

**STATEMENT OF WORK  
PSYCHIATRIC URGENT CARE CENTERS**

**TABLE OF CONTENTS**

<b>SECTION</b>	<b>TITLE</b>	<b>PAGE</b>
1.0	<b>SCOPE OF WORK .....</b>	<b>1</b>
2.0	<b>ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS.....</b>	<b>1</b>
3.0	<b>QUALITY CONTROL.....</b>	<b>2</b>
4.0	<b>QUALITY ASSURANCE PLAN.....</b>	<b>2</b>
5.0	<b>DEFINITIONS .....</b>	<b>3</b>
6.0	<b>RESPONSIBILITIES.....</b>	<b>4</b>
	<b><u>COUNTY</u></b>	
6.1	Contract Administration .....	4
6.2	Intentionally Omitted.....	5
	<b><u>CONTRACTOR</u></b>	
6.3	Staffing Requirements.....	5
6.4	Additional Staffing Requirements .....	5
6.5	Policies, Procedures, and Guidance .....	7
6.6	Identification Badges .....	7
6.7	Materials and Equipment.....	7
6.8	Training .....	8
6.9	Facilities, Licenses, and Certification .....	8
6.10	Administrative Office .....	9
7.0	<b>HOURS/DAYS OF WORK.....</b>	<b>9</b>
8.0	<b>WORK SCHEDULES.....</b>	<b>9</b>
9.0	<b>INTENTIONALLY OMITTED .....</b>	<b>9</b>
10.0	<b>SPECIFIC WORK REQUIREMENTS .....</b>	<b>10</b>
11.0	<b>GREEN INITIATIVES.....</b>	<b>13</b>
12.0	<b>PERFORMANCE REQUIREMENTS SUMMARY.....</b>	<b>13</b>

## STATEMENT OF WORK (SOW)

### 1.0 SCOPE OF WORK

Psychiatric Urgent Care Centers (UCCs) are Medi-Cal certified and Lanterman-Petris-Short (LPS) designated free-standing crisis stabilization units that provide rapid access to mental health evaluation and assessment, crisis intervention and medication support, 24 hours per day, 7 days per week (24/7), as well as case management for individuals experiencing psychological distress and/or psychiatric crisis. UCC services, including integrated services for co-occurring substance use disorders, are focused on stabilization and linkage to recovery-oriented, community-based resources.

Although not limited to the following, UCCs primarily serve adolescents, ages 13-17, and adults, ages 18 years and older, including older adults (60+), and families whose presenting problems can be met with short-term (under 24 hours), immediate care and linkage to on-going community services and supports. Such individuals have characteristics including:

- In-crisis with mental health symptoms resulting in functional impairment, including those who have co-occurring substance use, developmental, medical and/or cognitive disorders;
- High-utilizers of psychiatric emergency and inpatient services;
- At-risk of suicide;
- Requires psychiatric medication management services;
- Lacks timely access to mental health services, which may result in a need for a higher level of care; and,
- Exposed to the criminal justice system for prior low-level offenses resulting from or associated with their mental illness.

UCC's serve to decompress County and private hospital emergency departments and help to mitigate avoidable incarcerations by providing an alternative for each individual served to participate in the development of an individualized plan, focused on recovery and wellness principles that will promote successful re-integration into the community.

### 2.0 ADDITION AND/OR DELETION OF FACILITIES, SPECIFIC TASKS AND/OR WORK HOURS

- 2.1 Contractor shall provide County with the facility address where services are to be provided.

- 2.2 Contractor must obtain the prior written consent of the Director of DMH, or his designee, thirty (30) days before terminating services at any identified site and/or before commencing such services at another location.
- 2.3 All changes must be made in accordance with sub-paragraph 8.1 Amendments of the Contract.

### **3.0 QUALITY CONTROL**

The Contractor shall establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the Contract. The Plan shall be submitted to the County Contract Project Monitor for review. The plan shall include, but may not be limited to the following:

- 3.1 Method of monitoring to ensure that Contract requirements are being met;
- 3.2 A record of all inspections conducted by the Contractor including a clear description of the problem, the time a problem was first identified, any corrective action taken, and the time elapsed between identification and completed corrective action. This record shall be provided to the County upon request.

