a profession, Contractor shall provide and maintain in full force and effect while providing services pursuant to this contract a professional liability policy (also known as Errors and Omissions or Malpractice liability insurance) with single limits of liability not less than \$1,000,000 per claim and \$2,000,000 aggregate on a claims made basis. However, if

coverage is written on a claims-made basis, the policy shall be endorsed to provide coverage for at least three years from termination of agreement.

If Contractor maintains higher limits than the minimums shown above, County shall be entitled to coverage for the higher limits maintained by Contractor.

All such insurance coverage, except professional liability insurance, shall be provided on an “occurrence” basis, rather than a “claims made” basis.

#### Endorsements: Additional Insureds

The Commercial General Liability and Automobile Liability policies shall include, or be endorsed to include “Tehama County, its elected officials, officers, employees and volunteers” as an additional insured.

The certificate holder shall be “County of Tehama.”

#### Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions of \$25,000 or more must be declared to, and approved by, the County. The deductible and/or self-insured retentions will not limit or apply to Contractor’s liability to County and will be the sole responsibility of Contractor.

#### Primary Insurance Coverage

For any claims related to this project and where County is an additional insured, Contractor’s insurance coverage shall be primary insurance as respects the County, its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of Contractor’s insurance and shall not contribute with it.

#### Coverage Cancellation

Each insurance policy required herein shall be endorsed to state that “coverage shall not be reduced or canceled without 30 days’ prior written notice certain to the County.”

### Acceptability of Insurers

Contractor's insurance shall be placed with an insurance carrier holding a current A.M. Best & Company's rating of not less than A:VII unless otherwise acceptable to the County. The County reserves the right to require rating verification. Contractor shall ensure that the insurance carrier shall be authorized to transact business in the State of California.

### Subcontractors

Contractor shall require and verify that all subcontractors maintain insurance that meets all the requirements stated herein.

### Material Breach

If for any reason, Contractor fails to maintain insurance coverage or to provide evidence of renewal, the same shall be deemed a material breach of contract. County, in its sole option, may terminate the contract and obtain damages from Contractor resulting from breach. Alternatively, County may purchase such required insurance coverage, and without further notice to Contractor, County may deduct from sums due to Contractor any premium costs advanced by County for such insurance.

### Policy Obligations

Contractor's indemnity and other obligations shall not be limited by the foregoing insurance requirements.

### Verification of Coverage

Contractor shall furnish County with original certificates and endorsements effecting coverage required herein. All certificates and endorsements shall be received and approved by the County prior to County signing the agreement and before work commences. However, failure to do so shall not operate as a waiver of these insurance requirements.

The County reserves the right to require complete, certified copies of all required insurance policies, including endorsements affecting the coverage required by these specifications at any time.

**Exhibit B – Rates**

Fiscal Year 2025/2026

<b><u>SNF, SNF/STP</u></b>	<b><u>Room and Board Rate/Per Diem*</u></b>	<b><u>County Supplemental Rate</u></b>
<b>Crestwood Wellness and Recovery Ctr</b> Redding IMD – 1122  NPI - 1194743088	<b>\$367.00</b> (Indigent/Medi-Cal Ineligible)	\$63.00 \$81.00 \$146.00
Private Room 1:1 supervision (per hour)		\$367.00 \$32.00
<b>Crestwood Manor</b> Stockton SNF/STP – 1104  NPI - 1730128174	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	\$74.00 \$108.00 \$145.00 Negotiated
Private Room 1:1 supervision (per hour)		Medi-Cal Published Rate \$32.00
<b>Crestwood Manor</b> Modesto SNF/STP - 1112  NPI - 1508884487	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	\$74.00 \$108.00 \$145.00 Negotiated
Private Room 1:1 supervision (per hour)		Medi-Cal Published Rate \$32.00
<b>Crestwood Manor - Fremont</b> Alameda SNF/STP - 1134  NPI - 1902828403	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	\$74.00 \$119.00 \$172.00 Negotiated
Private Room 1:1 supervision (per hour)		Medi-Cal Published Rate \$32.00
<b>Crestwood Treatment Center</b> Fremont SNF - 1120  NPI - 1942228838	Medi-Cal Published Rate (Indigent/Medi-Cal Ineligible)	\$173.00 Negotiated
Private Room 1:1 supervision (per hour)		Medi-Cal Published Rate \$32.00

\* The rates above include room and board, nursing care, special treatment program services, activity program, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22, CCR, section 51511C.

