EXHIBIT B

TERMS AND CONDITIONS OF PAYMENT

TYPE OF CONTRACT: FEE FOR SERVICE

Contractor will be paid on a daily fee-for-service-bed-day-rate based on utilization by individuals referred by Probation and/or Behavioral Health and Recovery Services. Reimbursement is provided at the point of admission and ends at discharge from housing.

The Department projects that financial assistance to eligible individuals may range from 100% assistance initially to decreasing amounts of financial assistance as individuals become more self-sufficient in the community (obtain job, etc.) Projected costs are $600-$1,240/month per individual, dependent upon the level of services provided at the SLE site.

The following is a standardized funding schedule for all individuals who are determined to need financial support, unless specific individual agreements are made with the Probation Department and/or Behavioral Health and Recovery Services:

Probation and BHRS: Substance Use Services
- Month 1: One-time $300 Administration Fee
- Months 1-4: County pays 100%, no client co-pay (not to exceed $1,240/month)
- Months 5-8: County pays 75%, client co-pay 25% (not to exceed $930/month)
- Months 9-12: County pays 50%, client co-pay 50% (not to exceed $620/month)

Projected Units and Rates of Service are:

<table>
<thead>
<tr>
<th>Projected Units of Service</th>
<th>Unit Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Units @ $300</td>
<td>One-time Administration Fee</td>
</tr>
<tr>
<td>Units @ $40 per Day</td>
<td>Day 1 through Day 122</td>
</tr>
<tr>
<td>Units @ $30 per Day</td>
<td>Day 123 through Day 244</td>
</tr>
<tr>
<td>Units @ $20 per Day</td>
<td>Day 245 through Day 365</td>
</tr>
</tbody>
</table>

BHRS: Proposition 47 Grant
Units @ $23.33 per Day – Up to $700/month [no maximum number of months]

BHRS: Felony IST Diversion
Units @ $40.00 per Day – Up to $1,200/month [maximum of two months per participant]
Claims Submission and Re-Submission

1. Invoices and applicable supporting documentation are due by the 10th of the month for services delivered the preceding month.

2. Claims for final payment must be submitted within thirty (30) days of the expiration date of this Agreement. Payment of claims due may be withheld pending receipt of documents required by this contract.

Reimbursement

1. Contractor will be paid on a monthly basis, following the submission of an invoice (submitted through Marin WITS, as applicable, and on a template provided and/or agreed to by the County) for services delivered to the County’s satisfaction. Contractor will be reimbursed the negotiated unit of service rate for all approved claims. Final settlement will be the total of approved claims times the negotiated Fee for Service rate, up to the contract maximum.

2. Contractor will be reimbursed on a Net 1 basis.

3. Unless otherwise noted in the contract, services provided and reimbursed under this contract are only for Marin County Medi-Cal beneficiaries and low-income (< 138% FPL) uninsured Marin residents.

Monitoring and Reporting

1. Contractor is subject to annual fiscal monitoring by the County or County’s qualified designee.

2. At mid-year, or as requested by the County, Contractor shall submit supporting documentation (e.g. copy of General Ledger, report of expenses from financial system) for actual costs to the Marin County Division of Behavioral Health and Recovery Services for management information and planning purposes.

3. Annual Cost Reports and all supporting documentation must be submitted within sixty (60) days of the expiration date of this Agreement. The Cost Report shall be based on actual costs.