### **4.0 QUALITY ASSURANCE PLAN**

The County will evaluate the Contractor's performance under this Contract using the quality assurance procedures as defined below:

#### **4.1 Quarterly Meetings**

Contractor is required to attend a scheduled quarterly meeting.

#### **4.2 Contract Discrepancy Report (SOW Exhibit 1 of Appendix C)**

Verbal notification of a Contract discrepancy will be made to the Contract Project Monitor as soon as possible whenever a Contract discrepancy is identified.

The County Contract Project Monitor will determine whether a formal Contract Discrepancy Report shall be issued. Upon receipt of this document, the Contractor is required to respond in writing to the County Contract Project Monitor within ten (10) work days, acknowledging the reported discrepancies or presenting contrary evidence. To the extent that Contractor acknowledges the reported discrepancies, a plan for correction of all deficiencies identified in the Contract Discrepancy Report shall be included in the response.

Contractor will further be required to correct the deficiency within 30 calendar days following service of the notice of deficiency, unless the County Contract Project Monitor determines that the deficiency cannot be completely corrected within 30 calendar days. If the date for correcting the deficiency is more than 30 calendar days following the service of the notice of deficiency, Contractor will work with the County Contract Project Monitor to develop a plan that identifies corrective action

beginning and completion dates. The problem shall be resolved within a time period mutually agreed upon by the County and the Contractor.

#### **4.3 County Observations**

In addition to departmental contracting staff, other County personnel may observe performance, activities, and review documents relevant to this Contract at any time during normal business hours. However, these personnel may not unreasonably interfere with the Contractor's performance.

#### **4.4 Program Goals**

The goals of services provided by CSUs are to improve the following metrics related to outcomes for individuals and the County's systems of care:

- 4.4.1 Reduce the utilization of hospital emergency rooms and psychiatric inpatient units; and, reduce incarceration;
- 4.4.2 Reduce law enforcement involvement in mental health crisis calls, contacts, custodies and/or transports for assessment;
- 4.4.3 Improve participation rates in outpatient mental health services, case management programs, crisis and other supportive residential programs and intensive services programs;
- 4.4.4 Ensure clients' and/or their family members' satisfaction with the crisis stabilization services received; and
- 4.4.5 Increase the percentage of individuals who, within 15 and 30 days have not returned for crisis services at a County or private hospital emergency department.

This list is not exhaustive and may be subject to change.

### **5.0 DEFINITIONS**

The headings herein are for convenience and reference only and are not intended to define the scope of any provision thereof. The words used herein shall be construed to have the meanings described in this section, unless otherwise apparent from the context in which they are used.

- 5.1 "Chair" means comfortable furniture authorized by DMH for use in the UCC for clients admitted for treatment. The chair is able to recline to allow clients to rest comfortably during their stay in the UCC.
- 5.2 "Crisis Stabilization" means a service as described in California Code of Regulations (CCR) Title 9 Section §1810.210 lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or

more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in Sections §1840.338 and 1840.348.

- 5.3 “Fiscal Year (FY)” means a 12 month budget and financial reporting period beginning on July 1 and ending on June 30 of the following calendar year.
- 5.4 “Immediately” means within four (4) hours of the incident time.
- 5.5 “Legal Entity” means a corporation, partnership, or agency providing specialty mental health services under contract with DMH, exclusive of individual or group providers, Fee-for-Service/Medi-Cal hospitals or psychiatric nursing facilities (ref. CCR Title 9 Section 1840.100(c)).
- 5.6 “Maximum capacity” means the maximum number of clients each UCC can treat at any one time. This maximum client capacity is specified on the Medi-Cal certification issued to the UCC.
- 5.7 “Psychiatric Urgent Care Center (UCC)” means a freestanding outpatient crisis stabilization unit that provides up to 24 hours, intensive crisis services composed of immediate care and linkage to community-based services and supports for individuals who would otherwise be brought to emergency rooms. UCCs must be Medi-Cal certified to provide crisis stabilization services, including integrated services for co-occurring substance abuse disorders and must be Lanterman - Petris – Short designated to evaluate and treat individuals detained pursuant to Welfare and Institutions Code, Sections 5150 and 5585.