**Mental Health Rehabilitation**

**Centers**

**Room and Service/Per Diem\***

<b>Crestwood Center</b>	Level 1	\$436.00
Sacramento MHRC - 1106	Level 2	\$396.00
NPI - 1356411656	Level 3	\$359.00
<b>Crestwood Behavioral Health Ctr</b>	Level 1	\$475.00
San Jose MHRC - 1107	Level 2	\$381.00
NPI - 1376623256	Level 3	\$371.00
<b>Crestwood Behavioral Health Ctr</b>	Level 1	\$378.00
Eureka MHRC - 1110		
NPI - 1124046008		
<b>Crestwood Behavioral Health Ctr</b>	Level (1:1)	\$782.00
Bakersfield MHRC - 1115	Level 1	\$438.00
NPI - 1275610800	Level 2	\$397.00
	Level 3	\$359.00
<b>Crestwood C.E.N.T.E.R.</b>	Level 1	\$427.00
Angwin MHRC - 1116	Level 2	\$341.00
NPI - 1316024953	Level 3	\$288.00
<b>Kingsburg Healing Center</b>	Level 1	\$548.00
Kingsburg MHRC - 1140	Level 2	\$485.00
NPI – 1073989661	Level 3	\$412.00
<b>Crestwood Recovery and Rehab</b>	Level 1	\$440.00
Vallejo MHRC - 1141	Level 2	\$374.00
NPI - 1508935834	Level 3	\$330.00
<b>Crestwood San Diego</b>	Level 1	\$544.00
San Diego MHRC - 1154	Level 2	\$466.00
NPI - 1295146934	Level 3	\$389.00
<b>Crestwood Chula Vista</b>	Level 1	\$544.00
Chula Vista MHRC - 1164	Level 2	\$466.00
NPI - 1023495181	Level 3	\$389.00
<b>San Francisco Healing Center</b>	Level 1	\$574.00
San Francisco MHRC - 1166		
NPI - 1447758024		
<b>Fallbrook Healing Center</b>	Level 1	\$545.00
Fallbrook Healing - 1167	Level 2	\$468.00
NPI - 1639738297	Level 3	\$389.00

<b>Champion Healing Center</b>	Level 1	\$597.00
Lompoc Healing Center - 1170	Level 2	\$505.00
NPI - 1487282273	Level 3	\$419.00

\*The rates above include room and board, nursing care, program services, activity programs, OTC medications, dietary, etc.

Physician services, pharmacy and other ancillary medical services **are not included** in the per diem rate and are separately billable in accordance with Title 9.

Additional Services:

- The Private Room is billable at the facility's lowest Level Rate
- 1:1 supervision (per hour) is billable at \$32.00
- Bedhold Rate is billable at client's Level Rate at the time of a bedhold

<u><b>Psychiatric Health Facilities</b></u>	<u><b>Room and Board/Per Diem*</b></u>	<u><b>Room and Board/Per Diem* for indigent client</b></u>
<b>Crestwood Psychiatric Health Facility</b> American River PHF - 1153 NPI - 1972827343	\$1,084.00	\$1,134.00
<b>Crestwood Psychiatric Health Facility</b> Sacramento PHF - 1156 NPI - 1669734075	\$1,084.00	\$1,134.00
<b>Crestwood Psychiatric Health Facility</b> San Jose PHF - 1157 NPI - 1598065047	\$1,235.00	\$1,285.00
<b>Crestwood Psychiatric Health Facility</b> Bakersfield PHF - 1158 NPI - 1194034645	\$1,097.00	\$1,147.00
<b>Crestwood Psychiatric Health Facility</b> Solano PHF - 1159 NPI - 1780009142	\$1,156.00	\$1,206.00
<b>Crestwood Psychiatric Health Facility</b> San Luis Obispo PHF - 1171 NPI - 1629771811	\$1,041.00	\$1,091.00
<b>Crestwood Psychiatric Health Facility</b> Sonoma PHF - 1175 NPI - 1043848831	\$1,153.00	\$1,203.00

\* The rates above include room and board, nursing care, activity program, program services, OTC medications, dietary, etc.

Physician services, pharmacy and other ancillary medical services **are not included** in the per diem rate and are separately billable in accordance with Title 22.

