

**ADDENDUM FOR CONTRACTS INVOLVING—REVISION 1**

**STATE MEDI-CAL SPECIALTY MENTAL HEALTH SERVICES**

1. This addendum shall be required for all contractors who will be providers of services which may be reimbursed by State Medi-Cal Specialty Mental Health Services funding when such services are either provided on the premises of the Napa County Health and Human Services Agency (“HHS”) or for which HHS may seek reimbursement from the State.

2. Contractor agrees to comply with all applicable provisions of Title 9, Chapter 11, of the California Code of Regulations and related provisions of the approved federal waiver for Medi-Cal Specialty Mental Health Services Consolidation, including but not limited to the following:

**For hospital providers:**

a. Beneficiaries of services shall not be discriminated against in any manner, including admission practices, placement in special wings or rooms, or provision of special or separate meals. [Title 9, Chapter 11, Section 1810.430(d)(2), California Code of Regulations]

**For individual, group, and organizational providers:**

b. Beneficiaries of services shall receive the same level of care as provided to all other patients served. Hours of operation during which services are provided to Medi-Cal beneficiaries shall be no less than the hours of operation during which the provider offers services to non Medi-Cal beneficiaries. [Title 9, Chapter 11, Section 1810.436(a)(1)]

c. The rates specified in the agreement is payment in full, subject to third party liability and beneficiary share of cost, for the specialty mental health services provided to a beneficiary. [Title 9, Chapter 11, Section 1810.436(a)(4), California Code of Regulations]

d. Contractor shall adhere to Title XIX of the Social Security Act and conform to all applicable Federal and State statutes and regulations. [Title 9, Chapter 11, Section 1810.436(a)(5), California Code of Regulations].

e. All contractors who will be providers of services under agreement with the Napa County Health and Human Services Agency (HHS) for which HHS may seek reimbursement from State Medi-Cal Specialty Mental Health Services funding are required to submit disclosures of ownership and/or control interests to Napa County Health and Human Services Agency in the manner set forth in Disclosures by Providers and Fiscal Agents (42 CFR Chapter IV Section 455.101):

- i) upon submitting application to become a provider;
- ii) before entering into a contract;
- iii) before renewing a contract;
- iv) upon any change in the provider's ownership within 35 days after the change;
- v) upon request by HHS.

Disclosures to be provided:

- a) The name and address of any person (individual or corporation) with an ownership or control interest in the contract provider. The address for corporate entities shall include, as applicable, a primary business address, every business location where services on behalf of HHS will be provided, and a Post Office Box address;
- b) Date of birth and Social Security Number (for individual contract providers);
- c) Whether the person (individual or corporation) with an ownership or control interest in the contract provider is related to another person with ownership or control interest in the same or any other contract provider as a spouse, parent, child, or sibling;
- d) The name of any other disclosing entity in which the contract provider has an ownership or control interest.