## 6.0 RESPONSIBILITIES

The County’s and the Contractor’s responsibilities are as follows:

### COUNTY

#### 6.1 Contract Administration

The County will administer the Contract accordingly . Specific duties may include:

- 6.1.1 Monitoring the Contractor’s performance in the daily operation of this Contract.
- 6.1.2 Providing direction to the Contractor in areas relating to policy, information and procedural requirements.
- 6.1.3 Preparing Amendments in accordance with the Contract, Paragraph 41, Alteration of Terms.
- 6.1.4 Facilitating client enrollment with a mental health services provider.

- 6.1.5 Referring/assigning clients to Contractor.
- 6.1.6 Reviewing and verifying monthly billing claims submitted by the Contractor.
- 6.1.7 Ensuring that clients who are financially able to pay for services do not have such services billed to the County.
- 6.1.8 Consulting with Contractor to determine whether the general program of services at the facility is sufficient for a particular client's needs.

## **6.2 Intentionally Omitted**

## **6.3 Staffing Requirements**

Contractor will adhere to the staffing requirements as specified in the CCR Title 9, Section 1840.348:

- 6.3.1 A physician shall be on call at all times for the provision of those crisis stabilization services that may only be provided by a physician.
- 6.3.2 There shall be a minimum of one registered nurse, psychiatric technician, or licensed vocational nurse on site at all times beneficiaries are present.
- 6.3.3 At a minimum, there shall be a ratio of at least one licensed mental health or waived/registered professional on site for each four beneficiaries or other patients receiving crisis stabilization at any given time.
- 6.3.4 Other persons may be utilized by the program, according to need.
- 6.3.5 Persons included in required crisis stabilization ratios and minimums may not be counted toward meeting ratios and minimums for other services.

## **6.4 Additional Staffing Requirements**

- 6.4.1 Contractor will designate a Program Manager, or County-approved alternate, that is responsible for the over-all administration and day-to-day management of the UCC. The Program Manager will be responsible for communicating with the County and State representatives on any contract – related activities concerns.
  - 6.4.1.1 Contractor's Program Manager, or County-approved alternate, shall have full authority to act on behalf of the Contractor on all matters relating to the daily operation of the UCC, and must be available Monday through Friday, from 8:00 a.m. through 5:00 p.m., to respond to County inquiries and address UCC-related issues.

- 6.4.2 Contractor is required to maintain a clinical staffing ratio of at least one staff to two clients between the hours of 8:00 am – 6:00 p.m. daily.
- 6.4.3 Contractor must ensure that medications are available on an as needed basis, and the staffing pattern must reflect this availability in accordance with CCR Title 9, Section 1840.338. Preferably, Contractor is to assign an on-site, licensed prescriber to meet this requirement with telephonic supervision, as necessary. Contractor may utilize tele-psychiatry services when the on-site, licensed prescriber is not available.
- 6.4.4 Contractor must ensure that all staff assigned to perform CSU services under this Agreement is able to read, write, speak, and understand English in order to conduct business with the County. Additionally, Contractor must ensure there are a sufficient number of ethnically and linguistically diverse staff to meet the cultural and language needs of the community served. Staff may include paraprofessionals and persons with lived experience.
- 6.4.5 Contractor is required to obtain, file, and make available for review upon request of County, copies of current driver's licenses, Department of Motor Vehicles (DMV) printouts, and proof of auto insurance for all staff providing transportation services to clients under this Agreement at least annually. County reserves the right to conduct a DMV check on Contractor's drivers.
- 6.4.6 Contractor must ensure that all staff assigned to perform work under this Agreement has the requisite experience and applicable current and valid California professional licenses needed to provide the services required under this Agreement. Contractor is required to obtain, file, and make available for review upon request of County, written verification for staff with foreign degrees that such degrees are recognized and meet the established standards and requirements of an accredited institution authorized by the U.S. Secretary of Education.
- 6.4.7 Contractor is required to provide County with a roster of all staff which includes: (1) name and payroll title/position; (2) work schedules; and (3) facsimile and telephone numbers upon commencing work on this Agreement and at the beginning of each fiscal year thereafter for the effective term of the Agreement and all its option terms. Contractor is also required to notify County of all staffing changes within 30 days of such change.
- 6.4.8 Contractor must advise the County of any change(s) in Contractor's key personnel, which includes management staff and the project manager, in writing and at least 24 hours prior to the proposed change(s). Interim or new personnel should also be included in this notice. Contractor must ensure that no interruption of services occurs as a result of personnel changes.