**Adult Residential Facilities/Social Rehabilitation Centers\***

**County  
Supplemental Rate**

<b>Pathways</b> Eureka Pathways, Social Rehab - 1125 NPI - 1811374564	\$248.00
<b>Our House</b> Solano Our House ARF - 1136 NPI - 1750452199	\$189.00
<b>Bridge Program - Bakersfield</b> Bakersfield Bridge, Social Rehab - 1137 NPI - 1265501597	\$258.00
<b>American River Residential Services</b> American River ARF - 1139 NPI - 1104905645	\$193.00
<b>Bridge Program - Pleasant Hill</b> Pleasant Hill Bridge ARF - 1143 NPI - 1669543005	\$193.00
<b>The Pathway</b> Pleasant Hill Pathway, Social Rehab - 1144 NPI – 1578634911	\$246.00
<b>Bridge Program Fresno</b> Fresno Bridge, Social Rehab - 1145 NPI - 1093892663	\$247.00
<b>Crestwood Hope Center</b> Vallejo RCFE - 1152 NPI - 1962702324	\$193.00

\* Room and board rate is paid by the responsible party. The room and board rate includes program services, activity programs, OTC medications, dietary, etc. Physician services, pharmacy and other ancillary medical services are not included in the per diem rate and are separately billable in accordance with Title 22.

*End of Exhibit B*

## Exhibit C

### **ASSESSMENT AND TREATMENT PLANNING**

1. **Initial Screening and Referral:**  
Assessment is initiated with a pre-screening assessment completed by the admission coordinator. Information regarding the resident's present functioning, recent diagnosis, recent medication, past history, medical problems, behavioral problem and recent history that substantiates the referral for SNF is examined and discussed by the physician, Program Director, Director of Nursing Services and the Administrator prior to admission.
  
2. **Psychosocial Assessment:**  
Psychosocial information is requested from the referring agency. In addition, the Program Director or Social Services Worker documents psychosocial information as presented by the resident during orientation. The information obtained by the assessment is placed in the chart no later than seven (7) days after admission.  
  
The Program Director the Social Services Worker interview residents on an ongoing basis.
  
3. **Medical and Psychiatric/Psychological Assessment:**  
A complete medical and physical examination is completed five (5) days prior to admission by the referring agency or within 72 hours of admission.  
  
The facility psychiatrist is promptly notified of each resident admitted to the facility. The psychiatrist interviews the resident and completes a psychiatric evaluation within 7 days of admission.
  
4. **Nursing Assessment:**  
A nursing care plan assessment shall be initiated upon admission and will be completed within seven (7) days and approved by the physician. Plans are reassessed as needed and every ninety (90) days.
  
5. **Recreation Assessment:**  
The Activity Director or Designee interviews and evaluates the resident by the seventh (7) day of admission. Information regarding recreational interests is obtained and documented. In addition, a recreational plan will be written and approved by the physician. Recreation plans are reassessed as needed and every ninety (90) days.
  
6. **Dietary Assessment:**  
An initial assessment within seven (7) days shall be written by the Registered Dietician. All diet monitors shall be reviewed on a monthly basis by the Registered Dietician and the Director of Nursing or Designee. In additional a quarterly written nutritional assessment shall be written.

#### Additional Special Treatment Program Assessments:

- A. The facility provides an initial individual assessment of the resident and identifies the current level of functioning and program needs of the resident. At least every three months, the facility, in conjunction with the local Mental Health Director or designee, shall reassess each patient to determine the need for continued certification of the patient in the SNF.
- B. An initial Plan of care will be initiated upon admission and completed within seven (7) days. A comprehensive assessment and treatment plans shall be completed within twenty-one (21) days and reviewed and reassessed every ninety (90) days and the plans are reviewed and signed by the physician. A MDS assessment will be completed by seven (7) days.
- C. – N/A
- D. Social Services notes will be written within seven (7) days of admission, quarterly, upon discharge and whenever appropriate.
- E. Residents have an opportunity to participate in planning of treatment by:
  - 1. Ongoing consultation with psychiatrist.
  - 2. Discussion with Group Counselor during initiation and evaluation of treatment plans.
  - 3. At Team Conference through representation by Group Counselor, Conservator, family members, etc., and attendance, when appropriate.
- F. In addition, residents are encouraged to fill out a Life History questionnaire in order to assess their perceptions of events leading to hospitalization, orientation and basic information regarding the patient perception of her or himself.
- G. A Family History questionnaire is sent to family members in order to provide the program with additional information and to invite them to attend Patient Oriented Council meetings.
- H. Discharge planning: Prior to admission, discharge planning is discussed in conjunction with the facility and referring agency. Discharge plans are also discussed at Team Conference monthly for the first three (3) months Initial Care Conference and a minimum of quarterly thereafter.

Each resident will have an individualized treatment plan established in the first week of residence and evaluated continuously for appropriateness thereafter. The treatment plan is tailored to meet the specific and varied needs of each resident toward achieving optimal potential. The following identified needs are generally representative of, but are not limited to, problems most encountered by our resident population.