## **6.5 Policies, Procedures, and Guidance**

Contractor shall, at minimum, establish acceptable policies and procedures, which are consistent with the Welfare and Institutions Code and the California Code of Regulations related to the following topics:

- 6.5.1 Admission Policy (no refusal);
- 6.5.2 Responding to suicide risks, threats, acts of violence, and refusal to participate in treatment;
- 6.5.3 “No discrimination” policy against individuals with a mental illness who have co-occurring disorders and can be safely treated at a UCC.
- 6.5.4 Physician accessibility during and after normal business hours to ensure adequate coverage for client care;
- 6.5.5 Delivery of required ancillary services (i.e. laboratory tests and x-rays, food for special dietary requirements and linens, etc.);
- 6.5.6 UCC Diversion, which includes requirements for coordinating services and finding appropriate resources to address the client’s needs;
- 6.5.7 Partnering with local law enforcement agencies to accept appropriate referrals of individuals with mental illness; and,
- 6.5.8 Availability of immediate medical access within a reasonable proximity to health care for medical emergencies.
- 6.5.9 Policy and procedures related to the DMH guidelines for Lanterman - Petris - Short for 24 hour or shorter stay.

## **6.6 Identification Badges**

- 6.6.1 Intentionally omitted.
- 6.6.2 Contractor shall ensure their employees and subcontractors are appropriately identified.

## **6.7 Materials and Equipment**

The purchase of all materials/equipment to provide the needed services is the responsibility of the Contractor. Contractor shall use materials and equipment that are safe for the environment and safe for use by the employee.



## 6.8 Training

- 6.8.1 Contractor shall provide training programs for all new employees and continuing in-service training for all employees, including the attendance of mandatory trainings by appropriate staff.
- 6.8.2 All employees shall be trained in their assigned tasks and in the safe handling of equipment. All equipment shall be checked daily for safety. All employees must wear safety and protective gear according to OSHA standards.

## 6.9 Facility, Licenses, and Certifications

- 6.9.1 Contractor's facility has a safe, clean, and comfortable environment that meets the clinical and physical needs of patients;
- 6.9.2 Contractor must maintain the approved number of adult psychiatric outpatient beds (chairs) in the UCC facility and provide written notice to the DMH Program Manager when a change to the number of approved chairs in the UCC is anticipated;
- 6.9.3 Contractor must obtain Medi-Cal certification as a Crisis Stabilization Unit by the California Department of Health Care Services (DHCS) pursuant to California Code of Regulations, Title 9, Sections 1840.338 and 1840.348 within a reasonable period of time following the execution of a contract. If Contractor and an extension has not been granted by DMH, Contract may be subject to termination.
- 6.9.4 Contractor must be LPS designated by DMH to evaluate and treat individuals that are involuntarily detained pursuant to Welfare and Institutions Code (W&I Code), Sections 5150 and 5585.

**NOTE:** A person brought to a designated 5150/5585.50 UCC **MAY NOT** remain in that facility beyond 23 hours and 59 minutes and must be released if assessed and determined not to meet 5150/5585.50 criteria, or must be transferred to an LPS designated inpatient hospital within that time.

If a client has already been detained pursuant to W&I Code 5150/5585.50 and is transferred to a UCC, the client's detention in the UCC **MUST** occur within the 72-hour period authorized by the initial W&I Code 5150/5585.50 detention and the client may not remain in the UCC for more than 23 hours and 59 minutes. A UCC client **MAY NOT** be certified pursuant to W&I Code Sections 5250 (14-day hold), 5270.15 (additional 30-day hold), 5270.19 (additional intensive treatment for suicidal persons) or 5300 (additional 180 days hold for imminently dangerous individuals) while in a UCC.

6.9.5 Contractor may be required to obtain additional certification(s) that are deemed appropriate and necessary for addressing the needs of the population to be served. DMH shall notify the Contractor of any additional requirements and provide assistance to obtain the appropriate certification(s).