A. Self-help skills

1. Increase orientation to time, place, and person.
2. Develop short- and long-range plans.
3. Increase independence with personal hygiene.
4. Improve self-image.
5. Improve physical fitness and body awareness.
6. Increase independence in maintenance of personal living space.
7. Develop awareness and use of community resources.
8. Develop money management skills.
9. Improvement in the ability to deal with daily routine and leisure time.

B. Behavioral Intervention

1. Increase motivation for acceptable behavior.
2. Improve control of impulses.
3. Improve management of anxiety.
4. Develop problem-solving skills.
5. Improve socialization skills.

C. Interpersonal Relationships

1. Develop self-expression.
2. Develop social and communication skills, verbally and through body language.
3. Improve self-confidence in interpersonal relationships.
4. Increase exposure to new life opportunities.

D. Pre-Vocational Planning

1. Develop and improve homemaking skills.
2. Improve work skills.

E. Pre-Release Planning

1. Increase independent living skills.
2. Establish and maintain community support systems.
3. Demonstrate success with short and long-term goal planning.

*End of Exhibit C*

## Exhibit D

### ***PRIOR AUTHORIZATION AND AUDIT PROVISIONS***

Prior Authorization:

A. Form

County shall develop a prior authorization form which must be completed for each patient admitted by Contractor under this Agreement. At a minimum, this form shall contain a clear patient identification, admission date, County approval of the admission, Contractor commitment to provide care in accordance with the terms of this Agreement, and County commitment to reimburse Contractor for care as set for in this Exhibit.

B. Process

County shall provide Contractor with a completed authorization form prior to each patient admission. A patient may be admitted without a completed authorization on the basis of verbal authorization from the County contract liaison by mutual consent of the County and Contractor provided County supplies a completed form within thirty (30) days from the date of admission.

C. Audit Provisions

(1). Scope

County may audit Contractor billing for, and provision of, services under this Agreement at any time with fourteen (14) day advance written notice. County audits shall be conducted in accordance with generally accepted audit standards and limited to a verification that services billed by the Contractor were actually provided to County patients as prescribed in the Basic Services Statement included in Exhibit B. Contractor shall provide County with on-site access to all reasonable documents, records, and other supporting information for billing and services under this Agreement. Contractor and County shall be subject to the examination and audit of the Auditor General for a period of three years after final payment under contract (Government Code, Section 8546.7).

(2). Findings

Where problems are identified in the course of an audit which resulted in a significant overpayment to the Contractor, County must conduct an exit conference with the Contractor at the close of the audit and provide a written report and demand letter within thirty (30) days of audit completion.

(3). Repayment

Contractor must repay County for any overpayments identified in the course of an audit within thirty (30) days of audit completion unless the audit findings are appealed as set forth in (4) below. At the Contractor's discretion, repayment may be scheduled for direct submission to the County or an offset of a future bill for services under this Agreement. If Contractor fails to submit appropriate repayment within designated timeframe, County may offset future bills for services under this Agreement.

(4). Appeals

Contractor has the right to appeal audit findings and related County actions in writing to the County Board of Supervisors or through any other administrative conflict resolution mechanism identified by County. County shall schedule a formal hearing for Contractor appeals within thirty (30) days of receipt of a written request. County shall issue a final report on appeal findings within thirty (30) days of the formal hearing. Contractor shall also have the right to judicial review of County actions related to audits conducted under this Agreement. In the case of such an appeal, contractor repayment shall be due within thirty (30) days after the appeal process is final.

*End of Exhibit D*

## Exhibit E

### COMPLIANCE AND PROGRAM INTEGRITY

#### Evidence of Contractual Compliance

Contractor shall document evidence of compliance with all contractual provisions and provide to County upon request.

#### Exclusions Checks

Consistent with the requirements of 42 Code of Federal Regulations, (C.F.R.) part 455.436, Contractor shall confirm the identify and determine the exclusion status of all providers (employees and subcontractors), as well as any person with an ownership or control interest, or who is an agent or managing employee of Contractor through monthly checks of Federal and State databases. The databases to be included are:

- A. The Social Security Administration's Death Master File
- B. The National Plan and Provider Enumeration System (NPPES)
- C. The Office of Inspector General's List of Excluded Individuals/Entities (LEIE)
- D. The System for Award Management (SAM)
- E. The California Department of Health Care Services (DHCS) Medi-Cal Suspended and Ineligible Provider List (S & I List)

Contractor shall retain evidence of monthly checks and provide to County upon request. If the Contractor finds a party that is excluded, Contractor shall notify the County within one (1) business day. Contractor shall not permit an excluded provider to render services to a County client.