#### **6.10 Administrative Office**

Contractor shall maintain an administrative office with a telephone in the company's name where Contractor conducts business. The office shall be staffed during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday, by at least one employee who can respond to inquiries and complaints which may be received about the Contractor's performance of the Contract. An answering service shall also be provided to receive calls. **The Contractor shall return calls received by the answering service within 24-hours of receipt of the call.**

#### **7.0 HOURS/DAY OF WORK**

Contractor is required to operate their facility 24 hours per day, 7 days per week without regard to County holidays.

7.1 Contractor shall accept admissions 24/7 and have staff available Monday through Friday, from 8:00 A.M. until 5:00 P.M., to respond to County inquiries and UCC-related issues, including a designated contact on weekends and Holidays.

#### **8.0 WORK SCHEDULES**

8.1 Contractor shall submit for review and approval a work schedule for each facility to the County Project Director within thirty (30) days prior to starting work. Said work schedules shall be set on an annual calendar identifying all the required on-going tasks and task frequencies. The schedules shall list the time frames by day of the week and time of day (i.e. morning, afternoon, evening) the tasks will be performed.

8.2 Contractor shall submit revised schedules when actual performance differs substantially from planned performance. Said revisions shall be submitted to the County Project Manager for review and approval within fourteen (14) working days prior to scheduled time for work.

#### **9.0 INTENTIONALLY OMITTED**

#### **10.0 SPECIFIC WORK REQUIREMENTS**

10.1 In addition to the provisions contained in Section 3 of the Contract, Contractor is responsible for providing the following UCC services directly or through agencies with which the Contractor has an established relationship, when appropriate:

- 10.1.1 Assessment and Mental Health Services: Assessment refers to an analysis of the history and current status of mental, emotional or behavioral disorder. Mental Health Services refers to individual and group therapies and interventions designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency. Contractor designs, supports and implements services that are client and family-driven, when appropriate, and strength-focused.
- 10.1.2 Crisis Intervention: These are services rendered to or on behalf of a client for a condition that requires a more timely response than a regularly scheduled visit and include activities such as assessment, collateral services, therapy and case management and linkage.
- 10.1.3 Co-Occurring Services: These are services for individuals with a primary diagnosis of mental illness who have co-occurring disorders such as substance use, physical health difficulties, cognitive disorders and developmental disabilities. This includes individual and group interventions.
- 10.1.4 Medication Evaluation and Support: These are services provided by physicians, physician assistants and nurses to evaluate an individual's need for psychiatric medication and administer medications, monitoring clients' status as appropriate. Medication Evaluation and Support Services are provided by staff persons who can, within the scope of practice of their professions, prescribe, administer, dispense and monitor the psychiatric medications necessary to alleviate the symptoms of mental illness.
- 10.1.5 Case Management and Linkage: These services are consistent with the Medicaid/Medicare definition for Targeted Case Management: services that assist a client to access needed medical, education, social, pre-vocational, vocation, rehabilitative, or other community services. Multidisciplinary staff provides linkage and transition to necessary community supports, based on assessments conducted at the time of admission to the program.
- 10.1.6 Physical Health Care: Basic physical health assessment, including assessment of symptoms related to co-occurring mental health and substance use disorders, including arrangements to ensure rapid access to emergency medical care for individuals in a health crisis and referrals to ensure follow-up treatment.
- 10.1.7 Interagency Collaboration: These are formal or informal relationships, with other community agencies and/or resources that serve mentally ill individuals and share accountability for achieving outcomes on their behalf in the community served by the Contractor.

- 10.7.8 Community Partnerships: These are formal or informal arrangements with an array of community-based organizations and collaboratives that meet regularly to promote the well-being of clients and their families.
- 10.1.9 Referrals and Coordination of Care: These are linkages to services necessary to meet the needs of clients and their families. This includes linkage with intensive mental health services programs, community mental health centers in the client's community of choice and/or clients' existing service providers; Wellness Centers and client-run support programs; and/or other public agencies, private agencies, or other community resources to ensure coordination of services that support wellness and recovery.
- 10.1.10 Benefits Establishment and Services to the Uninsured: These are services designed to assess individuals' financial status, identify all benefits to which they may be entitled (e.g., Medicaid, Medicare) and perform all actions with or on behalf of clients who do not have entitlements, insurance, or income at the time of admission to initiate benefits establishment processes while clients receive services.
- 10.2 In providing the services described in subsection 10.1 and its subsections above, Contractor shall also:
- 10.2.1 Adhere to DMH clinical, risk management, and financial policies and procedures;
- 10.2.2 Facilitate client access to emergency, transitional, temporary, and permanent housing. Services may include helping homeless individuals link with emergency shelter bed program(s), and/or assisting individuals who require crisis residential or longer-term transitional residential program(s) to access such services;
- 10.2.3 Provide or arrange for transportation to crisis residential facilities or emergency, transitional or permanent housing when appropriate to ensure that successful linkage takes place
- 10.2.4 Keep an accurate record of progress notes as described in DMH policy 401.03, as well as the dates, agendas, sign-in sheets, and minutes of all UCC and subcontractor staff meetings;
- 10.2.5 Collect and enter data via the data collection instrument developed by County and/or the State on all clients referred to the agency. Contractor shall maintain data on a consistent and ongoing basis and make data available when requested by the County;
- 10.2.6 Provide a daily census report to the DMH Program Manager or designee. The daily census report shall identify the number of clients

seen during the prior day that begins at 12:00 a.m. and ends at 11:59 p.m. for each day. The census report must include the total number of clients seen during that time period; the length of stay, client identifiers, and disposition;

- 10.2.7 Collaborate with other County departments or entities (e.g., Regional Center, Department of Health Services) in order to ensure clients' access the services most appropriate for their needs and which they are entitled;
- 10.2.8 Access all available funding, including Medi-Cal, Medicare and other third-party revenue, and assist clients and families to access the most cost-efficient services and supports possible;
- 10.2.9 Notify and request approval from the DMH Program Manager as soon as it is anticipated that the UCC's capacity has been reached and it is not feasible to admit an additional client (UCC Diversion);
- 10.2.10 Collaborate with DMH Countywide Resource Management (CRM) staff to ensure that, prior to discharge, clients are linked to appropriate services that will address mental health and substance use needs and supports; and,
- 10.2.11 Provide and administer to clients a tool(s) by which clients and their families can evaluate the services they receive at a UCC. Contractor shall ensure the tool(s) addresses the performance of the UCC program and staff and the satisfaction of the clients and, when appropriate, their families. Contractor shall make this tool and related information available to County upon request.

### 10.3 Notification of Unusual Occurrences

- 10.3.1 Contractor shall notify County's Project Manager, or designate, of the following as soon as possible, but no later than 24-hours of the incident:
  - 10.3.1.1 An epidemic outbreak;
  - 10.3.1.2 Any suicide or suicide attempts;
  - 10.3.1.3 If any client served in this program:
    - 10.3.1.3.1 Sustains injury, serious illness, sexual assault/abuse, or physical problems, necessitating evaluation in a hospital emergency room or resulting in hospitalization;
    - 10.3.1.3.2 Is known to use deadly weapons, fire, or is prone to other acts of violence;

10.3.1.3.3 Leaves the facility against advice or is missing.

#### 10.4 Notification of Death

10.4.1 Contractor shall immediately notify County's Project Manager, or designate, of the death of any client served in this program.

10.4.1.1 Notice shall be made by telephone and in writing upon Contractor discovery of the death.

10.4.1.2 Verbal and written notice shall contain the name of the deceased; date and time of death; summary of the circumstances surrounding the death; and, the name(s) of all Contractor staff with knowledge of the event.

#### 11.0 GREEN INITIATIVES

11.1 Contractor shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

11.2 Contractor shall notify County's Project Manager of Contractor's new green initiatives prior to the contract commencement.

#### 12.0 PERFORMANCE REQUIREMENTS SUMMARY

Contractor's performance will be monitored by County at least once annually during the term of the Contract according to the Performance Requirements Summary (PRS) chart, Exhibit 2 of Appendix C (SOW Exhibits).

All listings of services used in the PRS are intended to be completely consistent with the Contract and the SOW, and are not meant in any case to create, extend, revise, or expand any obligation of Contractor beyond that defined in the Contract and the SOW. In any case of apparent inconsistency between services as stated in the Contract and the SOW and this PRS, the meaning apparent in the Contract and the SOW will prevail. If any service seems to be created in this PRS which is not clearly and forthrightly set forth in the Contract and the SOW, that apparent service will be null and void and place no requirement on Contractor.