#### Ownership Disclosure

Pursuant to the requirements of 42 C.F.R. § 455.104, Contractor must make disclosures regarding any person (individual or corporation) who has an ownership or control interest in the Contractor, whether the person (individual or corporation) is related to another person with an ownership or control interest in the Contractor as a spouse, parent, child, or sibling, or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child or sibling.

The term "person with an ownership or control interest" means, with respect to the Contractor, a person who:

- A. Has directly or indirectly an ownership of five percent (5%) or more in the Contractor; or
- B. Is the owner of a whole or part interest in any mortgage, deed of trust, note, or other obligation secured in whole (or in part) by the Contractor or any property of or assets thereof, which whole or part interest is equal to or exceeds five percent (5%) of the total property and assets or the entity; or
- C. Is an officer or director of the Contractor if the Contractor is organized as a corporation; or
- D. Is a partner in the Contractor, if the Contractor is organized as a partnership

Contractor will provide County the following disclosures prior to the execution of this contract (and annually thereafter), prior to its extension or renewal (and annually thereafter), and within thirty-five (35) days after any change in Contractor ownership:

- A. The name and address of any person (individual or corporation) with an ownership or control interest in the Contractor. The address for corporate entities shall include, as applicable, a primary business address, every business location, and a P.O. Box address;
- B. Date of birth and Social Security Number (in the case of an individual);
- C. Other tax identification number [in the case of a corporation with an ownership or control interest in the Contractor or in any subcontractor in which the Contractor has a five percent (5%) or more interest];
- D. Whether the person (individual or corporation) with an ownership or control interest in the Contractor is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling; or whether the person (individual or corporation) with an ownership or control interest in any subcontractor in which the Contractor has a five percent (5%) or more interest is related to another person with ownership or control interest in the Contractor as a spouse, parent, child, or sibling;
- E. The name of any other disclosing entity in which the Contractor has an ownership or control interest. Other disclosing entity means any other Medicaid disclosing entity and any entity that does not participate in Medicaid but is required to disclose certain ownership and control information because of participation in any of the programs established under title V, XVIII, or XX of the Act. This includes:
  - (1) Any hospital, skilled nursing facility, home health agency, independent clinical laboratory, renal disease facility, rural health clinic, or health maintenance organization that participates in Medicare (title XVIII);
  - (2) Any Medicare intermediary or carrier; and
  - (3) Any entity (other than an individual practitioner or group of practitioners) that furnishes, or arranges for the furnishing of, health-related services for which it claims payment under any plan or program established under title V or title XX of the Act.
  - (4) The name, address, date of birth, and Social Security Number of any managing employee of the managed care entity.

### **Business Transactions Disclosure**

Contractor must submit disclosures and updated disclosures to County regarding certain business transactions within thirty-five (35) days, upon request. The following must be disclosed:

- A. The ownership of any subcontractor with whom Contractor had business transactions totaling more than \$25,000 during the 12-month period ending on the date of request; and
- B. Any significant business transactions between Contractor and any wholly owned supplier, or between Contractor and any subcontractor, during the 5-year period ending on the date of request.

### **Persons Convicted of Crimes Disclosure**

Contractor shall submit the following disclosures to County regarding Contractor's management prior to execution of this contract and at any time upon County request:

- (A) The identity of any person who is a managing employee of Contractor who has been convicted of a crime related to federal health care programs. [42 C.F.R. § 455.106(a)(1), (2).]
- (B) The identity of any person who is an agent of Contractor who has been convicted of a crime related to federal health care programs. (42 C.F.R. § 455.106(a)(1), (2).) For this purpose, the word "agent" has the meaning described in 42 C.F.R. § 455.101.

### **Criminal Background Checks**

Contractor must require providers (employees and contracted) to consent to criminal background checks including livescans pursuant to 42 C.F.R. 455.434(a). Upon DHCS' determination that Contractor or a person with a five percent (5%) or more direct or indirect ownership interest in Contractor meets DHCS' criteria for criminal background checks as a high risk to the Medicaid program, Contractor's providers (employees and contracted) must submit livescans pursuant to 42 C.F.R. 455.434(b)(1).

*End of Exhibit E*

**E-Contract Review**  
**Approval as to Form**

Department Name: Health Services Agency

Vendor Name: Crestwood Behavioral Health

Contract Description: For the purpose of providing mental health services

APPROVED AS TO FORM:



Date: 05/07/2025

Office of the Tehama County Counsel  
Margaret Long, County Counsel